Health in Residential Child Care
A Toolkit for Practitioners

Compiled and written by
Zarine Katrak and Sharon White
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Cover picture by young people in care from Telford and Wrekin, exhibited at the National Gallery

NCB promotes the voices, interests and well-being of all children and young people across every aspect of their lives.

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Foreword
Jonathan Stanley NCERCC

How does NCERCC perceive need in residential child care? Is it primarily about avoiding serious harm? An individual is in need to the extent that they lack the resources to participate as a full member of society; looked after children are in need to the degree that their past experiences can block new achievements that would otherwise have been real opportunities.

The aim of residential child care is for the young person to experience the opportunities for building self-esteem and autonomy that lead to resilience for the future. These opportunities are something a child is given in a way that they can accept, in order to nurture the qualities that they can grow into. If they have lacked the chances for secure attachments then the role of residential child care is to provide these in age appropriate ways. A person with impaired self-esteem and autonomy is someone who temporarily and seriously lacks the capacity for action through feeling in someway constrained.

NCERCC’s view of residential child care is that one of the its purposes is to offer an environment where children and young people have material opportunity to participate in society, initially the smaller one of the care setting and then wider society, as appropriate. Residential child care can provide an environment where a young person has the ability to make informed choices about what should be done and how to go about doing it.

It is key workers who take informed action for each young person and use dedicated systems within the home that will ensure health needs are met. Meeting health needs is a prime way of demonstrating care and that the relationships within the setting, especially with the key worker, are effective. Intuition is not enough but ‘good enough’ residential child care is. Through the care planning for the young person and the group we plan the interventions – identify, plan, intervene, monitor, report – a never ending cycle. And ‘good enough’ residential child care will value the strengths of the young person utilising them so that the young person can manage their life better. Staff role model how a well balanced adult can live a satisfying life. This will be found in both people and systems, which can demonstrate how to live purposefully together.

It is the manager’s responsibility to ensure that the staff provide an environment that facilitates change, growth and development. A perceptive manager will tell you, it is not only what you do but how you do it. They will role model this themselves in how they provide for the staff. If an environment is healthy for staff then it is likely to be so for young people too. Leadership is a major factor in good residential child care. The reduction of learned helplessness of staff and young people may be a manager’s prime function.
Promoting health must be viewed as a foundation for autonomy. It is more than ameliorating deficits. People need an understanding of themselves, the psychological and emotional capacity to formulate opinions for themselves and objective opportunities to act accordingly.

To sustain a positive vision for residential child care and the children and young people we support, we need to maintain a positive view of their potential and of the potential of residential settings. Residential child care, through an understanding of the past and present, provides a rehabilitative environment for a young person to repair their cognitive and emotional capacity. It provides the environment where the opportunities they would plan for themselves can become real.

Introduction

About this Toolkit
Who this toolkit is for
This toolkit is primarily for managers and staff of children’s and young people’s residential homes, as well as training managers and managers of children's services. It provides information and practical activities to promote and maintain a healthy care environment.

How to use this toolkit
Each main section of the toolkit touches on
- National Policy and Guidance
- The Healthy Care Evidence Base
- Key Resources
- Case Examples
- Challenges and Successes
- Checklists for Practice

If you are a member of staff or manager of a residential children’s home you can easily dip in and out of this resource but we would urge you to look through Sections 1, 2 and 3 before doing a Healthy Care audit of your home. There are practice checklists throughout this resource that will benefit strategic, and operational managers, staff, children and young people. If you have the time to explore this whole resource it can provide opportunities for reflective practice and some very practical tips from a range of colleagues who have found the Healthy Care tools effective in assessing and promoting the health and well-being of children and young people in their care.

If you are a professional in a strategic role you will find Sections 1-3 useful as well as Section 4 Policy and Section 6 Partnerships of particular interest.

About the Health in Residential Care Project
It is well documented that children and young people in care have poorer outcomes in health and education than their counterparts. This document will link current policy, evidence that highlights the areas of disadvantage and couple
it with examples of good practice, recommendations and practical checklists and strategies that are transferable to a range of residential childcare settings.

NCERCC was given the job of unearthing the range of good practice that exemplifies the promotion of health and well-being in residential child care and revisit and note down the routes that establishments have taken. The aim of this document is to provide examples where other practitioners can assess their situation in relation to health in residential child care and further progress their work by the use of a practical toolkit.

NCERCC elected to work in partnership with the Healthy Care Programme at National Children’s Bureau. The Healthy Care Programme is a well developed and researched multi-agency framework to promote a healthy care environment for looked after children and young people.

There are more than 80 local authorities delivering the Healthy Care Programme via local multi-agency partnerships. These usually report to Children and Young People’s Strategic Partnerships or Children’s Trusts. In some areas this multi-agency looked after partnership coordinates dedicated looked after children’s services and some act as a commissioning group.

It was decided to use and build on the Healthy Care Programmes existing materials and wide expertise across England, initially at an operational level, as a foundation for this work strand. The importance of strategic relationships is discussed in Section 6: Partnership.

The NCERCC project wanted to find out how the Healthy Care tools could be used in individual care establishments and what adaptations would need to be made for the successful application of this task. Three different care settings were supported by a Healthy Care associate and local contact as a second partner to use the Healthy Care audit and action planning tools. Overall the residential homes found that this did help them to assess current good practice and identify areas for development.

NCERCC also hosted a conference with speakers and delegates from the Yorkshire and Humberside region in Leeds. A key message from the conference centred on updating or changing the culture of residential child care. All the contributors talked about the need for consistent practice carried out by staff who have a shared vision of what residential child care needs to be about.

‘Healthy’ staff are more likely to promote healthy care environments

Staff need to be valued by workable policies, effective partnerships, supervision and training. Where resistant and institutionalised attitudes of staff have contributed to failing homes, the changes required are not easy. Celebration of even small improvements can drive change: if people, feel appreciated then this can influence a change in perception.
Healthy Care and Care Matters

<table>
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<tr>
<th>Care Matters: Transforming the Lives of Children and Young People in Care: Green Paper 2006 (download at <a href="http://www.everychildmatters.gov.uk">www.everychildmatters.gov.uk</a>)</th>
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<tr>
<td>Government has SEVEN PRIORITIES for children in care which are:</td>
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<tr>
<td>1. more help for families who are having problems.</td>
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<td>2. a consistent adult throughout their lives (this may be a social worker or carer)</td>
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<td>3. a good, settled placement that is right for each child</td>
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<td>4. a place at a good school that is helping each child to do their best</td>
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<td>5. more out of school support for children in care</td>
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<td>6. giving young people a say about when they want to move on from care and the support they need to do so safely</td>
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<tr>
<td>7. making care work for children by giving children and young people in care the right to be listened to</td>
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</table>

Young People’s guide to the Care Matters Green Paper DfES 2006
These priorities are all consistent with the promotion of health and well being for children and young people in care and directly identify the Healthy Care Programme within the integrated health model (appendix 1).

The National Healthy Care Standard
The National Healthy Care Standard helps looked after children and young people achieve the five outcomes described in Every Child Matters (HM Treasury 2003):
- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

A child or young person living in a healthy care environment is entitled to:
1. feel safe, protected and valued in a strong, sustained and committed relationship with at least one carer;
2. live in a caring, healthy and learning environment;
3. feel respected and supported in his/her cultural beliefs and personal identity;
4. have access to effective healthcare, assessment, treatment and support;
5. have opportunities to develop personal and social skills, talents and abilities and to spend time in freely chosen play, cultural and leisure activities; and
6. be prepared for leaving care by being supported to care and provide for him/herself in the future.

The National Healthy Care Standard focuses on four key areas for action:
**Policy**
Policies ensure services meet the needs of looked after children and young people.

**Partnership**
Effective multi agency planning delivers services which meet the needs of looked after children and young people.

**Participation**
The involvement and participation of looked after children, young people and their carers with respect for their rights and responsibilities.

**Practice**
Carers and staff are committed to the well-being of children and young people, and are well trained and supported.

“The National Healthy Care Programme helps services to focus on the four key areas of policy, partnership, participation and practice to achieve the ingredients for a healthy care environment”

Care Matters: Transforming the Lives of Children and Young People in Care
Crown Copyright 2006 (p76)

[www.ncb.org.uk/healthycare](http://www.ncb.org.uk/healthycare)

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**The Residential Childcare Settings**
The NCERCC associate and a local professional seconded (secondee) to the project worked with the following residential settings to establish how the Healthy Care resources could be used to assess how people were working to promote health in residential child care.

**Aldine House Secure Children’s Centre: Sheffield**
Aldine House is a Secure Children’s Centre licensed by the Department of Health to provide care, education and treatment to eight young people who display significant behavioural problems, are awaiting trial or are sentenced by the courts for criminal offences.

Aldine House aims to provide a safe, caring yet controlled environment in which young people are enabled to address personal difficulties and so move on to make positive contributions to their family and communities.

All young people will commence with a comprehensive assessment process where a care or sentence plan will be compiled. Aldine House is responsible for monitoring and reviewing the programmes and developing a wide variety of evidence based programmes to meet the needs of young people. These are broadly based upon a cognitive/behavioural model in line with Youth Justice and ‘What Works’ research (Home Office: 1999) regarding well-designed and targeted approaches and interventions that work to reduce re-offending.
**Alloefield View: Halifax**
57 Alloefield View is a local authority Children’s home operated by Calderdale MBC. It provides a home for six young people, currently aged from 12 – 14 years. The aim of the home is to prepare children for a return to family, or a move to a substitute family. It is one of three residential homes in Halifax that work as a ‘cluster’ and offer each other mutual support.

**Hollybank Trust: Mirfield, West Yorkshire**
Hollybank Trust caters for children and young people with profound multiple disabilities. It provides 38 -52 week residential placements with 24- hour individual programmes that are incorporated through on site education, physiotherapy, occupational therapy, speech and language therapy, nursing and social care.

The residential placements are generally long term and cover ages from 5-19 years and our catchments area is from Northumberland to Gloucester. The nature of the disabilities dictates that the children and young people receive a high standard of health care with input from a wide variety of health professionals.

**Conference Partner:**
**Squirrel Way Children’s Home Leeds**
This is a local authority 14 bedded mixed gender home catering for both young people aged 11-17, who are most difficult to manage in other situations or placements. Squirrel Way aims to contain their residents, thus, keeping them safe, through a structured, nurturing environment that has clear boundaries. The overall aim is to return these young people to their families, however, due to the complexity of their needs, for many, this is not achievable.
Section 1: Health, Well-being and Being in Care

“Health is not something being ‘done’ to young people but something that enables them to be primary custodians of their health and well-being”

Chambers et al, 2002

Healthy Care: The Evidence Base

The physical and mental health of looked after children and young people is often poor when compared with that of their peers. Their health may affect their ability to benefit from education and other life-enhancing opportunities, and also have serious implications for their health and well-being in adulthood. National and international research has indicated the following.

- Children may come into care with significant physical and mental health problems (Skuse and others 2001, Skuse and Ward 1999, Dimigen and others 1999).
- Two-thirds of all looked after children were reported to have at least one physical complaint. The most commonly reported physical complaints were: eye and/or sight problems, speech or language problems, bedwetting, difficulty in coordination and asthma (Meltzer and others 2003, Williams and others 2001).
- A longitudinal study showed 52 per cent of looked after children had a physical or health condition that required outpatient treatment (Skuse and others 2001). Looked after children and young people have a high rate of mental health problems (Richardson and Joughin 2000, Buchanan 1999, Arcelus and others 1999, Broad 1999, McCann and others 1996, Bamford and Wolkind 1988). Forty-five per cent of looked after children and young people aged five to 17 were assessed as having at least one psychiatric disorder and two-thirds of those living in residential care were assessed as having a mental disorder (Meltzer and others 2003).
- There are high rates of self-harm and high-risk behaviour among looked after children and young people, particularly in secure accommodation (Richardson and Joughin 2000, Shaw 1998).
- Although the research is limited, some studies show that there is a higher level of substance misuse, including smoking, among looked after children and young people, than among the non-care population (Meltzer and others 2003, Williams and others 2001, 2002).
Department of Health 1997).

- There is a significantly higher rate of teenage conception among looked after young people than among the non-care population, and looked after young women are more likely to become young mothers than young women in the general population (Corlyon and McGuire 1997, Brodie and others 1997, Biehal and others 1992 and 1995).

- Fewer looked after children visited a dentist regularly, and they were significantly more likely to need treatment when they did in comparison with their non-care peers (Williams and others 2001).

- Educational achievement is lower among looked after children and young people than among their non-care peers, with only 56 per cent of looked after young people sitting at least one GCSE compared with 96 per cent of the general population. Also a higher percentage is permanently excluded from school and a higher percentage is reported absent from school (DfES 2004). Disrupted education leads to missing out on health promotion work in schools.

- Children from minority ethnic backgrounds may suffer discrimination within the care system leading to health needs being unmet. Training on the particular health needs of minority groups has been described as ‘woefully inadequate’ (Mather 2000).

- Children with disabilities who are in care may experience unmet health and social needs, often due to confusion over funding and provision.

- Services often ignore disabled children’s right to a say in their care, and disabled children’s transition to adult services or independence is often unsatisfactory (Morris 1995 and 1999).

- There are significant gaps in health records for looked after children and young people (Butler and Payne 1997, Mather and others 1997).

- Standards and indicators for looked after children tend to focus on ‘illness’ rather than ‘health’ (Howell 2001).

For full references and further information download the Healthy Care Training Manual from: www.ncb.org.uk/healthycare

What is health?

“A state of complete physical, mental and social well-being and not merely the absence of disease or
infirmity.” World Health Organization 1946 Healthy Care Training Manual

It is vital to include physical, emotional, spiritual and cultural aspects of health in any definition and therefore the term well-being must be woven into a positive, holistic description of health.

Well-being

Well-being is “a holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm and caring, are combined and balanced.”

Stewart-Brown 2000 Healthy Care Mental Health Briefing www.ncb.org.uk/healthy-care

Health and well-being is a resource for living. It is about:

| fulfilling potential | self-esteem |
| optimising life chances | autonomy, |
| having control over one’s life | creativity, |
| | equity and diversity |

Healthy Care Training Manual

Resilience

Well-being leads to resilience which is where a person has the capacity to fight against or ‘bounce back’ from extreme difficulties that they may face.

Throughout this document health refers to the holistic view of health and well being described in this section.

Emotional Health and Well-being

When dealing with health issues that focus on, for example, sexual health, healthy eating, drugs and alcohol misuse and so on it is important to work proactively on emotional health and well-being. The following section provides a foundation for all other work that will promote the health of children and young people in care.

National Policy and Guidance

**National Healthy Care Standard** (see pages 100 – 115 for all the standard outcomes)

**Outcome 2a:** The child/young person is provided with a safe, secure, caring and stimulating environment, where she/he can develop and achieve his/her physical, emotional, educational and spiritual potential.
From birth children are learning who they are – a sense of identity, how they feel and respond to situations, how they learn through relationships about what they need to know and how they are able to behave.

**Attachment Theory**

The key to this emotional, behavioural and cognitive development stems from the quality of the early relationship with their primary care giver, usually their mother. If they experience loving and soothing care this can shape the brain for resilience to stress.

If their experiences include unpredictable, frightening, emotionally distant or abusive interactions then the brain triggers its alarm circuit – the fight, flight or freeze responses. The outcome of these responses leads to emotional discharge or acting out. Children in this state cannot self soothe.

As a consequence children have little access to weighing up potentially difficult situations and are unable to use emotions to make judgements about how to act constructively.

Those working with children in care who have learnt to regularly act out rather than manage their emotions need to reflect on behaviours and approaches that can help to promote their health and well being. These would include modelling calm responses, being accepting, respectful, interested, curious, empathic, responsive and playful. It is essential for the health and well-being of children that they live in a safe, healthy environment.

For children who have their core needs met within a secure family situation creative activities can reinforce a positive sense of self and help to develop new skills to add to their existing repertoire. If children’s development is fractured by neglect, abuse, or disturbed attachments, this can result in trauma.

Without the opportunities to participate children and young people could become stuck in “learned helplessness”. Providing children and young people looked after with opportunities to engage in a range of creative activities therefore promotes health, well – being, and helps to build
emotional resilience and resourcefulness. These opportunities can therefore guide children and young people in identifying their emotional, behavioural and cognitive needs and help to develop self awareness and self reliance to meet those needs themselves.

**Key Resources**

**Improving the Emotional Health and Well-being of Young People in Secure Care: Training for staff in local authority secure children's homes**

Bird J and Gerlach L. 2005: www.ncb-books.org.uk £35.00

**Understanding Why**: Ryan M. 2006

Download at www.ncb.org.uk

**Case Examples**

“Michael is 13 years old and in Year 9 at secondary school. His behaviour has improved significantly since he first joined the school and he now does reasonably well and has made good friends within his class. Michael is living with foster carers and their two younger children and it is expected he will live with them until he leaves care. Michael was in and out of care frequently during his childhood as his parents struggled to care for him. Michael has regular contact with his father but no contact with his mother.

**Michael describes what happened**

‘I saw my Dad at the weekend – I only see him about every month, usually at his place or sometimes we go out. I like to see him because he is my Dad. When I went to his flat on Saturday we watched a new video and had a takeaway but then he told me that my Mum has a new boyfriend and she’s going to have a baby. I couldn’t really understand because I haven’t seen my Mum for about two years and then she was still doing drugs. I wanted to cry but I couldn’t. All week, I kept getting into trouble at school, I just wanted to smash something – how come she can have another baby but not want me?’

**Relevance of attachment issues**

Contact visits with birth parents and families are sometimes painful for looked after children. Parents and children may desperately want to remain in contact even though it raises mixed feelings. Children and young people may be reminded that their parents cannot care for them and feel angry and sad about this but have nowhere to direct these feelings. It may also reawaken their feelings of loss and abandonment. It can be hard for children and young people to contain such strong feelings, which they may spill out into other parts of
their life. It is also very difficult for them to talk about their feelings – they may not have the words to explain, or they may feel ashamed of their feelings.”  
From Understanding Why (see above)

**Staff Training**  
Secure Accommodation Network’s North East Regional group meeting was used to share good practice by introducing and providing a briefing on the emotional health and well being training manual (see key resource above). Julia Bird (co-author) was asked to deliver the training and representatives from six secure children’s home attended.  
*“The training was a huge success with all delegates enthused and motivated to return to their respective Units and pass on their knowledge”* Jon Banwell: Aldine House

**Challenges and Successes**

**Challenges:**
- Crisis management- working in a reactive rather than proactive way  
- Lack of consideration of workers’ health with high levels of staff sickness  
- Recruitment and retention in residential child care is a challenge  
- Lack of training opportunities to promote consistent practice  

**Successes:**
- Training/education in child development provided and accessed  
- Clear policies and practice guidance e.g. staff are supported for safe hugging  
- Committed staff  
- Positive support networks  
- Link health worker in each unit, who is responsible for monitoring other staff

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**Practice Checklist for Staff on Emotional Health and Well Being**

**Professional Reflection**
When working with children and young people in care who display ‘emotionally difficult’ behaviours it is useful to consider as an individual:

<table>
<thead>
<tr>
<th>How often do I think I am able to:</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
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<tbody>
<tr>
<td>1. be emotionally aware</td>
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<td>2. recognise and name my own emotions</td>
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<td>3. know what upsets or triggers a response in me</td>
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<td>4. regulate my own emotional state</td>
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<tr>
<td>5. take responsibility for my actions that stem from an emotional state</td>
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<tr>
<td>6. recognise the consequences of my actions</td>
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<td>7. be aware of being pulled into behaving in ways that are manipulative, withdrawing, aggressive or hostile</td>
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<td>8. value another even if I do not like or accept their behaviour</td>
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<tr>
<td>9. enable another to recognise and name their emotions</td>
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<td>10. enable another to know what upsets and triggers a response in them</td>
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<tr>
<td>11. enable another to regulate their emotional state</td>
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</tr>
<tr>
<td>12. enable another to take responsibility for their actions that stem from an emotional state</td>
<td></td>
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<tr>
<td>13. enable another to recognise the consequences of their actions</td>
<td></td>
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</tr>
</tbody>
</table>

**What Next?**

The emotional health and well-being (EHWB) of staff is of equal importance as that of children and young people. The emotionally healthy environment of care must be accessible to all who work and live there.

If by asking the questions in the checklist you find that there is inconsistency in how you as workers are both able to promote and be supported in EHWB then support, supervision (see NCERCC Supervision and Recruitment Toolkits www.ncb.org.uk/NCERCC) and training (see Section 9) may need to be addressed within the team.
Section 2: Preparation
Having decided that you want to find the best method to improve the health and well being of children and young people in your residential care setting, it would be useful to spend a little time considering the following checklist on your own, before using the Healthy Care audit and action planning tools. Then discuss this checklist with another colleague and if appropriate with a child or young person in your care.

The points on this checklist came primarily from young people who were a central part of the consultation process when the Healthy Care programme was piloted in their local area. Additional points were added by colleagues from the Health in Residential Care project. This checklist helps to illustrate the holistic nature of a healthy care environment and can highlight issues that may be relevant to your workplace.

**A checklist for a healthy care environment**

Examples of what children, young people and carers thought contributed to a healthy care environment when auditing their local services. Adapted from pages 50-51 of The Healthy Care Training Manual

**Using this checklist**
Think of a child or young person that you have worked with in the past or that you currently work with;
Taking each topic area, reflect on the bullet points and describe how this is relevant to your work and whether the child or young person would say they experienced any of these areas from any adult in their lives e.g. a range of professionals, carers or family members.
Note what issues for practice or policy might arise from each point

A child or young person has a:

<table>
<thead>
<tr>
<th>(1) Safe and continuing relationship with at least one carer and...</th>
<th>Describe how this is relevant to your work</th>
<th>Issues for practice and policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences unconditional positive regard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feels loved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feels wanted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiences appropriate physical contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows that the carer is the child or young person’s champion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has at least one reliable adult in their lives that they can trust</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A child or young person:

<table>
<thead>
<tr>
<th>(2) Has a caring healthy environment and..</th>
<th>Describe how this is relevant to your work</th>
<th>Issues for practice and policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belongs to and feels part of the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has equal status within the home and feels respected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feels safe at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has skilled and supported carers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a healthy relationships with family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has opportunities for emotional growth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is supported in a range of healthy relationships outside of the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows who to talk to if they feel unsafe or afraid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is supported to speak out and voice disagreements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is supported with education and learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has knowledge of the local environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has access to local services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attends local school (long-term care placement) or ‘alternatives to education’ are in place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laughs and smiles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feels listened to</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A child or young person is:

<table>
<thead>
<tr>
<th>(3) Comfortable with personal identity and cultural beliefs; and is</th>
<th>Describe how this is relevant to your work</th>
<th>Issues for practice and policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfortable with all aspects of their identity e.g. concerning different abilities, sexual orientation, gender, age, ethnicity etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabled to understand their cultural beliefs and participate in festivals and celebrations and have to have links with cultural and heritage communities where appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to participate in life story work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabled to have relationships with birth family and regular news</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided with age-appropriate clothes and</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A child or young person has:

<table>
<thead>
<tr>
<th>(4) The benefit of effective healthcare, assessment, treatment and support; and</th>
<th>Describe how this is relevant to your work</th>
<th>Issues for practice and policy</th>
</tr>
</thead>
</table>
| Choice of food and a balanced diet  
Opportunity for physical activity and exercise  
Healthy hair and skin  
Developmental milestones monitored  
Is provided with services to support all necessary additional needs  
Sensitive health assessments including mental health, within statutory timescales  
Good dental hygiene, registered with dentist and immunisations kept up-to-date  
Prompt treatment and follow up  
Availability of prescribed and 'homely' medicines  
Provided with age appropriate sexual health and relationships education  
A home environment that actively promotes physical and emotional health and well-being through well trained staff | | |

A child or young person is:

<table>
<thead>
<tr>
<th>(5) Developing personal and social skills, talents and abilities while having opportunity for play, arts and leisure activities; and is</th>
<th>Describe how this is relevant to your work</th>
<th>Issues for practice and policy</th>
</tr>
</thead>
</table>
| Provided with the opportunities to achieve and celebrate successes  
Enabled to attend out of school activities and support school and leisure events, such as parents’ evenings, school plays, sports activities with the support of carers who attend events  
Encouraged to try new things through school, out-of-school activities and leisure interests  
Supported in shopping for and making gifts | | |
for people
  Provided opportunities to talk about school and any topics that help develop lifeskills or that raise concerns or further questions in for example TV programmes
  ■ Given time by carers that provides encouragement for the child or young person and time for doing things together

A young person is:

<table>
<thead>
<tr>
<th>(6) Prepared for adult life/leaving care/independent living/supported living while having the opportunity to...</th>
<th>Describe how this is relevant to your work</th>
<th>Issues for practice and policy</th>
</tr>
</thead>
</table>
| Have knowledge of/access to primary care health services  
  Access leisure services  
  Education/employment opportunities  
  Make independent choices  
  Make mistakes and still be supported  
  Keep links with significant friends and people through texts, phone calls, letters and visiting  
  Be provided with appropriate services to support additional needs as an adult e.g. interpersonal relationships, social networks etc.  
  Learn about public and private behaviours in order to keep safe and be included  
  Be enabled to recognise situations of exploitation or abuse and know who to ask for help  
  Be enabled to dress with dignity and maintain personal hygiene  
  Have a bank account and be encouraged to save  
  Shop and budget  
  Do home chores, such as laundry, cooking, decorating a room etc.  
  Prepare meals with others | | |

Original points produced by the Borough of Telford and Wrekin Young People’s Group can be found in the Healthy Care Training Manual P 50-51

[www.ncb.org.uk/healthycare](http://www.ncb.org.uk/healthycare)
Points to discussion after doing the checklist and reflecting on the issues raised for your establishment, existing policies and your practice
As a worker:

1. What are the challenges and concerns when working through the checklist?
2. What are the successes when working through the checklist
3. What key issues did this activity highlight for you about the meaning of health in residential care?
4. What key issues did this activity highlight for you about policy and practice issues?

An example of using the checklist from a pilot partner

<table>
<thead>
<tr>
<th>Aldine House</th>
<th>This checklist example was initially written tracking one child and then opened up to highlight universal practices within the unit. For a full account of the audit findings from Aldine House see Section 3: Learning from the Pilot Partners and the Leeds Conference.</th>
</tr>
</thead>
</table>

**Checklist Findings**

A child or young person has a:

**1) Safe and continuing relationship with at least one carer**

**Relevance for our policy and practice**

All aspects of this point are of vital importance if we are to progress with our young people. I believe that we at Aldine perform well under this point. However, with many children it is often the lack of a continuing relationship with the primary care giver that will always have the most profound effect. One that we continue to battle against, as this is the root cause of many of the young people’s behavioural difficulties

**Issues**

No policy issues arise

**2) Has a caring healthy environment**

**Relevance for our policy and practice**

This is intrinsic to any child’s development. As far as our unit is concerned, all aspects of this point are extremely relevant. If we are to progress with the sentence/ care plan we primarily need to form a relationship with the young person. This initially has to include the child feeling safe, valued, and supported.

When this is achieved and as the relationship between the young person and staff progresses, we can then begin packages of work to promote emotional and educational growth.

This however is often not as effective as it should be, if the young
person’s family and external professional links are not helping or showing the same degree of interest or commitment. For example the lack of social services and parental involvement has in some cases resulted in the Howard League being consulted for help. The lack of social services involvement and subsequent delay in providing any placement and hence any education provision, then negates much of the work that is performed internally.

**Issues**
- As a unit I believe that our provision is very good for this section.
- However our review process often highlights the lack of healthy relationships outside of our care.
- This then moves the focus of our policy provision to work in partnership to provide external advocates.

**(3) Comfortable with personal identity and cultural beliefs**

**Relevance for our policy and practice**
With regard to our provision on this section, it is obviously extremely relevant. We have equality and diversity enrichment activities written in to our yearly shift planner, and attempt to celebrate a range of cultural events.
At the initial planning meeting (IPM) stage, we will identify any cultural or religious needs and provide for this in the care/ sentence plan.
The initial “Getting to Know You” keywork package also covers their needs and helps to cover any gaps missed at the IPM.
All young people are provided with age appropriate clothing and accessories, within security restrictions set within our policy. Family contact is always encouraged, and staff will also keep family up to date on all occurrences within the unit, both good and bad.
However after performing the healthy care audit we have identified that our service provision is still not as comprehensive at we would like it to be and still has aspects that are a bolt on and reactive rather than proactive.
We will continue life story work wherever asked, but this is always at the behest of the social worker.

**Issues**
- We are presently re-addressing our equality and diversity policy and it is being rewritten to provide a more intrinsic level of provision.
- Our enrichment activities will then fall in line with the new policy and procedure requirements.
• We also have ready and close to print a draft issue of a young people’s guide to equality and diversity.

(4) The benefit of effective healthcare, assessment, treatment and support
Relevance for our policy and practice
As a unit this is a very relevant section. As far as our young people are concerned they would probably place little relevance on the healthy diet part of this section. That I believe is indicative of our previous lack of a cohesive policy to make this a priority. Our dental, medical, sexual and mental health provision is excellent. We provide access to sexual health and relationships in education, and our bi-weekly nurses provide excellent care. We also provide a minimum of an hour’s physical activity daily excluding education provision. However, our healthy eating and diet policy and provision is again not sufficient at present.
We are in the process of improving this and in a week’s trial that we ran on a change to eating habits the young people were very enthusiastic and bought into the project.

Issues
• We are at present writing a policy to cover the healthcare provision on all levels within the unit.
• Currently we have many individual policies but need to bring them all together to enable us to have a more holistic approach.
• We are also attempting to set up a staff training session to be provided by a range of healthcare professionals.

(5) Developing personal and social skills, talents and abilities while having opportunity for play, arts and leisure activities
Relevance for our policy and practice
As part of the YJB full and purposeful day, we provide 25 hours of education weekly and 12 hours of enrichment activities that have to have a proportion of numeracy and literacy based activities. During school holidays we provide 37 hours of enrichment activities. Throughout this programme young people are encouraged to try new things, and learn new skills. All activities are undertaken with staff and are linked to achievement awards such as ASDAN (Award Scheme Development and Accreditation Network) and AQA (Assessment and Qualification Alliance). Any particular hobbies are included as all the young people have an input into the activity process. We also run film clubs and debating clubs where the topic of discussion is open for young people to decide.
We run a range of sporting activities and, tie in to Sheffield United FC coaching wherever possible.
We are also running the Duke of Edinburgh Scheme for young people that are with us for a longer period of time, to encourage new skill development and to provide an interest for their eventual discharge. Part of the enrichment process allows for making seasonal gifts for family or friends, or helping with shopping lists with young people who have trouble reading or just ask for help. The young people lay great importance in these activities.

**Issues**
No policy issues arise.

(6) Prepared for adult life/leaving care/independent living/supported living while having the opportunity to...

**Relevance for our policy and practice**
We place huge relevance on the issue of independent living skills. As well as having a designated package of work on independent living skills for our older young people, we also include laundry, cooking, cleaning, and paid jobs as a part of our general day-to-day living plan. Hence all young people undertake the tasks and help is given to them as needed or requested.

‘Failure’ is seen as a learning experience and not as a reason to get upset. Our young people place huge importance on this and take great pride in their self-care skills and ability to perform what they see as previously adult tasks.

Due to the nature of our unit, security restrictions limit ability to shop or text, but all young people earn pocket money and shop via catalogues or on the internet and can open a bank account if needed. All young people are encouraged to open a bank account before discharge.

**Issues**
No policy issues arise.

Nick Barber
Section 3: Learning from the Pilot Partners and the Leeds Conference

Aldine House: Learning from Secure Units
The initial audit was carried out by John Banwell, Unit Manager of Aldine Secure Children's Home.
The experience highlighted the positive cultural changes the unit has gone through over the past five years (it had previously been considered a failing unit). The audit proved very affirming in demonstrating staff skills, commitment and morale. It showed that within the self-contained world of the secure home the structures in place can provide an emotionally secure living and learning environment that cares holistically for children and young people accommodated here. It is also significant to note that Aldine House has autonomy in terms of being locally managed with ring fenced money and deciding where to use it.

Using the Healthy Schools Programme
A key piece of learning that is being followed up related to the process of being previously involved in the National Healthy Schools Programme (NHSP). We found that children became healthier at Aldine House. We used this experience to support our work with the Healthy Care tools. On doing the audit I found that we could do more to teach children and young people how to maintain their health themselves after leaving the unit. As a result of the initial audit a team leader Nick Barber has been seconded for three months to work with the audit findings.

Some of the Audit Findings including successes, challenges and action points

<table>
<thead>
<tr>
<th>Policy Audit</th>
<th>Partnership Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Policies in place (see P.42 for examples)</td>
<td>• Healthy Schools work established (see sharing good practice)</td>
</tr>
<tr>
<td>• Management issues e.g. change of culture: natural wastage of staff who did not share the new vision retaining and recruiting staff who do</td>
<td>• Regular involvement of Advocates</td>
</tr>
<tr>
<td>• Positive relationship with Child and Adolescent Mental Health Services with a forensic psychologist using psychodrama with the young people.</td>
<td>• Good relationships with parents</td>
</tr>
<tr>
<td>• Good relationships with partners such as CAMHS, health, Social Services, education and the voluntary sector</td>
<td>• Links with other units regionally via Secure Accommodation Network (SAN) for sharing good practice and training</td>
</tr>
<tr>
<td>Action Plan</td>
<td></td>
</tr>
<tr>
<td>• Planning to take the Healthy Care programme to all the &quot;open&quot; children's homes within Sheffield</td>
<td></td>
</tr>
</tbody>
</table>

26
<table>
<thead>
<tr>
<th>Practice Audit</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Comprehensive health assessments (HNA - see below)</td>
<td>• Meeting the looked after children’s nurse to discuss healthy care work</td>
</tr>
<tr>
<td>• Culture of trust, rewards and valuing</td>
<td>• Need more involvement from the ‘corporate parent’</td>
</tr>
<tr>
<td>• Well designed, comfortable environment</td>
<td>• We will share the positive experience of the audit as example of good practice via the national network for secure units (SAN)</td>
</tr>
<tr>
<td>• Valuing staff - recognition and support</td>
<td>• Aldine is also attempting to forge links for work experience opportunities in the Sheffield business community.</td>
</tr>
<tr>
<td>• A range of high quality training equipping staff to work with many health issues e.g. Emotional Health and Well-being, Bereavement work, Drama Therapy etc.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rolling out training to all staff in secure units</td>
</tr>
<tr>
<td>• Three month secondment of staff member to implement the audit</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation Audit</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Skills and awareness for children and young people covered in PSHE</td>
<td>• Developing skills and strategies with children and young people to maintain their own health and well-being after leaving the unit</td>
</tr>
<tr>
<td>• Creative participation – various arts and health education projects</td>
<td></td>
</tr>
<tr>
<td>• Participation via rewards system</td>
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<tr>
<td>• Life Story work</td>
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</tr>
<tr>
<td>• Enrichment activities at week ends and holidays</td>
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</tr>
<tr>
<td>• ‘Deal or no deal’ - an adapted TV programme game to promote self-esteem and reward YP</td>
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</table>

**Supporting Information**

The National Healthy Schools Programme is led by the DfES and the DH.

It aims to;

• Support children and young people in developing healthy
behaviours
- Help raise pupil achievement
- Help reduce health inequalities
- Help promote social inclusion

www.wiredforhealth.gov.uk

Health Needs Assessments (HNA’s)
There is a statutory requirement for an initial HNA for all coming into the care system and then subsequently a bi-annual HNA for all looked after children under the age of five years, and annually up to 18 or when the care order expires.
Models of practice differ from area to area; however, there is an obligation for PCT’s to provide this service.

The roles and responsibilities of PCT’s are clearly outlined in the DH (2002) Guidance; Promoting the health of looked after children. It also includes guidance on what a health needs assessment should include. www.dh.gov.uk

Care Matters (2006) reinforces this duty of:
- Twice yearly health assessments for under 5’s
- Annual health assessments and twice yearly dental check ups for older children

Hollybank Trust: Learning from Residential Special Schools
Alison Howard Head of Residential Services:
I agreed to complete the audit tool as part of the NERCC project. Thinking it would be an arduous task I was surprised that it took only two to three days to complete. This was because many of the areas, covered by the audit tool, were already in place at Holly Bank. Using the audit tool showed how Healthy Care connects to the five ECM outcomes for children, the school improvement plan and the residential development plan; it also provided the opportunity to review policies, procedures and guidelines and in particular consider the role of external agencies and their responsibilities to the Looked After Children.

The audit emphasised the fact that Holly Bank has little input from external agencies with regards Looked After Children. There is little or no representation from the local authority with regards to corporate parenting or from the local PCT in terms of CAMHS, LAC nurses or GPs.

It became evident that because their Looked After Children are in residential care due to their disabilities the local authorities do not appear to consider that their
roles and responsibilities for Looked After Children are relevant to Holly Bank. This is one of the main areas that we will be concentrating on improving as a priority.

The other area identified was that of personal and social education enabling the children and young people to learn about positive and safe relationships. Although this is discussed in a very basic way as part of the national curriculum, I had suggested in the past that Holly Bank develop Personal Safety Plans for all the children and young people but knew, due to their communication and severe learning disabilities, that it would be a very significant project to undertake.

As statistics show children and young people with disabilities are more vulnerable to abuse. Having a Personal Safety Plan in place can only assist in providing them with knowledge that they have a right to be safe. The audit highlighted the need to develop ways in teaching the children and young people about positive and safe relationships and unsafe, abusive relationships. Having recently obtained appropriate resources to carry out such a project (cloth models – see Section 9) the other priority is to develop individual personal safety plans.

The Healthy Care Audit Tool gave me the opportunity to identify the gaps and the areas of development required to enhance the services we provide. The overall outcome from completing the audit has been very positive as it also identified the areas we are delivering successfully but also highlights the need to not become complacent.

Some of the Audit Findings these reflect both successes, challenges and the Action Plan

<table>
<thead>
<tr>
<th>Policy Audit</th>
<th>Partnership Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies, procedures, guidelines and plans reviewed and good practice highlighted</td>
<td>Hollybank is a private organisation so they are often isolated and not very well supported by mainstream services.</td>
</tr>
<tr>
<td><strong>Action Plan</strong></td>
<td><strong>Desire to promote the social model of disability practice as opposed to the medical model; sometimes there is conflict in this area in the way nursing care is delivered to children and young people.</strong></td>
</tr>
<tr>
<td>Need to ensure the rights’ and entitlements of children placed in private provision from the PCTs</td>
<td></td>
</tr>
<tr>
<td>Use further national policy and guidance from the Department of Health to do this (Promoting the Health of Looked After Children and recent Green paper ‘Care Matters’).</td>
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</tr>
<tr>
<td>LAC nurse was able to give supporting literature and put her</td>
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</tbody>
</table>
in touch with a disability ‘Champion’ consultant in Leeds (a national figure who also works with York University research dept)
- No CAMHS/AMHS/Mental Health input so links to local services facilitated
- NCERCC was able to provide support in accessing links to local community services. Designated Looked After Children’s nurse will make contact

<table>
<thead>
<tr>
<th>Practice Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Discussion in relation to Nursing and Midwifery Council requirements versus Commission for Social Care Inspection (CSCI) and use of these to support change in practice and culture</td>
</tr>
<tr>
<td>- Discussions with NCERCC highlighted ways to challenge or change the medical model approach using the CSCI requirements.</td>
</tr>
<tr>
<td>- Behaviour management among staff is not always consistent e.g. school staff may send children back to their unit if they cannot manage them.</td>
</tr>
<tr>
<td>- Hollybank have been using ‘cloth models’ for personal safety and sexual health education with young people. The two dolls purchased are a good resource but are expensive, large and heavy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>- To consider Hollybank nursing staff accessing local community nursing services e.g. to attend</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Some of the children have profound disabilities/limited non-verbal communication so participation is very specialised.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Plan</th>
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</thead>
<tbody>
<tr>
<td>- Hollybank will access the Learning Skills Council funding and expertise. They give support to residents for up to two years after school age. They work with them to develop drama, arts, crafts, music, vibrotherapy. LAC nurse highlighted successful work with a local drama company called Cragrats.</td>
</tr>
</tbody>
</table>
training, shadow, compare and contrast practice, develop support networks and keep updated

- Deciding on a model of good practice when medical information is transferred from one placement to Holly Bank.
- Strategies were suggested to challenge this e.g. joint training of school and unit care staff, unit care staff to support provide within the classroom, school staff to spend time in unit to fully understand the young people and encourage parent/carer involvement in the school.
- Suggested using ‘smaller scale’ cloth models for one to one situation e.g. when receiving intimate care.

<table>
<thead>
<tr>
<th>Alloefield View; Learning from Residential Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Donna Cook: Manager</strong></td>
</tr>
<tr>
<td>I became involved in this pilot by accident, I was on autopilot myself, and my manager suggested I attend a meeting about healthy care. Off I went, and came back quite enthused. I was aware of the Healthy Care Standard, inasmuch as they were influencing the registration and inspection process, so I knew the five outcomes and the standard were something to help us monitor and ensure we promoted these. I hadn’t thought much further than that.”</td>
</tr>
</tbody>
</table>

When I switched my brain into gear and read the statements, Children and young people in a healthy care environment will:

- Experience a genuinely caring, consistent, stable and secure relationship with at least one committed, trained, experienced and supported carer;
- Live in an environment that promotes health and well-being within the wider community;
- Have opportunities to develop the personal and social skills to care for their health and well-being now and in the future; and
• Receive effective healthcare, assessment, treatment and support.

I thought, ‘that’s what I am trying to do!’ I welcomed the audit tool, and was looking forward to applying it to the unit. This was where I hit my first problem. Looking at each outcome in turn, I read the policy statement and answered YES. So if we had the policy in place, what next? No action points.

Next was partnership, well yes, there are numerous committees, partnership board etc, covering wide aspects of the work. I have very little input into these, which is how I like it!

Participation: we encourage that. Is it our fault if the majority of looked after young people don’t want to contribute to decisions made about their lives? Practice: we try to do those things, but, again, is it our fault if the young people choose not to co-operate?

I put the audit tool to one side at this point. I needed to let the thoughts, which were creeping up on me sink in. Perhaps it was our fault. Were we being proactive enough in empowering the young people to contribute to their plans?

I spoke with our designated nurse for LAC and we arranged to meet for a brainstorming session. We could see some themes developing. On paper, we could tick all the boxes. But it didn’t feel right. The audit tool had enabled us to think of these issues in isolation. We decided to make our own outcomes, based on specific issues within the unit.

We chose three.

1. Young people do not always engage with health professionals, therefore lose out on improving health outcomes
2. At times, it is felt that young people are ‘surviving’ in isolation of each other.
3. Meal times have become dysfunctional, lots of stress and tension around mealtimes for young people and staff.

In a Nutshell
• The Audit is a pain.
• It’s really easy to do.
• It’s really difficult to pursue
• Rope as many people as you can in to help
• Stop when you get tired.
• Remember a tool is supposed to help you, not burden you with more paperwork.
• Choose a particular theme, work on that and then expand it.

We have a long way to go with this, and, to be honest, I’m not sure these measures will succeed. I do know that we are trying and there are already signs of positive changes within the home with both residents and staff. Staff members
are more willing to participate in the changes and other homes are showing interest and support. This is yet another step on the road to The Perfect Children’s Home - just like the one Tracey Beaker lives in.

**Some of the Audit Findings these reflect both successes, challenges and action points**

<table>
<thead>
<tr>
<th>Policy Audit</th>
<th>Partnership Audit</th>
</tr>
</thead>
</table>
| - Better understanding of policy and guidance underpinning Healthy Homes and NCERCC work | - There is an improved working relationships between LAC nurse and other agencies  
- Greater understanding of ‘Macro’ picture of the home and its particular partners |

**Action Plan**
- Get external mediator in to help reach ‘common ground’ as necessary e.g. use of Community Dietician to challenge ‘institutional’ attitudes of some staff re food and use of Health Promotion Officer/appropriate health professional to offer education re healthy eating, eating disorders, cultural/religious diets.  
- Use of Children’s Rights/Participation Officer  
- Use of Community Arts Worker to improve eating environment-decorating walls, table cloths, tables, chairs, pottery etc…..  
- Loan of games, resources etc from local health promotion unit  
- Access small local authority or health grants to develop home environment further such as garden, growing own vegetable  
- Development of local support network

<table>
<thead>
<tr>
<th>Practice Action plan</th>
<th>Participation Action Plan</th>
</tr>
</thead>
</table>

33
- Culturally sensitive food, eating disorders, healthy balance,
- ‘Challenge the problem, not the person’.
- Introduction to relevant supporting literature, websites, resources etc
- Benefited from support of NCERCC in sharing experience of working within residential care, both positive and negative. Many practical examples and strategies shared, and contacts given
- Ways to approach mealtimes with young people and issues such as food as power e.g. to eat or not eat, behaving inappropriately during meals
- Put on structured cookery classes
- Enable LAC/YP to shop, budget, prepare, cook, serve etc
- Visit restaurants
- Consult both staff and residents to be engaged and involved from the beginning.

The NCERCC Conference in Leeds

The NCERCC conference in Leeds attracted over sixty delegates who came to find out and share good practice about health in residential child care. The following section summarises the key points that were brought up during the event from both speakers and delegates.

Squirrel Way Children’s Home Leeds: Steve Comb: Manager

Visitors to the previously named ‘Martin House’ would often ring for directions unable to believe that the children’s home was, indeed, situated within what clearly looked like a deserted and dilapidated building. It had historically been the site of the ‘naughty boy’s home’.

Shaking off this stigma was important to the young people and their new premises, they re-named it Squirrel Way after the local wildlife.

There are key changes and benefits that I, the young people and their carers have benefited from since the introduction of the concept of Healthy Care to Squirrel Way by Sharon White and the Leeds Health Team for Looked After Children. Via the work of the ‘Health Forum’ (see below), fresh ideas emerged that led to a number of new practices, protocols and procedures. Much of this current and new work is sustained through the proactive work of the Health Forum and is invaluable in changing what was once described as an ‘end of the road home’ into one that can truly claim to be a healthy environment of care

<table>
<thead>
<tr>
<th>Policy</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Using a targeted public health</td>
<td>• The Health Forum comprised of</td>
</tr>
</tbody>
</table>

34
model and knowledge and experience of the National Healthy School Programme, Designated Looked After Children’s nurse and colleagues established a Health Forum for Squirrel Way.

- Health polices are in place
- Achieved strategic ‘sign-up’ and local ownership. (see p37)
- All the partners have the looked after population identified as a priority group within their service contracts.
- It doesn’t always need money
- The child must remain central

representation of key partner agencies both statutory and voluntary - Youth, Leisure, Police, Voluntary services have well-established communication

- There were challenges in getting some professionals to join however, using national research and her role as LAC nurse and advocate, Sharon White was able to encourage most to play an active part
- There is now true partnership working that is proactive, in a sustained way

<table>
<thead>
<tr>
<th>Practice</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• There continue to be tangible outputs through a sustained approach that often does NOT require additional funding but rather utilises existing resources from partners e.g. Youth Services</td>
<td>• Numerous participation activities and opportunities for the young people have emerged from the Health Forum partnership such as Car Maintenance, Cycling, Tall-boat sailing, Outward bound courses, Kick-boxing to name but a few</td>
</tr>
<tr>
<td>• Focus is on holistic health</td>
<td>• Educated and empowered staff, young people and partners</td>
</tr>
</tbody>
</table>

The Role of the Looked After Children’s Nurse: Sharon White: Designated Looked After Children’s Nurse Leeds PCT
Sharon White has been the Designated Nurse for the past 6 yrs in Leeds. She manages a city-wide health team for looked after children. The role of the Team is, through partnership working, to improve the health opportunities and outcomes for Looked after children and young people. Her key message was that looked after children deserve more than the National Minimum Standard. In her role as Designated Nurse she brought together a range of operational staff to create a local partnership where looked after children were recognised by other services and became part of their action plans.

Corporate Parenting
“As the corporate parent of children in care the State has a special responsibility for their wellbeing. Like any good parent, it should put its own children first. That
means being a powerful advocate for them to receive the best of everything and helping children to make a success of their lives.” Care Matters: Transforming the Lives of Children and Young People in Care DfES (2006)

Roger Morris: Chair of Bradford Looked After Children Multi-agency Partnership
Roger Morris described how the role of the corporate parent truly extends beyond social care, where the whole local authority treats children in care with the support and loyalty that any good parent would provide. Ensuring that children do not ‘fall down the cracks’ between services means that all statutory services in Bradford are taking on a role where they are more child centred. The Healthy Care Partnership in Bradford is seen as bringing together and enhancing a range of activities to improve the health and well being of children and young people in and leaving care

Children’s participation is the cornerstone of the Healthy Care Programme
4 key messages
• Building Self-Esteem and Resilience
• Accessing universal services – What you do for your own children
• Need Multi-Agency Approach
• Active Participation
This is having positive results in education attainment and health outcomes for looked after children and young people

Delegate Contributions
What makes a healthy environment of care?
The following pages are derived from delegates’ small group discussions on what influences health

Health Issues identified

<table>
<thead>
<tr>
<th>Mental health</th>
<th>Healthy eating and exercise</th>
<th>Substance misuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behaviour</td>
<td>• Obesity</td>
<td>• Linked to mental health</td>
</tr>
<tr>
<td>• Sleep</td>
<td>• Balanced diet</td>
<td>• Peer pressure</td>
</tr>
<tr>
<td>• Self harm</td>
<td>• Variety and choice</td>
<td>• Informed choice/education</td>
</tr>
<tr>
<td>• Past trauma</td>
<td>• Should we be feeding them</td>
<td>• Including tobacco</td>
</tr>
<tr>
<td>• Negative</td>
<td>• processed food?</td>
<td>• and alcohol</td>
</tr>
<tr>
<td>experiences</td>
<td>• Limited snacks</td>
<td></td>
</tr>
<tr>
<td>• Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Low self esteem,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Play and creativity

• Access to play and creative activities

Keeping safe

• General risk taking behaviours
• Sexual exploitation of young people and young people

Sexual health

• Education/awareness
• Self esteem/confidence
• Security
• Building relationships
• Building self esteem and confidence
missing from care

**Potential Partners Identified by Conference Delegates**

This is not an exhaustive list but reflects locally relevant people to those attending the conference. For more possibilities see Section 6: Partnership.

- LAC nurse, Dentists, Opticians, Dieticians, GP, Doctors, school nurse, practice nurse, named doctors for LAC, sexual health workers Psychologists, Health Visitors, CAMHS, family planning nurses, Acute NHS trusts/PCTs, Colleagues, Families, Education Tutors, Schools and teachers, Designated teacher, Education worker (LAC), Education Welfare Officers, Director of Education, DAAT, Drugs service, Substance misuse services, youth offending team, (S)exploitation project workers, Sports and Leisure services Connexions Youth Services and youth workers, Children’s rights officers, Peer trainers, Social workers, Independent visitors Independent advocate, Elected members CSCI, Carers – providers, Parents, leaving care team, Families of children with disabilities, Police, Management, Missing from home officer, Fire brigade, Independent organisations and other providers, Stepwise, voluntary sector, SOV.

**Conference Delegates Contributions**

**What Helps and Hinders in creating a healthy environment of care?**

**Policy**

<table>
<thead>
<tr>
<th>What Helps?</th>
<th>What Hinders?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic manager</td>
<td>Strategic manager</td>
</tr>
<tr>
<td>CSCI</td>
<td>CSCI</td>
</tr>
<tr>
<td>Progression policy/procedures</td>
<td>Progression policy/procedures</td>
</tr>
<tr>
<td>Corporate parenting</td>
<td>Corporate parenting</td>
</tr>
<tr>
<td>Government legislation – resources as well as guidance</td>
<td>Rules/regulations</td>
</tr>
<tr>
<td>National minimum standards</td>
<td>Policies not in place</td>
</tr>
<tr>
<td>Senior management – authority agreements are solid</td>
<td>Lack of leadership</td>
</tr>
<tr>
<td>Multi-agency and network meetings</td>
<td>Lack of policies and agreements</td>
</tr>
<tr>
<td>Profile raising – inspections, targets, Clear guidelines</td>
<td>Policy and procedures restrict good parenting</td>
</tr>
<tr>
<td>Policies/procedures on safe hugging and staff support</td>
<td></td>
</tr>
</tbody>
</table>

**Partnership**

<table>
<thead>
<tr>
<th>What helps?</th>
<th>What Hinders?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent visitors</td>
<td>Family/previous carers</td>
</tr>
<tr>
<td>Family/previous carers</td>
<td>No partnership involvement</td>
</tr>
<tr>
<td>Partners - passion/commitment</td>
<td>Lack of involvement from other agencies (including the arts)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Access to specialists</td>
<td>Different schools having different attitudes</td>
</tr>
<tr>
<td>Appropriate information sharing</td>
<td>Lack of educational provision therefore no routine</td>
</tr>
<tr>
<td>Multi-agency working</td>
<td>Payment to health service</td>
</tr>
<tr>
<td>GPs attending meetings</td>
<td></td>
</tr>
<tr>
<td>Advice system – LAC nurse</td>
<td></td>
</tr>
<tr>
<td>Sign posting</td>
<td></td>
</tr>
</tbody>
</table>

### Practice

<table>
<thead>
<tr>
<th>What helps?</th>
<th>What Hinders?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience of staff</td>
<td>Resistance to change</td>
</tr>
<tr>
<td>Happy motivated committed staff</td>
<td>Dynamics</td>
</tr>
<tr>
<td>Stability of L-T team</td>
<td>Human resources</td>
</tr>
<tr>
<td>Impact assessment</td>
<td>Impact assessment</td>
</tr>
<tr>
<td>Staff training – knowledge and skills</td>
<td>Crisis management - reactive</td>
</tr>
<tr>
<td>Positive support networks</td>
<td>Recruitment/retention re residential</td>
</tr>
<tr>
<td>Consistent individualised care</td>
<td>Not listening</td>
</tr>
<tr>
<td>Communication and transfer of records</td>
<td>Staff turnover (inconsistency)</td>
</tr>
<tr>
<td>Planning placements looking at dynamics</td>
<td>No Resources</td>
</tr>
<tr>
<td>Risk assessments</td>
<td>Communication and transfer of records</td>
</tr>
<tr>
<td>Link health worker in each unit, who is responsible for monitoring other staff</td>
<td>Personal agendas</td>
</tr>
<tr>
<td>Support for staff</td>
<td>Lack of training</td>
</tr>
<tr>
<td>Management team</td>
<td>High staff sickness levels</td>
</tr>
<tr>
<td>Restorative justice training</td>
<td>Not enough resources</td>
</tr>
<tr>
<td>Ability to move forward</td>
<td>Uncommitted staff</td>
</tr>
<tr>
<td>Consistency</td>
<td>No training</td>
</tr>
<tr>
<td>Good communication</td>
<td>Burnt out workers</td>
</tr>
<tr>
<td>Good staffing levels</td>
<td>Low paid workers</td>
</tr>
<tr>
<td>Training for staff – child development</td>
<td>Lack of consideration of workers’ health</td>
</tr>
<tr>
<td>Placement matching</td>
<td>Gender stereotyping – male/female staff</td>
</tr>
<tr>
<td></td>
<td>Lack of expectations by staff</td>
</tr>
<tr>
<td></td>
<td>Staff’s personal attitudes</td>
</tr>
<tr>
<td></td>
<td>Staff’s concept of ‘what is health?’</td>
</tr>
<tr>
<td></td>
<td>Group size can affect health care</td>
</tr>
</tbody>
</table>

### Participation

<table>
<thead>
<tr>
<th>What helps?</th>
<th>What Hinders?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships of YP/behaviour</td>
<td>Relationships of YP/behaviour</td>
</tr>
<tr>
<td>Numbers of YP in a home</td>
<td>Numbers of YP in a home</td>
</tr>
<tr>
<td>Negotiate and consult with residents</td>
<td>Transitions 16-18 plus</td>
</tr>
<tr>
<td>Induction/’try us out’ period prior to admission</td>
<td>YP motivation</td>
</tr>
<tr>
<td></td>
<td>YP not on board</td>
</tr>
<tr>
<td>Advice, activities, awards</td>
<td>Lack of creativity in meeting the emotional well being of LAC</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>YP – participation and motivation, improve crisis and risk taking behaviours</td>
<td>Group living – different backgrounds, cultures, religion</td>
</tr>
<tr>
<td>clear care plan</td>
<td></td>
</tr>
<tr>
<td>Free leisure passes</td>
<td></td>
</tr>
<tr>
<td>Active life style supported with a personal trainer</td>
<td></td>
</tr>
<tr>
<td>Placement choice</td>
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</tbody>
</table>

**Checklist: Useful Learning from the Pilot Partners**

The following checklist pulls together the key pieces of learning that came out of residential children’s homes use of the Healthy Care Audit Tool. Use this as a discussion tool with colleagues and partners who may be able to support you in the process of ‘auditing’ your home or unit.

**When carrying out the audit and action plan in a residential child care setting are you able to:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Issues Arising</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure that you talk to staff, children and young people about why you are doing this and what it may involve?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Allocate designated time to prepare and carry out the audit?</td>
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</tr>
<tr>
<td>3. Bring in an external facilitator, if there is resistance to certain actions, to challenge ‘institutional’ behaviours of some staff and to reach ‘common ground’?</td>
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<tr>
<td>4. Access training if resistance persists (see section 8)?</td>
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<tr>
<td>5. Feel comfortable in recognising that you may be instituting the beginnings of a wider cultural change?</td>
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</tr>
<tr>
<td>6. Find out if you have a local Healthy Care or Multi-agency Partnership who could provide networking opportunities, examples of good practice, guidance, training information and support?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Read through the audit tool and get support if you feel get overwhelmed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Feel happy to reduce the audit tool to ‘bite-sized chunks’ under the four headings of policy, partnership,</td>
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</tr>
</tbody>
</table>
9. Feel competent to prioritise action points relevant to you?
10. Willing to use the audit tool to identify and celebrate existing good practice?
11. Willing to think ‘holistically’ about health?
12. Seek out your local LAC nurse and find out how your home could utilise her/him fully in carrying out the audit?
13. Identify other partners specifically Children’s Right’s participation worker to consult with LAC/YP re their issues?
14. Develop active participation of LAC/YP?
15. Set up a ‘health forum’ within home?
16. Involve everyone with responsibility for ‘corporate parenting’ of LAC/YP?
17. Develop wider partnership working between agencies to share experience, knowledge and access to other services relevant to LAC/YP?
18. Look on the Healthy Care, NCERCC and other websites for free downloadable resources?
19. Liaise with partners about funding opportunities?
### Section 4: Policy

<table>
<thead>
<tr>
<th>Policy and Guidance</th>
<th>Care Matters: Transforming the Lives of Children and Young People in Care (2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Green Paper sets out proposals for change and highlights all the recent reforms (in legislation and guidance) that have been proposed and/or implemented (e.g. from Quality protects in 1998 – Every Child Matters Change for Children Programme) <a href="http://www.everychildmatters.gov.uk">www.everychildmatters.gov.uk</a> go to Social Care Welfare and protection; then click on looked after children; then click on ‘Green paper boosts prospects for children in care’ and scroll to the end of the page for The Green Paper, The Executive Summary and The Young Peoples Guide <strong>Promoting the Health of Looked After Children: DH (2002).</strong> This guidance also contains useful material for practitioners. Download at <a href="http://www.dh.gov.uk">www.dh.gov.uk</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Why is national policy imperative to translate into local policy and practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Although outcomes for children in care have improved in recent years, there remains a significant and widening gap between these and the outcomes for all children. This situation is unacceptable and needs to be addressed urgently..... In setting our priorities for change, we are driven by the knowledge that these are our children, and that the childhood we are giving them has not been good enough. We have an excellent legacy of achievement on which to build, and a dedicated workforce standing ready to deliver. The time has come to accelerate the pace of change, and to make care not only a way out of difficult situations at home, but a bridge to a better childhood and a better future.” Care Matters: Transforming the Lives of Children and Young People in Care (2006).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Example</th>
<th><strong>Policy into Practice</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Designated Looked After Children’s Nurse role as a champion for looked after children in England has had a vital influence on delivering improved health care in places where young people live or regularly visit e.g. sports centres. This has had an impact on both the physical and emotional health of children and young people in care. (See Squirrel Way P. 82) Children’s Rights and Participation workers around the</td>
<td></td>
</tr>
</tbody>
</table>
country have made participation work with children and young people meaningful. (e.g. Bradford, Calderdale, as a few of many examples: See Healthy Care website for examples of creative participation)

“Are you ready to involve children and young people in the design, delivery and evaluation of your service? Children and young peoples participation is about a change in culture within the services they use. Services need to be willing, ready and have the capacity to change their service in response to the views and involvement of children and young people.”
Mark Eades-Jones Barnardo’s Bradford

Challenges

- Government guidance and information can be very complex.
- There needs to be a strategic professional who can support residential care homes with both Healthy Care and Government guidance
- Managers need to be supported to instigate changes in policy and practice and resources (time, space, developing relationships with other professionals) should be allocated for consultation with children and young people and training for staff

Successes

- The availability of Government guidance and information that is free and downloadable (e.g. from the Every Child Matters and National Children’s Bureau websites) is very useful to inform local policy and practice.
- Formation of multi-agency partnerships to implement the change for children programme

Examples of Pilot Partners Policies and Guidelines

<table>
<thead>
<tr>
<th>Accidents — Guidelines of procedures should an accident occur</th>
<th>Guidelines for Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Drug Policy</td>
<td>Healthy Schools</td>
</tr>
<tr>
<td>Anti Bullying Policy</td>
<td>Management of Seizures</td>
</tr>
<tr>
<td>Basic Food Hygiene - guidelines</td>
<td>Manual Handling Policy</td>
</tr>
<tr>
<td>Blood Borne Diseases Policy</td>
<td>Positive Handling and Physical Intervention Procedure</td>
</tr>
<tr>
<td>Charter of Children's Rights</td>
<td>Reporting and Recording of Accidents and Incidents</td>
</tr>
<tr>
<td>Child Protection Policy</td>
<td>Risk Management</td>
</tr>
<tr>
<td>Drug Administration Policy</td>
<td>Sex and Relationships Policy</td>
</tr>
<tr>
<td>Emergency Procedures</td>
<td>Universal Precautions</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Emergency Dental Care – guidelines</td>
<td>Worries and Complaints – the procedure to follow</td>
</tr>
<tr>
<td>Equal Opportunities</td>
<td>should a child/young person</td>
</tr>
<tr>
<td>Guidelines for First Aiders</td>
<td>have any anxieties or</td>
</tr>
<tr>
<td>Health and Safety Policy</td>
<td>worries</td>
</tr>
</tbody>
</table>

**Checklists**

The following checklist is for residential managers and staff to use as a prompt for discussion with a view to creating a tailored action plan for individual establishments

<table>
<thead>
<tr>
<th>Practice Checklist National Policy</th>
<th>Note Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who has responsibility to keep updated on how the duty of care in relation to health and well-being may develop and change as a result of new and existing Government proposals?</td>
<td></td>
</tr>
<tr>
<td>2. How should/does this information get relayed to staff, children, young people and their families?</td>
<td></td>
</tr>
<tr>
<td>3. Where can staff discuss their concerns?</td>
<td></td>
</tr>
<tr>
<td>4. What additional support and supervision can staff expect in order to make consistent changes?</td>
<td></td>
</tr>
<tr>
<td>5. What training is/will be available to staff and will it be mandatory or voluntary?</td>
<td></td>
</tr>
<tr>
<td>6. Who has responsibility for making contact with and creating a formal partnership with other professionals e.g. designated health, education and participation workers?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Checklist Local Policies</th>
<th>Note Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What policies and guidelines do you have locally and within your establishment that can promote health and well-being for children and young people in your care?</td>
<td></td>
</tr>
<tr>
<td>2. How up-to-date and usable are the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>guidelines e.g. have child protection procedures kept pace with the safeguarding children agenda?</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.</td>
<td>Who has responsibility to update guidelines within the home</td>
</tr>
<tr>
<td>4.</td>
<td>How and when is this information disseminated among staff, children and young people?</td>
</tr>
<tr>
<td>5.</td>
<td>What additional support, supervision and training are available to staff to understand and apply the guidelines?</td>
</tr>
</tbody>
</table>

**What Next?** Once you have discussed and come up with satisfactory responses to the checklist in your home, working through the rest of this toolkit may help you to raise awareness, reflect on current policy and practice and further promote health and well-being for the children and young people in your care.
Section 5: Practice
Specific Health Issues relevant to Children and Young People in Residential Childcare
This section is intended to raise awareness of the evidence surrounding particular health issues. It is intended to enable staff and their managers to reflect on practice issues and consider the policies and partnerships in place to promote health in residential child care.
The following topics have been identified nationally as relevant to health and well-being for children and young people in care. Working with colleagues at the conference in Leeds reinforced the relevance of these topics for health in residential child care.
The following section looks at:
- Mental Health
- Healthy Eating
- Play and Creativity
- Sexual Health
- Substance Misuse

1. Mental Health

<table>
<thead>
<tr>
<th>National Policy and Guidance</th>
<th>National Healthy Care Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Outcome 1b</strong>: The child/young person develops a sense of self-worth and is positive and self-directed in relation to the choices and challenges of everyday life.</td>
</tr>
</tbody>
</table>

The National Service Framework for Children, Young People and Maternity Services establishes 10 clear standards for promoting the health and well-being of children and young people and for providing high quality services which meet their needs.

**Standard 9: The Mental Health and Psychological Well-being of Children and Young People**
All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families

**The Vision**
- An improvement in the mental health of all children and young people.
- Multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex difficulties.
problems.

- That all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

DH and DfES 2004

www.dh.gov.uk go to National Service Framework for Children

The Healthy Care Evidence Base

Children with mental health problems are more likely than others to have experienced a combination of factors such as:

- poor physical health
- special educational needs
- learning difficulties
- parents with mental health problems
- family discord, instability or disruption
- greater-than-average experience of punishment by parents
- stressful life events
- any form of physical, sexual, emotional abuse or neglect. (MacMillan and Munn 2001)

- Many looked after children and young people will have experienced several of these factors and therefore may have a greater likelihood of mental health problems (Richardson and Joughin 2000).
- The mental health and emotional well-being of looked after children is widely acknowledged to be poorer than that of any other group of children.
- A national study of looked after children and young people, aged 5 to 17, found that 45 per cent were assessed as having at least one psychiatric disorder and about 66 per cent of those living in residential care were assessed as having a mental disorder – much higher than those living in foster care or with parents (Meltzer and others 2003).
- Other studies indicate that between three and nine out of ten looked after children and young people have mental health problems (Arcelus and others 1999, Dimigen and others 1999, McCann and others 1996).
- Many children and young people enter care as a result of previous traumatic experiences, including neglect; sexual, physical and emotional abuse; or family discord. These experiences are highly damaging to a
child’s mental health (MacMillan and Munn 2001).

- Risk-taking behaviours – such as running away, alcohol and drug misuse, unsafe sex, sexual exploitation and offending behaviour – can be both a symptom and a cause of low self-esteem and mental distress (Richardson and Joughin 2000).

- Just under one in five young people leaving care have mental health disorders such as depression, eating disorders and phobias. Over a third have deliberately self-harmed since the age of 15 (Saunders and Broad 1997).

- Looked after children in foster care are generally more likely to describe themselves in terms of positive attributes, and less likely to highlight negative states, than children and young people in other types of placement. (Shaw 1998).

The in depth briefing with full references can be downloaded from: www.ncb.org.uk/healthycare/docs.asp


Challenges and Successes

Challenges
- Areas of concern include behaviour, sleep, self harm, past trauma, depression, attachment difficulties
- CAMHS services have limited resources and time from referral to uptake can be seriously delayed
- Transition form children’s to adult mental health services often difficult/inappropriate
- Staff

Successes
- Relevant local policies about looked after children and young people include mental health and well-being.
- Motivating children and young people through participation work to improve crisis and risk taking behaviours
- Government legislation – resources as well as guidance is helpful in raising awareness and providing a rationale for training and consistent work practices
- Training to help identify when to refer to CAMHS and when work falls within Tier 1
Case Examples

A creative participatory music project in a residential children’s home in Leeds aims to improve low self-esteem. Feedback from the group has shown that members realised their musical potential, improved their self-confidence and ability to listen.

An ‘Arts in Health’ project is working with vulnerable young people in partnership with local organisations and includes a visual arts project for care leavers. Outcomes for the young people have included: greater self-esteem, improved resilience and better ability to make and sustain relationships, and it has stopped bullying.

Monitoring of a specialist CAMHS has been introduced and includes feedback from looked after children and young people using the service. This is informing the development and improvement of the service.

There are a number of screening and diagnostic tools that have successfully been used to screen and/or diagnose mental health problems. These are used by CAMHS professionals and are now frequently being used within the health needs assessments process. An audit conducted in Leeds using the SDQ (see below) shows the positive results that this can bring to the looked after population and their carers. Contact: The Health Team for Looked After Children 0113 3055266
  - SDQ: Goodmans’ Strengths and Difficulties Questionnaire www.sdqinfo.com
  - The Health of the Nation scoring tool; ‘HONOSCA’, www.rcpsych.ac.uk.

Working in Tier 1 is the responsibility of many workers, what does it involve and how does it differ from the other Tiers?

<table>
<thead>
<tr>
<th>Tier 1 A primary level of care</th>
<th>Professionals Providing the Service Include</th>
<th>Function/Service</th>
</tr>
</thead>
</table>

| Tier 1 | GPs | Health visitors | School nurses | CAMHS at this level are provided by professionals working in |
| Tier 2 | A service provided by professionals relating to workers in primary care | Social workers  
 Teachers  
 Juvenile justice workers  
 Voluntary agencies  
 Social service | universal services who are in a position to:  
 Identify mental health problems early in their development  
 Offer general advice  
 Pursue opportunities for mental health promotion and prevention |
|--------|---------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|
|        | **Child and Adolescent Mental Health workers**  
 **Clinical child psychologists**  
 **Paediatricians (especially community)**  
 **Educational psychologists**  
 **Child & adolescent psychiatrists**  
 **Child and adolescent psychotherapists**  
 **Community nurses/nurse specialists**  
 **Family therapists** | CAMHS professionals should be able to offer:  
 **Training and consultation to other professionals (who might be within T1)**  
 **Consultation to professionals and families**  
 **Outreach**  
 **Assessment** |
| Tier 3 | A specialised service for more severe, complex or persistent disorders | **Child & adolescent psychiatrists**  
 **Clinical child psychologists**  
 **Nurses (community or in-patient)**  
 **Child psychotherapists**  
 **Occupational therapists**  
 **Speech and language therapists**  
 **Art, music and drama therapists**  
 **Family therapists** | Services offer:  
 **Assessment and treatment**  
 **Assessment for referrals to T4**  
 **Contributions to the services, consultation and training at T1 and 2.**  
 |
The Mental Health and Psychological Well-being of Children and Young People

**Tier 1 Key professionals can also include:**

| Youth Workers, Volunteer Youth Workers, Community Development Workers (e.g. Scout and Guide Association Members, Football Coaches etc.), Connexions Personal Advisors, Education Welfare Officers, Religious Groups, Teachers, School Nurses, Classroom Assistants, | Midday Supervisors, Site Managers, Foster Carers, Child Minders, Social Workers, Residential Social Workers, Health Visitors and G.P.’s, Youth Issues Officers (Police), Health Promotion Specialists (including Healthy Schools Workers), DARE Officers and general Police Officers. |

Nottinghamshire County Council (2003)

**Practice Checklist - The Role of Self-esteem**

“Self-esteem is about feeling lovable and feeling confident”

*(Plummer 2001)*

When working with children and young people in care within the Tier 1 framework it is useful to reflect on your practice by observing the tasks that those in your care have achieved on their developmental path. Self-esteem work can be seen as a foundation for developing emotional health and well-being

**A Checklist for the Seven Elements of Self-Esteem**

**The Foundation for Emotional Health and Well Being in Tier 1**

**Using this checklist**

- Think of a child or young person that you have worked with in the past or that you currently work with;
- Taking each of the seven elements, reflect on the points below it and decide (by a tick in the yes box or cross in the no box) whether the child or young person has demonstrated any of these aspects of development through their thoughts or actions.
- Think of a time when you have actively noticed and supported any of these aspects of the child or young persons development
- What did you do? How did you do this?
1. Self-knowledge

<table>
<thead>
<tr>
<th>The child or young person can show that they are able to:</th>
<th>Yes</th>
<th>No</th>
<th>Examples of supporting this point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a sense of security in knowing who they are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand where they fit into the social world e.g. of family, carers, home, school, friends, faith, culture, interest groups etc.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Understand differences between self and others e.g. in looks and character</td>
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<td></td>
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</tr>
<tr>
<td>Understand that they can have things in common with others who appear different from them.</td>
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</tr>
<tr>
<td>Consider how people can act in different ways according to the situation that they are in e.g. at home, with friends, at school etc.</td>
<td></td>
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</tr>
</tbody>
</table>

2. Self and others

<table>
<thead>
<tr>
<th>The child or young person can show that they are able to:</th>
<th>Yes</th>
<th>No</th>
<th>Examples of supporting this point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know how relationships function, in particular being able to develop and maintain their own identity as a separate person while still recognising the natural interdependence of relationships.</td>
<td></td>
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</tr>
<tr>
<td>Understand the difficulties that take place in relationships and learn to co-operate with each other.</td>
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<tr>
<td>See things from another person's perspective and develop an understanding of how they might see things.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Learn respect and tolerance for other people's views</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand their own emotions and be aware of the ways in which they express them.</td>
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</tbody>
</table>
Know that they can choose *how* to express emotions appropriately, rather than deny or repress them or act in an inappropriate way. Recognise other people's emotions and being able to distinguish their own feelings from those of others.

### 3. Self-acceptance

<table>
<thead>
<tr>
<th>The child or young person can show that they are able to:</th>
<th>Yes</th>
<th>No</th>
<th>Examples of supporting this point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know their own strengths and recognise areas that they find difficult and may want to work on. Accept that it is natural to make mistakes and that this is often how we learn best. Know that they are doing the best that they can with the knowledge and skills currently available to them. Feeling OK about their physical body.</td>
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</tbody>
</table>

### 4. Self-reliance

<table>
<thead>
<tr>
<th>The child or young person can show that they are able to:</th>
<th>Yes</th>
<th>No</th>
<th>Examples of supporting this point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know how to take care of themselves. Understand that life is often difficult but there are lots of things that they can do for themselves to help smooth the path. Build a measure of independence and self-motivation. Be able to self-monitor and adjust their actions, feelings and thoughts according to realistic assessments of their progress. Believe that they have mastery over their life and can meet challenges as and when they arise.</td>
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</tbody>
</table>
### 5. Self-expression

<table>
<thead>
<tr>
<th>The child or young person can show that they are able to:</th>
<th>Yes</th>
<th>No</th>
<th>Examples of supporting this point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand how people communicate with each other, not just with words but also through facial expression, body posture, intonation, the clothes we wear, etc. Learn to 'read the signals' beyond the words so that they can understand others more successfully and also express themselves more fully and genuinely. Develop creativity in self-expression. Recognise and celebrating the unique ways in which they each can express who they are.</td>
<td></td>
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</tr>
</tbody>
</table>

### 6. Self-confidence

<table>
<thead>
<tr>
<th>The child or young person can demonstrate that they are able to:</th>
<th>Yes</th>
<th>No</th>
<th>Examples of supporting this point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know that their opinions, thoughts and actions have value and that they have the right to express them. Know that they have the right to be themselves and that they make a difference. Develop a creative approach to solving problems and be confident enough in their own abilities to be able to experiment with different methods of problem-solving and to be flexible enough to alter strategies if needed. Be able to accept challenges and to make choices.</td>
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</tbody>
</table>

### 7. Self-awareness

<table>
<thead>
<tr>
<th>The child or young person can demonstrate that they are able to:</th>
<th>Yes</th>
<th>No</th>
<th>Examples of supporting this point</th>
</tr>
</thead>
</table>
Develop the ability to be focused in the here and now, rather than absorbed in negative thoughts about the past or future. This includes an awareness of feelings as they arise. Know what they are capable of, and learning to set realistic yet challenging goals. Understand that emotional, mental and physical change is a natural part of their life. Understand that they have some control in how they change and develop. Be secure enough in themselves to be able to develop strategies for coping successfully with the unexpected.

Adapted from “Helping Children to Build Self-Esteem” Deborah Plummer (JKP 2001)

**What Next**

**Discussion Points**

**Tasks of the Workers**

Is your communication with children:
- clear
- unambiguous,
- non-judgemental
- unconditional

How do you show that you:
- respect their opinions
- value their participation
- believe they have a significant role to play
- are interested in them as individuals.
- encourage them to recognise their successes
- enable them to work at their own level
- help them to set realistic goals and self-evaluate successfully

It would be useful to download the Healthy Care Mental Health Briefing: Promoting the mental health and emotional well-being of looked after children and young people [www.ncb.org.uk/healthycare/docs.asp](http://www.ncb.org.uk/healthycare/docs.asp)

If by responding to the discussion points and the checklist you find that you need more information, awareness and skills in
mental health issues, you may find the 10 briefing papers contained within in the following manual useful. Although it was written for secure children’s homes the majority of the material can be used in any setting. Also included are some learning activities for young people: “Improving the Emotional Health and Well-being of Young People in Secure Care: Training for staff in local authority secure children’s homes” Bird J and Gerlach L. 2005: www.ncb-books.org.uk £35.00.

Details from www.russellhouse.co.uk

Assessment Tools
SDQ: Goodman’s Strengths and Difficulties Questionnaire www.sdqinfo.com
The Health of the Nation scoring tool; ‘HONOSCA’, www.rcpsych.ac.uk
3. Healthy Eating and Physical Activity

Healthy eating and adequate physical activity are essential for all children and young people to ensure proper growth and development can take place. They contribute to reducing the risk of preventable disease in later life and help to establish patterns of behaviour and attitudes that are beneficial throughout life.

National Policy and Guidance

National Healthy Care Standard

**Outcome 6a:** The young person will develop understanding of his/her needs and responsibility for maintaining his/her health and well-being.

**Choosing Health**

- There will be new initiatives to promote physical activity and sport inside and outside school
- People’s patterns of behaviour are often set early in life and influence their health throughout their lives.
- Infancy, childhood and young adulthood are critical stages in the development of habits that will affect people’s health in later years.
- Children need a balance of different opportunities in their lives to build the foundations of good physical and emotional health – opportunities that relate to the way people live in the 21st century.
- Overall, many children appear to have fewer opportunities for physical activity and more are overweight – some obese. Some commentators suggest that this is because children are eating more convenience and fast foods, spending more time watching television or playing computer games, and less
- time being physically active because of the increase in car
- travel and a heightened concern about the potential risks of unsupervised play outdoors


The Healthy Care Evidence Base

There is almost no research evidence about physical activity and healthy eating and drinking in relation to looked after children and young people. Some looked after children and
young people may experience increased health inequalities due to their pre-care experiences of poverty, neglect and abuse. Physical education is compulsory within the National Curriculum – two hours a week for 5- to 16-year-olds. Healthy eating is covered in a range of curriculum subjects. However some looked after young people experience interrupted education or are excluded and miss the opportunity for regular physical activity and learning about healthy eating.

There is some evidence that young people in residential care have limited control over food provided for them and limited access to food beyond set meal times. This may create barriers to accessing a healthy, well-balanced diet (Caroline Walker Trust 2001).

The in depth briefing on Healthy Eating and Physical Activity with full references can be downloaded from: www.ncb.org.uk/healthycare/docs.asp

**Health of Looked After Children and Young People.** (2006)

**Challenges**

- A need to understand the cultural significance of different foods
- Food choices, catering for different needs/tastes/likes
  Trying to provide a healthy balance of food, particularly in relation to snacks
- How to deal with eating disorders
- Food can become a power issue e.g. to eat or not eat and behaving inappropriately during meals

**Successes**

- Fresh fruit and vegetables, water and healthy snacks are freely available in residential children’s homes.
- Health assessments are held in local leisure centres. Young people can drop in to see the nurse or doctor as well as take part in arts and leisure activities including using the swimming pool and fitness centre
- Exercise as part of care management e.g. for young people who are ‘hyper’ at night which can result in a more positive attitude
- Healthy Eating - Hull Heartbeat Award related to education, carers and young people
- Leisure services - free leisure passes for children and young people in care
- Active life style – working with a personal trainer
To implement a healthy eating strategy in a residential home in Calderdale it was important to get staff on board. The initial hurdle of ‘institutional’ attitudes of some staff about convenience food was overcome by an external mediator. The Community Dietician was able to challenge attitudes by challenging the problem, not the person and therefore mediate common ground about healthy eating. This role has also been taken on by public health staff and other appropriate health professionals who can offer education about healthy eating, eating disorders, cultural and religious diets.

When trying to engage children and young people within the residential home to change their eating habits a range of strategies have been adopted by the local Looked After Children’s nurse in Leeds

- Use of Community Arts Worker to improve eating environment-decorating walls, table cloths, tables, chairs, pottery etc.
- Loan of games, resources etc from local health promotion unit
- Access small local authority or health grants to develop home environment further such as garden, growing own vegetable
- Put on structured cookery classes
- Enable LAC/YP to shop, budget, prepare, cook, serve and enjoy
- Visit restaurants

### Practice Checklist - The Balance of Good Health Guidelines

8 guidelines for a healthy diet for everyone over five years of age

- Think of a child or young person that you work with and tick the yes box or put a cross in the no box according to your observations

<table>
<thead>
<tr>
<th>If you observe children and young people in your care would you say that they:</th>
<th>YES</th>
<th>NO</th>
<th>If Yes: what strategies did you use to achieve this?</th>
<th>If No: what strategies could you adopt to achieve this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enjoy their food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Eat a variety of different foods

3. Eat the right amount to be a healthy weight

4. Eat plenty of foods rich in starch and fibre

5. Eat plenty of fruit and vegetables

6. Don’t eat too many foods that contain a lot of fat

7. Don’t have sugary foods and drinks too often

8. If they can legally drink alcohol, they drink sensibly.

Adapted from the Food Standards Agency 2001

NB If you answer yes to guideline 1 and no to all the others consider some of the actions and strategies highlighted in Successes and Case Examples earlier in this section

**Practice Checklist – Physical Activity**
- Use this with children and young people as a prompt for discussion
Physical Activity for 5-18 year olds

A Quiz

1. If you are aged between 5 and 18 how much moderate intensity physical activity do you need to do each day?
   a) 30 minutes  
b) 45 minutes  
c) 60 minutes

2. Moderate intensity physical activity means that you will
   a) feel warm and slightly out of breath  
b) feel very hot and out of breath  
c) remain at your typical temperature and breath normally

3. How many times a week should you do activities that improve bone health, muscle strength and flexibility?
   a) Once a week  
b) Twice a week  
c) Three times a week

4. What is the best way to exercise each day?
   a) Always do it in one go  
b) Always do it in short bursts  
c) A bit of both a and b

5. Which form of daily exercise is good for children and young people?
   a) Organised sport  
b) Outdoor play  
c) Walking  
d) Cycling  
e) Swimming  
f) Physical Education  
g) All of them are good

6. List all the physical sports, games or leisure activities that you would like to do each day

   I would like to ...........

   I would like to learn how to .............

   I would like to do this one to one with an adult  YES/NO
I would like to this in a group of other children and young people in care
**YES/NO**

I would like to do this in a group made up of children and young people from a range of backgrounds **YES/NO**

**Information for the Quiz — Recommended Physical Activity for 5- to 18-year-olds**

- All young people (5 to 18 years) should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health (activities that produce high physical stresses on the bones), muscles strength and flexibility.
- Moderate intensity activity is at a level where the child or young person feels warm and slightly out of breath.
- The activity can be continuous or intermittently accumulated throughout the day. Young children can achieve the 60 minute target through the accumulation of bouts of activity of varying duration. This can include short bursts and bouts of physical activity, as well as longer bouts as when taking part in sports.
- This hour can be made up from a variety of activities across the day, including organised sport, play, walking or cycling to school, physical education or planned exercise.

(Department of Health 2004)

**What Next?**

Having spent time observing and asking children and young people about healthy eating and physical activity consider who in your partnership (see Partnerships p 61) would be best placed to support any changes you might want to make around diet and leisure activities

Download the Healthy Care Briefing **Healthy Eating and Physical Activity** from: [www.ncb.org.uk/healthycare/docs.asp](http://www.ncb.org.uk/healthycare/docs.asp)
And circulate the information among other staff, children and young people

**Health of Looked After Children and Young People.**
Details from [www.russellhouse.co.uk](http://www.russellhouse.co.uk)
4. Play and Creativity

<table>
<thead>
<tr>
<th>National Policy and Guidance</th>
<th>National Healthy Care Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 5: A child needs to have opportunities to develop personal and social skills, talents and abilities and to spend time in freely chosen play, cultural and leisure activities.</td>
<td></td>
</tr>
<tr>
<td>Outcome 5b: The child/young person achieves his/her potential and is proud of his/her achievements.</td>
<td></td>
</tr>
</tbody>
</table>

The National Healthy Care Standard states that: a child needs to have opportunities to develop personal and social skills, talents and abilities and to spend time in freely chosen play, cultural and leisure activities.

Children and young people of all ages have a natural, basic impulse to play. Play is when children and young people are doing what they want, in their own way and for their own reasons. When children play they are learning, practising skills, creating, exploring and experimenting.

Play and unstructured free-time activity enable children and young people to bring together their ideas, feelings, relationships and physical experiences. Such activity allows them to use what they already know, so as to learn and understand more about the world they live in and the relationships around them.

**The Department for Culture, Media and Sport** (DCMS) is working to improve access to culture, sport and play for children and young people, so that they can develop their talents and enjoy the benefits of participation. Culture, sport and play organisations have a unique role to play in helping to deliver Every Child Matters: Change for Children agenda, by:

- Delivering the five outcomes - particularly enjoying and achieving and making a positive contribution
- Being key partners in children’s trusts and contributing to Children and Young People’s Plans
- Supporting families and promoting diversity
- Reaching millions of children and young people through positive out-of-school activities

**Key Document**

**Time for Play: Encouraging Greater Play Opportunities for Children and Young People** DCMS 2006

This document highlights the importance of play and demonstrates the extent of current activity across departments, the work to develop a regional infrastructure for play, and local
service delivery through, for example, children's trust arrangements. Download from www.everychildmatters.gov.uk click on Culture, Sport and Play; and scroll down to documents. **Care Matters** also includes an entitlement for children and young people in care to be provided with opportunities to access sports and the arts.

**The Healthy Care Evidence Base**

Therapists who work with children and young people, who have experienced abuse, neglect and other trauma, stress the importance of engaging them in repetitive, nurturing, consistent and predictable experiences (Perry and others 2000).

The play and creative activities that the majority of children experience on a regular basis in a family home (drawing at the kitchen table; running about in the garden or park; playing with cars, dolls or bricks; singing a nursery rhyme; making a cake with an adult; playing with a ball; looking after a pet; being read a favourite bedtime story; and so on) are essential to their healthy development. Therapists believe that these safe, repetitive, patterned experiences help the brain to develop and the child to make sense of the world. Learning is driven by children and young people taking pleasure in play. (Perry 2004)

Although play comes naturally to children and young people, they need stimulation, resources and sometimes encouragement to develop their play. Looked after children and young people may not have had the opportunity to play due to abuse or neglect in their past, difficult and damaging relationships with parents or carers, illness or disability. It is known that a lack of opportunities to play and interact with others can have serious negative effects on a child or young person's social and emotional development (Brown 2003, Bruner and others 1985).

For some children and young people, play therapy can help them both learn to play and learn to live with some of their difficulties (Bruce and Meggitt 1996).

For most looked after children and young people, access to play therapy is limited and will only be offered for a period of time. For the rest of the child or young person’s daily life they will be at home with foster carers or in a residential children’s home. The opportunity to play and engage in creative activities must be encouraged and supported by the child or young person’s main carers. This is not therapy – it is the everyday experience of meeting the needs of children and young people
A research programme in Canada (Wright and others 2004) has shown that involvement in arts activities can have a positive impact on children and young people by improving interpersonal skills, conflict-resolution and problem-solving skills. The research also showed that levels of emotional problems were lowered for children and young people who had completed the programme.

Involvement in play, creative activities, sports and other leisure activities is important for looked after children and young people because it provides opportunities for them to meet and interact with others and to develop friendships. This can counteract the exclusion that looked after children and young people can experience and provides valuable experience in developing social relationships and communication skills. In addition, it provides access to new adult role models. It has been argued that the development of social skills can be crucial in determining whether a child or young person flourishes socially and educationally (Goleman 1996).

The in depth briefing on Play and Creativity with full references can be downloaded from:
www.ncb.org.uk/healthycare/docs.asp

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**Challenges and Successes**

**Challenges**
- Trying to get local polices relating to play, arts, culture and education to specifically include looked after children and young people (for example the local cultural strategy).
- Lack of creativity in meeting the emotional well being of children and young people
- Lack of resources

**Successes**
- Free leisure passes
- Committed staff
- Multi-agency partnership working

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**Case Examples**

‘Bookworm’ – One day workshops for Children Looked After and young people from the community, aged 8 – 12 years in Lincolnshire. The children watched a play exploring famous children’s stories, including ‘Alice in Wonderland’ and ‘Wizard of Oz’. They were then able to interact with the characters and watch the story unfold about a bookworm who was losing
weight because children had stopped reading. By following his adventures, and using their imagination, they could help the bookworm beat the ‘baddie’.

The performance was followed by an arts workshop where the young people were able to create their own bookmarks. Staff from Lincoln Library talked to the group about the service they could offer, before taking them on a tour of the library. Every young person was given the opportunity to join, if they were not already a member, and all left the library with a book.

- It was a great day I had loads of fun
- I made some new friends
- The play was funny
- The mad hatter was brill
- I went to the library for the first time, it was good

**The Fun and Leisure** co-ordinator is part of the Corporate Parenting Team which evolved from the Healthy Care pilot in Telford and Wrekin. The team comprises of a manager and full time worker who come from an education background, a child psychotherapist, a life story worker, a fun a leisure co-ordinator, a connexions worker, LAC nurse, sexual health worker and drugs worker who are all based together.

Fun and Leisure plans are drawn up by asking children and young people about the types of activities that they would like to do within clubs, where to go on trips and other provision which may take place outside the project.

The information informs what takes place within the project and allows us to respond to young people’s needs, but also help carers to find out how they can also provide activities Children and young people report that clubs for looked after children and vulnerable young people are necessary because many do not find it easy to be part of a larger group.

They want to be with those people who understand the issues without having to explain them. They may be able to have contact with brothers and sisters here and may be able to access support in difficult times

**Key Document**

**Carers Can!** is a special magazine for foster carers, their families and residential social workers. It is about play and
Creations are fun, and that help children and adults get to know each other better. Children and young people said that’s what they wanted more of. It can be downloaded from: [www.ncb.org.uk/healthycare/docs.asp](http://www.ncb.org.uk/healthycare/docs.asp)

Choose some of the tips and ideas in Carers Can! and use them with children and young people.

- How did you both come to agree to do the activity?
- Did you both enjoy doing the activity?
- What did you both feel and think about what the child or young person achieved?
- Note any gradual constructive changes in their emotional, cognitive or physical states

<table>
<thead>
<tr>
<th>Name of child or young person</th>
<th>Activity chosen</th>
<th>Description of what happened</th>
<th>What did the child or young person say about doing the activity?</th>
<th>What do you think was constructive about doing the activity both short term and long term?</th>
</tr>
</thead>
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<td></td>
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**What Next?**

If you want to develop work in play and creativity, as a home, then download the Healthy Care Play and Creativity Briefing for more ideas and resources: [www.ncb.org.uk/healthycare/docs.asp](http://www.ncb.org.uk/healthycare/docs.asp)

Find out who can support you in fun and leisure activities from external agencies. Do they include currently children in care in their targets?
5. Sexual Health

National Healthy Care Standard

**Outcome 5a:** The child/young person is knowledgeable, emotionally resourceful and is able to use his/her own emotions and thinking skills to guide and manage his/her positive behaviour using a variety of strategies.

Looked after young people are less likely to receive guidance and support about sex and relationships from their parents and carers than their peers. They are more likely to experience poor sexual health outcomes.

**Teenage Pregnancy Unit Guidance**

**Enabling young people to access contraceptive and sexual health information and advice:** Legal and Policy Framework for Social Workers, Residential Social Workers, Foster Carers and other Social Care Practitioners (2004)

This framework document is issued by the TPU and the Looked after Children Policy Branch within the Department for Education and Skills (DfES), and DH. It has been developed and agreed by the Social Care Practitioner’s Guidance Working Group.

The vital role of all social care practitioners in supporting young people to access contraception and sexual health information and advice should be actively encouraged. This should be done within a broader sex and relationships programme which helps young people develop assertiveness and negotiating skills to help them make positive choices about their personal relationships and resist pressure to have early or unwanted sex.

The duty of a social care practitioner, irrespective of their personal view, is to promote and safeguard the health and welfare of all young people regardless of sexual orientation or preference. With this in mind, the support provided should be appropriate to the young person and their individual needs.

This includes supporting young people’s early uptake of contraception and access to confidential sexual health advice if and when they become, or are thinking about becoming, sexually active. Providing a timely link into services can make the difference between a young person making safe, informed choices or facing an unplanned pregnancy or a sexually...
transmitted infection.

The TPU guidance aims to clarify for social care practitioners:

- that young people in their care have the same right to confidential contraceptive and sexual health information and advice as other teenagers
- that young people who are, or are thinking about becoming sexually should be encouraged to seek sexual health and contraceptive advice, have any of their concerns about confidentiality addressed and should be directed to local services;
- the role they can play in providing information and advice about contraception and referring young people to appropriate services and;
- the role of health professionals in providing these services to young people.

This document can be downloaded from the Teenage Pregnancy Unit: www.dfes.gov.uk/teenagepregnancy: go to Resources; then Guidance and Publications; then Sex and Relationships Education; then Social Care Practitioners Guidance

The Healthy Care Evidence Base

- School is consistently cited as the main source of SRE for most young people (BRMB International 2003). However, interruptions and gaps in education for looked after young people may lead to them missing SRE at school.
- Looked after young women are more likely to become young mothers than the general population of young women aged 16 to 24 (Haydon 2003, Biehal and others 1992 and 1995). They are much less likely to have the support of a family to help them cope (Haydon 2003). Looked after young men are also more likely to become young fathers than their peers who are not in care (Gelder 2002).
- Looked after young people are more at risk of sexual exploitation and abuse through prostitution (Swann 1998, Matthews 2000).
- Living in local authority care or running away from it can put looked after young people at increased risk of becoming involved in prostitution (Cusick and others 2004).
• Low levels of self-esteem and the wish to be accepted
  can lead to looked after young people giving in to
  pressure to engage in early or unwanted sexual activity
  (Corlyon and McGuire 1997).

The in depth Sexual Health briefing with full references can be
downloaded from: www.ncb.org.uk/healthycare/docs.asp
See also **Health of Looked After Children and Young
People.** (2006)

**Challenges**

- Sexual exploitation of children missing from care
- Young people who are gay may be verbally or
  physically bullied
- The sex and relationship needs of young people with
  learning disabilities and/or physical disabilities
- Children and young people who have been sexually
  abused
- Being inclusive -there may be different religious or
  cultural views about sex and relationship in the home

**Successes**

- Comprehensive and regularly updated local policy and
  usable guidelines for sex and relationships that is
  inclusive of diverse groups
- Train the trainers and social care workers courses
  about sex, relationships, pregnancy and parenthood
- Multi-agency sex and relationships training that covers
  inequalities and inclusion
- ‘Clinic in a box’ – contraceptive services visit homes
  with accurate information and a friendly face
- Telephone numbers of helplines and details of local
  young people’s sexual health clinics are displayed in
  residential homes for young people. Staff explain how
  helplines work, and make sure that young people can
  obtain confidential help.
- (S)exploitation Projects

**Case Example**

**Sexuality and Relationships Policy in Bradford**

The following excerpt from Bradford’s clear and comprehensive
policy and guidance for workers helps to highlight the point
that if workers feel safely supported by policy then they can
carry out effective proactive work with children and young
people

"Bradford Council has a commitment to the provision of high
quality services within the context of legislative requirements. In relation to young people who are “looked after” by the local authority, the need for a policy relating to personal relationships and sexual health is highlighted in the guidance to the 1989 Children Act:

‘The experience of being “looked after” should also include the sexual education of young people … This is absolutely vital since sexuality will be one of the most potent forces affecting any young person in the transition from childhood to adulthood’

For young people who are ‘looked after’ developing appropriate personal relationships and an understanding of sexual behaviour and sexuality are fundamental to their maturation and future well being. This document is intended to support carers in this complex and often difficult area.

This policy is the result of close collaboration between Social Services Department, Barnardo’s, and The Health Promotion Service. It has been written in consultation with young people via the “Someone To Trust” research and with the support of the Peer Education Project.

The Aims of these Guidelines are:
• To positively and proactively promote good sexual health for looked after young people.
• To redress the trends in local and national teenage pregnancy statistics.
• To ensure consistency of practice where doing sex education work or dealing with sexual behaviours of young people in public care.
• To give you guidance on how to work more effectively with young people in the area of sex and relationships education.
• To create an environment in which you feel you can talk openly and sensitively to young people in their care about sexual behaviours, and attitudes.

Values on which Sexuality and Relationships Education (SRE) is based
Personal relationships and sex education is not ‘value free’ and anyone undertaking this work should be aware of their own values and beliefs and that of the materials and approaches
that are used. Our attitudes in the way we work with children and young people and their sexual health needs are key to how they themselves feel and respond to information that they receive. Particular attention should be given to those children and young people who may be discriminated against, isolated and marginalised because of their gender, sexual orientation, race, physical or mental ability, religious belief or cultural identity. With this in mind, the department believes that the personal relationships and sex education of young people should:

1. Have an integrated approach and be included as part of a whole package of care that children and young people receive in recognition of their whole well being and be based on the belief that the Young Persons welfare is paramount.

2. Be provided in a framework which encourages children and young people to:
   - Maintain dignity and respect for themselves and others
   - Develop responsibility for themselves and their own behaviours
   - Develop a positive self-image and increase self esteem and self awareness.
   - Develop responsible attitudes towards oneself, each other, friends, family and the wider community
   - Be aware of how to recognise and protect themselves from abusive and exploitative relationships and develop the skills to resist unwanted sexual experiences.
   - Make informed decisions about relationships.
   - Know what to do and who to seek support and advice from if they wish to complain.”

For more information contact Roger Morris: Chair of Bradford Looked After Children Multi-agency partnership

Roger.morris@bradford.gov.uk

**Joint Training**

Joint training using the manual *Let’s Make it Happen*: training on sex, relationships, pregnancy and parenthood for those working with looked after children and young people NCB and fpa (2003) was delivered to health professionals, residential, secure and foster carers by Leeds social services sexual health team and the Health team for looked after children. The overall positive evaluation specifically highlighted the benefits of the multi-agency/discipline approach and the
inter-professional learning that emerged as well as key networking.

### Practice Checklist- The TPU Guidance

A quiz for staff and managers in residential care look at how far your role extends when supporting young people in making healthy choices about their sexual health

<table>
<thead>
<tr>
<th>A Quiz</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1 How can social care practitioners find out which local services to refer young people to?</td>
<td></td>
</tr>
<tr>
<td>Q.2 If asked by a young person, can social care practitioners give details of local contraception and sexual health services?</td>
<td></td>
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<tr>
<td>Q.3 If social care practitioners think a young person is already sexually active or likely to become so, can they proactively give them details of local services without being asked?</td>
<td></td>
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<tr>
<td>Q.4 Can social care practitioners display posters or leaflets about local services?</td>
<td></td>
</tr>
<tr>
<td>Q.5 Can social care practitioners give young people information about contraceptive methods and sexually transmitted infections?</td>
<td></td>
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<tr>
<td>Q.6 Can social care practitioners assist young people in accessing emergency contraception?</td>
<td></td>
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<tr>
<td>Q.7 Can social care practitioners take a group of young people to visit a local clinic to find out about local services?</td>
<td></td>
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<tr>
<td>Q.8 Can social care practitioners accompany a young person to a local service?</td>
<td></td>
</tr>
<tr>
<td>Q.9 Can social care practitioners give condoms to young people under 16?</td>
<td></td>
</tr>
<tr>
<td>Q.10 Can health professionals provide a contraception and sexual health service within a</td>
<td></td>
</tr>
</tbody>
</table>

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residential setting?

Q.11 Can social care practitioners do a pregnancy test for a young person?

Q.12 What should social care practitioners do if the test is positive?

Q.13 What role do social care practitioners play in supporting onward referral?

Q.14 What about the father of the child/partner of the young women?

Q.15 Under the Sexual Offences Act (2003), can social care practitioners encourage young people under 16 to seek contraception and sexual health advice without being seen to facilitate an illegal act?

Q.16 Under the Sexual Offences Act, aren’t young people going to be prosecuted for sexual activity, including kissing?

Q.17 Can social care practitioners keep information and requests about sexual health and contraceptive advice confidential?

Q.18 Are there any exceptions to this?

Q.19 Working Together states that any criminal activity should be reported to the police. Does this mean that all disclosures of under age sexual activity should be passed on to the police?

Q.20 Do social care practitioners have to record information about supporting young people to access contraception or sexual health services?

The answers to this quiz will be found in Enabling young people to access contraceptive and sexual health information and advice: Legal and Policy Framework for Social Workers, Residential Social Workers, Foster Carers and other Social Care

Also refer to the updated Working Together to Safeguard Children

A guide to inter-agency working to safeguard and promote the welfare of
Practitioners (2004) Pages 12-23, which can be downloaded from the Teenage Pregnancy Unit
www.dfes.gov.uk/teenagepregnancy: go to Resources; then Guidance and Publications;
then Sex and Relationships Education; then Social Care Practitioners Guidance

children: (2006). Download from
www.everychildmatters.gov.uk

What Next?
How did you get on with the quiz? What does it highlight about your knowledge and practice regarding sexual health within the home?

It would be useful to download the Healthy Care Sexual Health Briefing from: www.ncb.org.uk/healthycare/docs.asp
See also Health of Looked After Children and Young People. (2006) ISBN 978-903855-83-6 Kathy Dunnett with Sharon White, Janet Butterfield and Imelda Callowhill (Editors)
Details from www.russellhouse.co.uk

Training
Sex and relationships work is an area where it is essential to promote confidence, develop skills and acquire updated information. Training can be provided locally (consult with health partners) or nationally e.g. by fpa-Family Planning Association, Brook, National Children’s Bureau (NCB) etc.

The manual Let’s Make it Happen: training on sex, relationships, pregnancy and parenthood for those working with looked after children and young people NCB and fpa (2003) provides useful training courses and activities. The policy, legal and statistics sections are easily updated via the Every Child Matters website. Available to buy www.ncb-books.org.uk
5. Drugs and Alcohol/Substance Misuse

National policy and guidance

National Healthy Care Standard
Outcome 6a: The young person will develop understanding of his/her needs and responsibility for maintaining his/her health and well-being.

There is evidence that some looked after children and young people are using alcohol and other drugs more than their peers who are not in care, are starting at an earlier age and are more likely to continue into adulthood – thus affecting their future health and well-being. A small number of looked after young people will go on to have serious alcohol or drug problems in their adult lives. Looked after children also experience a range of risk factors and difficult life experiences commonly associated with drug misuse, such as family breakdown, poor parenting and disrupted education.

The Updated National Drug Strategy target and the Every Child Matters outcome ‘Be healthy’ aim both use the term ‘drugs’ which refers to controlled drugs within the meaning of the Misuse of Drugs Act 1971. Reducing the use of these drugs by children and young people will often involve broader education, assessment and intervention covering a wider range of substances, including alcohol and volatile substances. Early use of these substances is a recognised risk factor for problem drug use in later life.

To support delivery of Every Child Matters: Change for Children and the Updated National Drug Strategy, the Department for Education and Skills, the Home Office, and the Department of Health have agreed a joint approach to the development of universal, targeted and specialist services to prevent drug harm and to ensure that all children and young people are able to reach their potential.

The approach has three main objectives:

- Reforming delivery and strengthening accountability: Closer links between the Updated National Drug Strategy and the Every Child Matters: Change for Children programme locally, regionally and nationally
- Ensuring provision is built around the needs of vulnerable children and young people: More focus on prevention and early intervention with those most at risk, with drug misuse considered as part of
assessments, care planning and intervention by all agencies providing services for children, including schools

- Building service and workforce capacity. Developing a range of universal, targeted and specialist provision to meet local needs and ensure delivery of workforce training to support it.

**Looked after children**
It is vital that all looked after children with substance misuse problems are identified early through their health assessment, looked after children reviews and care planning processes and receive support and appropriate interventions as a result.

**Tackling Drugs Changing Lives – Every Child Matters: Change for Children Young People and Drugs**
www.everychildmatters.gov.uk go to Health; then substance misuse; then scroll down to the documents

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**The Healthy Care Evidence Base**

- Although the research is limited, some studies illustrate that looked after young people are four times more likely than those living in private households to smoke, drink and take drugs (Meltzer and others 2003, Williams and others 2001).

- Looked after children and young people tend to start using drugs at an earlier age, at higher levels and more regularly than their peers who are not in care, leading to concerns that their drug use may become more established and dangerous (Big Step Social Inclusion Partnership 2002, Newburn and Pearson 2002, Ward 1998, Save the Children 1995).

- Looked after children and young people who have experienced parental drug and alcohol misuse may view excessive drugs and/or alcohol use as ‘normal’ (Ward and others 2003, Newburn and Pearson 2002). Recent research from FRANK shows that a number of older children of drug-misusing parents regularly use cannabis, but don’t regard it as a drug (FRANK 2004).

- Many looked after children and young people use drugs for recreational reasons, just like other young people. But there is also evidence that looked after young people may use drugs ‘to forget bad things’ reflecting their – often traumatic – personal histories (Big Step Social Inclusion Partnership 2002, Newburn and

- When children and young people are abused through prostitution, alcohol and other drugs are often involved in the grooming and enticement process (Palmer 2001, Barnardo’s 1998). A recent study found that 78 per cent of sex workers who were also problematic drug users had been in care (Cusick and others 2004).

- There is some evidence that looked after young people may ‘mature out’ of their drug use earlier than young people not in care. This seems to be associated with well-managed and supported transitions to independence (Ward and others 2003, Biehal and others 1995).

The in depth Healthy Care **Substance Misuse Briefing** with full references can be downloaded from: www.ncb.org.uk/healthycare/docs.asp

See also **Health of Looked After Children and Young People.** (2006)

### Challenges and Successes

#### Challenges
- Lack of policies or plans
- Peer pressure to engage in substance misuse
- Difficulty accessing training

#### Successes
- Alcohol and drug education for looked after children and young people is specifically included in the local young people’s substance misuse plans.
- Drug and alcohol action teams are part of Healthy Care Partnerships.
- Good relationship between the home and the substance misuse worker
- Looked after young people took part in drama workshops and devised a play about what can happen to young people leaving home and included problems with alcohol and drugs for young people.

### Case Example

**‘A Policy for U & S: You and Substance Use’ Consultation with Young People**

This very comprehensive and informative policy from Nottinghamshire provides useful guidance for all professionals, carers, families and young people whether in care or not. Training to disseminate the policy also supported multi-agency work across Nottinghamshire. If you are currently developing
a policy on Drugs and Alcohol/Substance Misuse this policy could help as a reviewing tool for your process.

“U&S (You and Substance Use) Policy: The title of this policy was initiated by a group of young people attending the Ascent PRU Project. They came up with the title U&D Policy, which stands for You and Drugs Policy. This idea was simple and easy to remember, but it was felt that the title should also acknowledge that the new policy covers all substances including the widely misused illegal substances such as tobacco, alcohol, volatile substances and prescription and over the counter medicines.

The title of the policy was debated at length and it was agreed that the document should be a policy for all of US working with children, young people and issues relating to substance use, hence U&D policy, became the U&S policy.

The artwork for the policy was produced by Young People attending the life-skills based learning programme. The young people took part in a substance use awareness raising session, which gave them factual information and harm reduction information on substance use. Different art mediums including mod-rock and silk screen printing were then utilised to allow the young people to explore and express their attitudes and feelings towards substance use.”

Nottinghamshire County Council and Nottinghamshire Drug and Alcohol Action Team. This can be downloaded from www.nottinghamshire.gov.uk/

Drugs Screening Tool
In response to the annually required OC2 statistical return on the number of looked after children/young people involved in the use of substances, Leeds Social Services; HIV, Sexual health and Substance Use Team in partnership with the Health Team for Looked After Children have devised a ‘drugs screening tool’. This will be integrated into the health needs assessment process. Robust joint training and improved services to respond to referrals will support the implementation of this in January 2007. Contact Louise.Gelder@leeds.gov.uk
## Practice Checklist

A quiz for staff and managers in residential care to reflect on their knowledge of substance misuse

<table>
<thead>
<tr>
<th><strong>A Quiz</strong></th>
<th>True</th>
<th>False</th>
</tr>
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<tbody>
<tr>
<td>Cannabis is the most common drug used by looked after children and young people</td>
<td></td>
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</tr>
<tr>
<td>Cannabis is the most common drug used by the general population of young people</td>
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</tr>
<tr>
<td>Young people in foster placements are more likely to have used cannabis at some point than those in residential care</td>
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</tr>
<tr>
<td>Looked after children and young people with a mental disorder are no more likely to have used cannabis in the past month than other children and young people</td>
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</tr>
<tr>
<td>Alcohol use seems to be higher among looked after young people than the general population of young people</td>
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<tr>
<td>Alcohol use among care leavers seems to be lower than among the general population</td>
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</tr>
<tr>
<td>Young people in the general population are drinking larger amounts of alcohol than they used to with binge drinking also becoming more common</td>
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</tr>
<tr>
<td>Regular heavy drinking and binge drinking are associated with anti-social behaviour, violence, accidents, physical and mental health problems, and poor performance at school</td>
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</tr>
<tr>
<td>Two-thirds of care leavers reported that they were daily smokers of cigarettes</td>
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</tr>
<tr>
<td>One study showed that half of looked after young people aged 11 to 17 were current smokers</td>
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<tr>
<td>Glue, gas and solvents are the third most common</td>
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</table>
drugs used by looked after children
Deliberate inhalation of volatile substances is responsible for more deaths in young people aged 10 to 16 in England and Wales than illegal drugs

The answers to this quiz can be found in the Healthy Care Sub stance Misuse Briefing P. 2 www.ncb.org.uk/healthycare/docs.asp

What Next?
How did you get on with the quiz? What does it highlight about your knowledge and practice regarding Substance Misuse Education within the home?

A useful publication is Health of Looked After Children and Young People. (2006) ISBN 978-903855-83-6 Kathy Dunnett with Sharon White, Janet Butterfield and Imelda Callowhill (Editors) Details from www.russellhouse.co.uk

Key Document
Talking about Alcohol and other Drugs is an in-depth guide for a range of professionals including managers of looked after children’s services, managers of residential care homes and social workers. Young people in care are more susceptible to risk factors that can contribute to a dependency on alcohol and other drugs. It provides advice to service professionals on how to develop an educational programme to combat such factors and meet the needs of the young people in their care. It aims to inspire and support professionals to speak about drugs with children and young people and encourage a more strategic approach through developing and reviewing drug education policies and the management of drug related incidents among young people. Available at www.ncb-books.org.uk £14.95
Section 6: Partnership

Operational: who do you need?

Potential Partners for Healthy Care Partnerships

The pool of potential partners includes:
- children and young people
- child and adolescent mental health services lead (CAMHS)
- children and families leads within social services
- children’s fund projects
- children’s rights worker/looked after children’s participation officer
- children’s trusts representative
- community paediatrician
- community safety partnership representative
- Connexions representative
- corporate parenting group representative
- designated doctor for looked after children or GPs
- designated nurse for looked after children
- designated teacher/education strategic lead for looked after children
- drugs action team (DAT) representative
- early years/Sure Start projects lead
- carers and foster carers, including independent providers
- and local fostering networks
- health visitors/school health nurses
- independent visitor/advocate
- leisure services lead officer
- local authority officers (from housing, health, leisure)
- looked after children’s psychologists – clinical and/or educational psychologists
- healthy schools’ coordinator
- parents, family carers
- primary care trusts and acute hospital trusts (children’s lead/commissioner and public health/health promotion lead)
- respite care service representative
- local authority secure children’s home representative
- social inclusion officer (education)
- social workers (looked after children teams, children with disabilities teams, leaving care teams, therapeutic teams, family placement)
- teenage pregnancy coordinator
- voluntary sector
- youth offending service
- youth service – youth workers/mentors.

Healthy Care Programme Manual
Create your own partnership model for children in care

The model below is published in the new Green Paper. Using the list above, and the list generated by the Leeds Conference delegates (P88) as well as considering your own local context create a partnership model for the children and young people in your care. Consider who you will want as active partners in your health in residential care partnership.
Who do you need?

**Strategic**
In involve strategic leads from all the key agencies. Depending on local arrangements this is likely to include:
- director of children’s services or social services and education
- lead officer for looked after children
- director of the children’s trust
- chief executive of the PCTs or child health lead
- director of public health
- director of leisure services
- a corporate parenting officer.

Healthy Care Programme Manual

**Case Example**
The following examples show that if you are planning to audit your residential home consider working in partnerships with a cluster of other homes and secure the help of your Looked After Children’s nurse and participation workers on an operational level. The Derbyshire example further demonstrates that using the Healthy Care tools can be useful for individual establishments but they are vastly more effective if the work is managed and co-ordinated, service wide, by a strategic lead like the Head of Children’s Services

**Derbyshire**
In Derbyshire the Healthy Care audit in residential care was led by the Director of Children’s Services. Working across the service highlighted training needs. It also enabled a cultural change in the units based on an improvement in partnership work, participation activities with children and young people and consistent practices guided by policy.

**Derbyshire Healthy Care partnership audited its residential services in it five units by**
- Consultation with young people age 10-17 in a local Sports Centre
- Adapting audit tool to young people’s needs and entitlements
- Residential carers and foster carers consulted
- Audit & action planning with residential centre staff and managers
- The close working between the looked after children’s nurse and head of residential services was vital to success.

**Issues raised during consultations**
- A large variance in practice across 5 residential units
and foster care

- Young people often lacked awareness of their rights
- LAC nurse highly regarded by the most vulnerable young people
- Little awareness of the carers’ role in promoting health and achievement
- Carers unaware of the importance of promoting leisure and creative arts and play opportunities
- Links to community groups and activity not established

The partnership decided that the culture of the residential homes needed to change, and that required:

- Action planning to improve carers’ practice – building on current good practice
- Joint training of foster carer mentors and managers to cascade good practice
- Work with managers and LAC nurses to provide support and supervision
- Increasing aspirations of carers
- Close partnership working with health
- Young people to be included in Healthy Care Programme development in a sustained structure
- Senior management and partnership support for cultural change Evaluation and celebration

Val Jackson: Planning and Project Manager Children and Younger Adults Department: Derbyshire

Liverpool Healthy Homes Framework
The Healthy Homes Framework was created in Liverpool by the lead nurse for looked after children. A practice level tool was designed for carers to enable them to gather relevant evidence that will help them to create a healthy care environment in residential settings. Training based on the Healthy Care Training manual is provided to support the use of the tool.

For more details contact Carol Murdoch Lead Nurse for Looked After Children (Designated Post)
carol.murdoch@liverpoolpct.nhs.uk

Strategic Partnerships

The Healthy Care Programme and the Change for Children agenda

85
are intrinsic to change

Local Area Agreements (LAAs)
The model of multi-agency partnership working within the Healthy Care Programme will satisfy the need within LAAs to set priorities with targets that involve multi-agency working. Looked after children and young people are a key group with high health need and so require joined up service development.
See: www.everychildmatters.gov.uk/strategy/laas/ for more information about children’s services and LAAs.

PSA Targets
The Healthy Care Programme can demonstrate how local areas are meeting the PSA target to improve the health and well-being of looked after children and young people. It provides a national standard that reflects best practice and offers a set of tools and resources for local organisations at operational level to deliver Change for Children priorities and PSA targets. It also offers a platform for agreeing how to meet specific targets, for example PSA targets on educational attainment, placement stability and substance misuse.

Joint Area Reviews (JARs)
Healthy Care Audits and Action Plans provide evidence for Joint Area Reviews and other inspections or reviews. For example the Healthy Care Programme helps local authorities to develop a well documented and outcome focussed programme for looked after children and young people. It also helps to demonstrate how children and young people have participated and been involved in the development of a healthy care environment. A recent Ofsted publication: Every Child Matters. Inspection of children’s services: key judgements and illustrative evidence covers how the five outcomes will be measured by JARS (available from www.ofsted.gov.uk - search under publications).

Children and Young People’s Plans (CYPP)
Looked After Children and Young People are a small but significantly vulnerable group who don’t in general have the same life chances as other children. CYPP’s must address the specific needs of vulnerable groups such as looked after children and young people. The Healthy Care Programme provides an audit tool to assist multi-agency partnerships to review the current needs and situation and devise a locally agreed action plan. This can feed into the local CYPP by
identifying priority outcomes for looked after children and young people and action that will be taken to achieve those outcomes (including the children and young peoples views about what outcomes are important to them). Most Healthy Care Partnerships feed into local CYPP’s.

**Looked after children and young people’s participation**
A key message from government is that children and young people views are critical to developing responsive and effective services. Children and young people’s participation is one focus of the Healthy Care Programme and Healthy Care Partnerships have noted how vital this has been to the success of their local programmes.
Find out more about participation from this new website: [www.participationworks.org.uk](http://www.participationworks.org.uk)

**Workforce Development**
The Healthy Care Training Manual provides a tried and tested training programme for foster carers and residential social workers. It aims to develop their skills in promoting the health and well-being of looked after children and young people and improve their knowledge and understanding of a carer’s role in this area. The training programme provides background knowledge and opportunities for skills development that contribute to many of the Common Core skills and knowledge for the children’s workforce.
See: [www.ncb.org.uk/healthy care/docs.asp](http://www.ncb.org.uk/healthy care/docs.asp) to download a copy of the training manual.

**Regional Networks**
Looked after children and young people are a small group within any local authority area. The Healthy Care Programme provides regional learning and networks to ensure that lessons are learned and experiences shared within and across regions.

Compiled by Mary Ryan: Healthy Care Consultant
Section 7: Participation

What is it?
Participation is as much about the everyday as it is about service delivery. Providing children and young people with a choice of food or choosing a bedroom colour scheme can build decision making skills and a sense of responsibility about choices and consequences. Finding ways to enable children and young people to listen, weigh up other people’s needs and views and negotiate is part of the role of the residential worker.

Participation is therefore about engaging young people in actions that influence their lives. It enables children and young people to feel that they can make their own decisions, define their own agenda and speak for themselves.

An Effective Approach

Engage children in the audit process
Healthy Care Programme encourages the creative participation of looked after children and young people and their carers in local partnerships. For many children and young people access to leisure, play, sport and creative opportunities is an important element of their well-being.

When children and young people participate in policy and practice development, it is empowering, it encourages them to take responsibility, it promotes a sense of ownership and involvement in their environment, and so helps enhance self-esteem and promote well-being.

It can also be fun and provide opportunity to meet with siblings and other looked after children and young people. Participation helps people to discover their potential, to realise their talents and raise their self-esteem. In turn this can help them to question their boundaries and explore issues, voice aspirations, identify needs and facilitate their learning and personal development.

The participation of children and young people in all parts of the Healthy Care Programme is a key component of promoting the health of looked after children.

Benefits

The benefits of participation for children and young people in Telford and Wrekin
- Outcomes for education and employment are better, more able to attend FE courses. More confident for
work experience placements and employment.

- Confidence and self esteem to meet with elected members
- Influence policies, procedures and service development
- Increases lifeskills and experiences

**Key Document**

**The Participation Charter** which can be downloaded from any of the following websites

- [www.ncb.org.uk](http://www.ncb.org.uk)
- [www.participationworks.org.uk](http://www.participationworks.org.uk)
- [www.childrennow.co.uk](http://www.childrennow.co.uk)
CASE EXAMPLE: Squirrel Way
Creative Participation: The process of involving children and young people includes:

<table>
<thead>
<tr>
<th>Creative Participation Process</th>
<th>Action</th>
<th>Healthy Care Action</th>
<th>Healthy Care Example</th>
<th>Relationship to 5 Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exploring what is relevant and current for children and young people and supporting their learning in understanding wider issues</td>
<td>Methods of Engagement with C&amp;YP: establishing trust, roles and mutually acceptable ways of working. Uncovering the issues and creating a rationale</td>
<td>Identify partnership and how young people are to participate in Healthy Care</td>
<td>Leeds, Squirrel Way New Children’s Home: Discussions on the built environment: How do we improve where we live and how we live within it? HC resulted in working with YP on a ‘how healthy is your home’ questionnaire, looking at the physical space, food etc</td>
<td>Be Healthy</td>
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<td></td>
<td></td>
<td>NHC Standard Outcomes 1a, 1b, 6b</td>
<td></td>
<td>Stay Safe</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Safe from accidental injury, maltreatment and neglect, bullying, have security and be cared for</td>
</tr>
<tr>
<td>Creative Participation Process</td>
<td>Action</td>
<td>Healthy Care Action</td>
<td>Healthy Care Example</td>
<td>Relationship to 5 Outcomes</td>
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</table>
| 2. Encouraging them to form an opinion and understand how to explain that opinion with rational thought. | Participation approaches within Education, Social care, Youth work, Health education and services, voluntary services, the home environment using Arts, Leisure, Sports, etc. Create and perform/exhibit/deliver/compete | Identify key leadership for creative participation and its reporting Healthy Care Steering Group **NHC Standard Outcomes 1b, 5b, 6a** | **Points drawn up and realistic possibilities discussed and noted formally** | Make a positive contribution  
Engage in decision making, develop self confidence and enterprising behaviour |
| 3. Creating opportunities to share with peers | Outline and teach skills to enable C&YP to express, perform, exhibit, deliver, compete etc. | Ensure creative participation adequately resourced and supported is included in action planning, monitoring and evaluation **NHC Standard Outcomes 2a, 2c** | **Shared with other young people – questionnaire used in other homes** | Enjoy and achieve  
Achieve personal and social development |
<table>
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<tr>
<th>Creative Participation Process</th>
<th>Action</th>
<th>Healthy Care Action</th>
<th>Healthy Care Example</th>
<th>Relationship to 5 Outcomes</th>
</tr>
</thead>
</table>
| 4. Learn how to receive and use feedback to reshape the ‘message’ or develop the ‘skill’ | Teach C&YP to reflect on the ‘message’ or ‘skill’ using self analysis underpinned by positive reinforcement and sense of self | Involve children and young people in Healthy Care Partnership processes | Received and noted feedback on ideas for the built environment | Make a positive contribution  
Develop self confidence |
| 5. Providing opportunities to express their opinions to people who make decisions and the general public | Liaise with a forum or public arena and plan a formal time. Prepare the C&YP with appropriate knowledge and skills | Partnership action-liaise with children and young people’s participation worker etc | Architects incorporate into plans and scrutinised by LA and formal planning process resulting in environment planning based on the needs of children. | Make a positive contribution  
Develop positive relationships and self confidence |
<table>
<thead>
<tr>
<th>Creative Participation Process</th>
<th>Action</th>
<th>Healthy Care Action</th>
<th>Healthy Care Example</th>
<th>Relationship to 5 Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Giving them feedback on how their opinions have shaped service developments</td>
<td>Monitor and collate feedback and resulting actions</td>
<td>Include children and young people’s ideas in strategic planning, reviews etc feedback actions taken</td>
<td>Once completed the new building exemplifies the proposals from the young people. Renaissance of old building into a brand new one. HC permeates through into staff activities. HC has changed care regime to a more holistic approach</td>
<td>Achieve economic well-being Live in decent homes Live in households free from low income</td>
</tr>
<tr>
<td>7. Making sure that appropriate and different ways are found to engage children and young people of different ages, with different abilities, from diverse cultures and backgrounds</td>
<td>Liaise with a range of young people’s organisations to inform types of participatory activities that will be inclusive of diversity. Disseminate this information to those who work and engage with young people. Offer training to back this up</td>
<td>Support dissemination, training and planning for future programmes</td>
<td>Questionnaire enabled young residents to include aspects of diversity when engaging in the discussion about how healthy their home was and could be.</td>
<td>Stay safe Safe from discrimination</td>
</tr>
<tr>
<td>Creative Participation Process</td>
<td>Action</td>
<td>Healthy Care Action</td>
<td>Healthy Care Example</td>
<td>Relationship to 5 Outcomes</td>
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</table>
| 8. Gathering C&YPs feedback on participating in the ‘process’ and celebrating achievements | From group work to ‘launch party’ | Healthy Care celebration event | Celebration event has been planned | Enjoy and Achieve
Achieve personal and social development | Make a positive contribution
Engage in positive behaviour, develop positive relationships, self confidence and enterprising behaviour |
Section 9: Training, Useful Resources and Assessment Tools

The DfES has developed the Common Core of skills and knowledge for the children’s workforce. This sets out those areas of expertise that everyone working with children, young people and families should be able to demonstrate. The essential skills and knowledge required are described under each of the six areas:

- effective communication and engagement with children, young people and families
- child and young person development
- safeguarding and promoting the welfare of the child
- supporting transitions
- multi-agency working
- sharing information

The Common Core Prospectus is available at: www.everychildmatters.gov.uk

The courses described in the following manuals support the development of many of the Common Core of skills and knowledge areas.

Healthy Care Training Manual

The one or two day courses in the Healthy Care Training Manual are designed to be practical and participatory, and to build on the existing knowledge and skills of participants. They are also intended to be enjoyable!

The courses aim to:

- develop participants’ skills in promoting the health and well-being of looked after children and young people
- improve participants’ knowledge and understanding of their role in promoting the health and well-being of the children and young people they look after.

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tbody>
<tr>
<td>Activity 1: Welcome and group agreement</td>
<td>Activity 9: Welcome to day two</td>
</tr>
<tr>
<td>Activity 2: What is health?</td>
<td>Activity 10: Using the National Healthy</td>
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<tr>
<td>Activity 3: Dimensions of health and</td>
<td>Care Standard (NHCS)</td>
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<tr>
<td>well-being</td>
<td>Activity 11: The role of local agencies</td>
</tr>
<tr>
<td>Activity 4: Health and well-being in a</td>
<td>and professionals</td>
</tr>
<tr>
<td>healthy care environment</td>
<td>Activity 12: Promoting health – the</td>
</tr>
<tr>
<td>Activity 5: National and local health</td>
<td>carer’s perspective</td>
</tr>
<tr>
<td>statistics</td>
<td>Activity 13: The carer as advocate</td>
</tr>
<tr>
<td>Activity 6: Promoting health – definitions</td>
<td>Activity 14: Building a child or young</td>
</tr>
<tr>
<td>and models</td>
<td>person’s self-esteem</td>
</tr>
<tr>
<td>Activity 7: Food, physical activity, sex</td>
<td>Activity 15: Healthy care in your area</td>
</tr>
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<td></td>
<td>Activity 16: The helping hand</td>
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</tbody>
</table>
Improving the Emotional Health and Well-being of Young People in Secure Care; Training for staff in local authority secure children’s homes. Julia Bird and Lynne Gerlach 2005:
This manual can be adapted as a training resource for anyone working on these themes with young people.

**Topics include:**

1. Emotions, relationships and brain development
2. Exploring emotional development and behaviour
3. Developing emotional health and well-being: a job for life
4. Supporting young people to develop emotional resilience
5. Understanding emotional development in young people
6. Working creatively with emotionally damaged young people
7. Managing bereavement and loss
8. Dealing with depression
9. Dealing with mental illness
10. Dealing with sexual health

Order from: www.ncb-books.org.uk £35.00

**Let’s Make it Happen:** training on sex, relationships, pregnancy and parenthood for those working with looked after children and young people NCB and fpa (2003). This manual provides useful activities to raise awareness and develop confidence to support young people with their sexual health and relationship needs. You will need to update the legislation, guidance and statistics sections from the every child matters and TPU websites

www.ncb-books.org.uk

**Other Useful Resources**

Promoting the Health of Looked After Children (DH 2002) states that the designated nurse will:

- be a senior nurse or health visitor;
- have substantial clinical experience of the health and healthcare needs of looked after children.

The designated doctor and nurse should maintain regular contact with local health staff undertaking health assessments. They will also liaise with social services departments and other PCTs over health assessments and health plans for out-of-authority placements.
The designated doctor should also produce an annual report, evaluating the delivery of health services for looked after children and young people. The designated doctor and nurse should also ensure that all relevant staff are appropriately trained. This will include responsibility for planning local training for GPs, paediatricians and nurses undertaking health assessments for Promoting the Health of Looked After Children (2002) download at www.dh.gov.uk

**Understanding Why:** understanding attachment and how this can affect education with special reference to adopted children and young people and those looked after by local authorities. This invaluable booklet is free from NCB Download from www.ncb.org.uk

**Talking about Alcohol and other Drugs** is an in-depth guide for a range of professionals including managers of looked after children’s services, managers of residential care homes and social workers. (2006) NCB www.ncb-books.org.uk 14.95

**Life Routes: A practical resource for developing lifesskills with vulnerable young people:** Sophie Wood. (2006) NCB
This manual provides activities for working with young people in a range of settings. It aims to help young people develop the skills and confidence they need to achieve the five outcomes for children in the Every Child Matters strategy.

Visit www.ncb-books.org.uk for more details


**BodySense: Male and female cloth models.** (2004)
Updated male and female cloth models, half-size, with removable clothes. Suitable for use with all age ranges, for people with learning difficulties, sensory disabilities or poor verbal communication, in the setting of a very structured sex and relationships framework. BodySense also produce an anatomically correct 3D model of the female reproductive organs. Available from: c/o The Revd. Jane Fraser, Sunny bank House, Holly Green, Upton on Severn, Worcester WR8 0PG, Tel: 01684 594 715; Email: clothmodels@revjane.demon.co.uk

This book will act as an easy reference guide. You can ‘dip in’ and find the appropriate information as required. It will be of use to anyone involved in or
studying the care of looked after children and young people, regardless of your level of experience in health, care or working with children and young people. It highlights the importance of multidisciplinary negotiated health policies and protocols, mandatory training and a network of professionals to access support, advice and help on a range of issues. This book crosses the boundaries between the various professionals involved in providing this. It aims to clarify some of the problems they all face and encourage local partnerships to consider ways forward to address them.
All the authors have expertise in their chosen field and have between them a wealth of experience. Each chapter stands alone and can be read alone.

Details from www.russellhouse.co.uk

**Sexuality and Learning Disability:** A resource for staff: fpa 2003
Claire Fanstone and Zarine Katrak
Sexuality and Learning Disability features a range of creative approaches to working with people with learning disabilities. Based on fpa’s highly successful learning disability training courses, the resource features ideas on the law and policy, developing awareness and understanding, skills teaching, as well as a list of useful resources.

www.fpa.org.uk £9.99

**Learning Disabilities, Sex and the Law:** A practical guide fpa 2005
Claire Fanstone and Sarah Andrews
Learning Disabilities, Sex and the Law looks at existing and new legislation around sexual activity and people with learning disabilities, including capacity to consent, intimate care and contraception. The book offers support to staff in this difficult field of work, and guides them to seek advice from appropriate people and places.

www.fpa.org.uk £13.99

**Many free downloadable factsheets and briefings** on numerous related subjects can be found on the National Children’s Bureau Website

www.ncb.org.uk

**Assessment Tools**
**Health Needs Assessments (HNA’s)**

There is a statutory requirement for an initial HNA for all coming into the care system and then subsequently a bi-annual HNA for all looked after children under the age of five years, and annually up to 18 or when the care order expires. Models of practice differ from area to area; however, there is an obligation for PCT’s to provide this service.
The roles and responsibilities of PCT’s are clearly outlined in the DH (2002) Guidance; Promoting the health of looked after children. It also includes guidance on what a health needs assessment should include. www.dh.gov.uk

The British Agency for Adoption and Fostering (BAAF) has developed tools for both initial and review health needs assessments. These can be viewed at www.bAAF.org.uk

SDQ: Goodman’s Strengths and Difficulties Questionnaire www.sdqinfo.com

The Health of the Nation scoring tool; ‘HONOSCA’, www.rcpsych.ac.uk


- The Common Assessment Framework for children and young people (CAF) is a shared assessment tool used across agencies in England. It can help practitioners develop a shared understanding of a child’s needs, so they can be met more effectively. It will avoid children and families having to tell and re-tell their story.
- The CAF is an important tool for early intervention. It has been designed specifically to help practitioners assess needs at an earlier stage and then work with families, alongside other practitioners and agencies, to meet them.
- The CAF is not for when you are concerned that a child may have been harmed or may be at risk of harm. In those circumstances you must follow the procedures established by your local safeguarding children board (LSCB) immediately.

Download at www.everychildmatters.gov.uk/caf
The Tools from the Healthy Care Programme Handbook  
National Healthy Care Standard Audit Tool

Download from www.ncb.org.uk/healthycare

**Outcome 1a:** The child/young person is given an opportunity to make a safe, protective, caring and continuing relationship(s) with his/her carer(s) and believes that there is at least one person who is interested in him/her and cares for and about his/her health and well-being.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
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</thead>
<tbody>
<tr>
<td><strong>Policy</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Policies and practices are in place to encourage stable placements and care planning within his/her own family or in care placement.</td>
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<tr>
<td><strong>Partnership</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Multi-agency partnerships, the local strategic partnership for children and young people, children’s trusts and other strategic partnerships should ensure polices are in place to develop improved health and well-being for looked after children and young people.</td>
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<td></td>
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<tr>
<td>2. Multi-agency partnerships, the local strategic partnership for children and young people, children’s trusts and other strategic partnerships should ensure policies are in place to enable the child/young person and his/her parent/carer to have a consistent and caring relationship.</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Participation</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Participation of parents and family and carer is promoted throughout all the systems and structures of the corporate parent.</td>
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<tr>
<td>2. The child/young person is able to express his/her own views and wishes concerning family relationships and</td>
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</table>
contact, and these are taken into account.

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<thead>
<tr>
<th>Practice</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
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</thead>
<tbody>
<tr>
<td><strong>1.</strong> The child/young person has a consistent, caring relationship with a named carer(s)/parent(s). 2. The child/young person’s care plan reflects their need for stability, permanence and protection and the opportunity to make significant attachments and relationships. 3. Moves are minimised to prevent disruption to these attachments and relationships. 4. Each child/young person’s family and social relationships help to promote a sense of self, attachment, belonging and identity.</td>
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</table>

**National Healthy Care Standard Audit Tool**

**Outcome 1b:** The child/young person develops a sense of self-worth and is positive and self-directed in relation to the choices and challenges of everyday life.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Policies ensure that the child/young person is involved and empowered through participation in decisions about his/her care.</td>
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</tr>
<tr>
<td><strong>Partnership</strong></td>
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</tr>
<tr>
<td>1. Corporate parents must ensure that their policies and practice involves and empowers children and young people.</td>
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</tr>
<tr>
<td><strong>Participation</strong></td>
<td></td>
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</tr>
</tbody>
</table>
1. Learning and development opportunities assist the child/young person in developing resilience, self-efficacy, and self-esteem.

**Practice**
1. Carers prepare the child/young person for increased responsibility and help them to gain skills in decision-making.
2. Carers show consistent care, love and respect for the child/young person.
3. The child/young person’s care, family and social relationships help to promote a positive sense of self, attachment, belonging and identity.

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**National Healthy Care Standard Audit Tool**

**Outcome 2a:** The child/young person is provided with a safe, secure, caring and stimulating environment, where she/he can develop and achieve his/her physical, emotional, educational and spiritual potential.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Policy**
1. Evidence of adherence to national minimum standards for children’s homes, and other residential services, adoption and fostering service regulations and standards.
2. Evidence that the chief executives and elected members of local authorities, children’s trusts safeguarding boards, and primary care trusts promote joint working and accept their statutory responsibilities as corporate parents.
| Partnership
1. Multi-agency partnerships, local strategic partnerships (and contributory plans and mechanisms) and children’s trusts demonstrate joint working and joint responsibility |
for the safe care and improved health and well-being of
looked after children and young people.

**Participation**
1. The care setting has sufficient diverse resources that
engage the child/young person in understanding their
health needs and to support them to take appropriate
responsibility for their own health and well-being.

**Practice**
1. The health plan identifies the needs of the individual
child/young person and the services to be provided to
meet those needs.
2. Carer/parent provides a nurturing environment to
enable the development of health and well-being.
3. Carer/parent actively promotes the child/young
person’s education and development.
4. The Personal Education Plan reflects the educational
needs of the individual child/young person and puts a
plan in place to meet those needs.
5. Carer/parent provides a stimulating and supportive
environment to enable the achievement of good
outcomes.

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**National Healthy Care Standard Audit Tool**

**Outcome 2b:** The child/young person’s carers are supported, trained and adequately resourced to provide for the healthy
development of children and young people who are in their care and protection.

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<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Policy**
1. There is a training and staff development plan in place
for carers, staff and managers, which links to a
recruitment, reward, and retention policy and plan. |

**Partnership**
1. Corporate parents and agencies with responsibility for delivering improved outcomes to ensure that carers/volunteers and professional staff are provided with and take up training and development opportunities to understand, identify and promote health and well-being.
2. Multidisciplinary training, supervision and support are provided for all staff, carers and volunteers promoting the health and well-being of looked after children and young people.

**Participation**
1. Carers and multi-agency staff are provided with good quality training, support and resources to enable them to understand the development needs of children and young people and the part they play in ensuring that these needs are recognised and met.

**Practice**
1. Carers have an understanding of child protection and child/adolescent development.
2. All involved in the child/young person’s care understand the diverse needs of looked after children and young people, and have the skills and resources to meet them.
3. Carers have a comprehensive understanding of the emotional needs of looked after children/young people, and the skills and resources to address these.

### National Healthy Care Standard Audit Tool

**Outcome 2c:** The child/young person has a range of sustained positive relationships with family, friends and community.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
</table>

104
**Policy**
1. Local plans contain positive inclusion strategies and services for looked after children and young people.

**Partnership**
1. Mentoring, independent visitor, advocacy schemes are available.
2. Community partnerships provide a safe environment and opportunities for the child/young person to grow and develop.

**Participation**
1. Opportunities exist for children and young people to participate in community activities.
2. Opportunities exist for children and young people to meet other looked after children/young people and their siblings.
3. Confidential services are available and accessible.
4. There are training and support schemes to enable young people to develop advocacy skills.
5. There are fora in place that enable children and young people to contribute and participate, and they are supported in this.

**Practice**
1. Referrals are made to independent visitor schemes, mentoring and advocacy schemes.
2. The care provided supports positive contact with significant family members, friends and community.
3. Sibling relationships are supported and contact encouraged when in the child/young person’s best interests.
4. Carers work to help the child/young person make positive relationships within the care setting and with peers.
National Healthy Care Standard Audit Tool

**Outcome 3a:** The child/young person has a clear and positive understanding of his/her cultural beliefs and identity; these are respected and there are opportunities to celebrate them.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Policies promote and support the child/young person’s developing sense of identity and celebrate diversity.</td>
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<tr>
<td>2. Policies provide a framework for addressing and challenging discrimination and oppression.</td>
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</tr>
<tr>
<td><strong>Partnership</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Multi-agency partnerships, the local strategic partnership for children and young people, children’s trusts and other strategic partnerships ensure resources are identified and in place to meet the individual needs of children and young people.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Participation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The child/young person feels valued and is able to express his/her identity and this is welcomed and celebrated.</td>
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</tr>
<tr>
<td><strong>Practice</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Direct work with the child/young person helps them to understand their history, identity (including gender and sexuality), culture and beliefs and promotes their self-esteem and self-efficacy.</td>
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</tr>
<tr>
<td>2. The child/young person is helped to understand difference and diversity and is provided with strategies for managing their own and others’ discriminatory behaviour.</td>
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</tbody>
</table>

National Healthy Care Standard Audit Tool
**Outcome 3b:** The child/young person will understand and have the skills and confidence to develop appropriate personal and social boundaries and respect those of others.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Policy**  
1. All agencies have developed policies and protocols for sharing information that preserve the privacy and confidentiality of the child/young person within the legal framework.  
**Partnership**  
1. Information systems ensure that confidential records are kept, retained and follow the child/young person, and are accessible to those who need to see them.  
**Participation**  
1. The child/young person understands what information will be shared in meetings and conferences and that his/her views are taken into account.  
**Practice**  
1. The child/young person is helped to understand what they are able to keep private and confidential.  
2. The child/young person will know about sources of help and support and will be able to access them. |  |  |  |

**National Healthy Care Standard Audit Tool**

**Outcome 4:** The child/young person is able to access effective healthcare to enable his/her health to be promoted, maintained and treated.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Policy**  
1. Corporate parents ensure that there is a mechanism for monitoring and aggregating the individual health |  |  |  |
needs of children and young people into the strategic plans and resource development of the individual agencies.
2. Corporate parents ensure, through joint planning processes, that looked after children and young people have access to health services which promptly and effectively address inequalities and deficits in their earlier lives.

**Partnership**
1. All agencies participate in and develop health and health promotion policies.
2. There is access to inclusive health services in the wider community and the development of specialist services responsive to need.
3. Multidisciplinary planning, monitoring and evaluation of service delivery mechanisms are in place.
4. A strong link/advocate for looked after children is identified in the primary care trust.
5. Designated health practitioners and a named social services person ensuring delivery of health promotion services.
6. All involved in the care and education of the child/young person are aware of the health and care plans, and support these in their interactions and work with the child/young person.

**Participation**
1. The child/young person-held health passport includes identification of family health history.
2. The child/young person is helped to be aware of and take up universal service provision including confidential services.
3. Health personnel listen to and value the child/young
person’s views and opinions and ensure his/her informed consent.
4. Where a child/young person has specific treatment programmes they are given the required assistance to learn about these and take responsibility for them.

Practice
1. Carers ensure all children and young people are registered with a GP.
2. A holistic health assessment and plan is provided which is responsive to the child/young person’s own strengths, knowledge, wishes and interests, and encourages the child/young person to participate in and maintain his/her health and well-being.
3. Each child/young person’s health plan links with their personal education plan, individual education plan and any other educational plans, including the plan for permanence and the review.
4. These plans are reviewed regularly to ensure they complement each other and new actions are put in place as appropriate.
5. Carers arrange for dental checks and support children/young people to attend.
6. Carers ensure all children/young people attend sight, hearing and development checks.
7. Carers ensure that immunisations are up to date.
8. Carers, through good modelling, prepare the child/young person for increased responsibility and teach good health care, how to seek information (to inform their decisions) and how to make decisions.
**National Healthy Care Standard Audit Tool**

**Outcome 5a:** The child/young person is knowledgeable, emotionally resourceful and is able to use his/her own emotions and thinking skills to guide and manage his/her positive behaviour using a variety of strategies.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Multi-agency CAMHS strategy is in place that meets the identified needs of looked after children and young people.</td>
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<tr>
<td>2. Behaviour support policy and plans are in place to support the needs of looked after children and young people.</td>
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<tr>
<td>3. Clear strategic linkages and delivery plans exist across the dedicated looked after children services – such as CAMHS looked after children dedicated service, Education Protects team and health needs assessment team. This is coordinated through a multi-agency looked after partnership and linked to the children and young people’s strategic partnership, children’s trust or relevant multi-agency looked after partnership.</td>
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<tr>
<td><strong>Partnership</strong></td>
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</tr>
<tr>
<td>1. Multi-agency partnerships, the local strategic partnership for children and young people, children’s trusts and other strategic partnerships and CAMHS are responsive to the developing mental and emotional needs of looked after children and young people, and assist their carers, families and other workers in meeting these needs.</td>
<td></td>
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<tr>
<td>2. The educational setting promotes the emotional health and well-being of the child/young person through positive interactions and strategies.</td>
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</tbody>
</table>
**Participation**
1. The child/young person is provided with opportunities to understand his/her behaviour and emotions, and those of others.
2. Personal and social education in the education and care settings supports the child/young person in learning how to develop positive peer relationships.

**Practice**
1. Carers encourage and provide different opportunities for the safe expression of emotions, and the child/young person receives comfort.
2. The child/young person experiences positive parenting, which includes praise and reward.

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**National Healthy Care Standard Audit Tool**

**Outcome 5b:** The child/young person achieves his/her potential and is proud of his/her achievements.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Policy**
1. Education, arts, culture and leisure policies promote the needs of looked after children and young people and ensure access to appropriate universal and specialist services.
2. Admission and exclusion policies prioritise the inclusion needs of looked after children and young people.
3. Corporate parenting policy guidance and training is in place for school governors and elected members.
4. Corporate parents have policies and systems in place for prioritising employment opportunities for looked after children, in their own organisations as well as other business sectors.
**Partnership** | | | |
1. Resources are in place to ensure that each child/young person continues to achieve their potential and develop new interests and skills.
2. Funding and other resources are available to support hobbies and interests of looked after children and young people.
3. Corporate parents ensure that a range of play, arts, sports, and leisure activities are made available for looked after children and young people. Corporate parents are aware that emotional well-being and educational achievement are linked issues, and resources are available to support both.

**Participation**
1. The child/young person is supported to achieve her/his potential and has a record of achievements and qualifications.
2. The child/young person has choices and opportunities to explore a range of sports and leisure activities and develop her/his talents and potential.
3. The child/young person is given opportunities to develop skills to express wishes and feelings.

**Practice**
1. The child/young person is provided with opportunities for creative activities and play.
2. Carers promote and are involved in each child’s education and their progress, setting high, but realistic, expectations for them.
3. Carers/parents are supported and trained to assist children/young people’s educational development.
4. Emotional well-being and educational achievement are perceived by carers/parents as linked issues, and resources are available to support both.
5. Carers provide opportunities for the child/young person to develop existing and new skills and talents in sport, culture and arts activities.
6. The carer knows about and takes an interest in the child/young person’s activities.
7. Corporate parents and carers provide opportunities for celebrating children/young people’s achievements.
8. Carers are proactive in providing stimulation for the child’s development.

**National Healthy Care Standard Audit Tool**

**Outcome 6a:** The young person will develop understanding of his/her needs and responsibility for maintaining his/her health and well-being.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The policies of social services, education, health and leisure services are coordinated to enable the young person to develop and maintain good health and well-being including young people in out of authority placements.</td>
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</tr>
<tr>
<td><strong>Partnership</strong></td>
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</tr>
<tr>
<td>1. Children’s trusts, multi-agency partnerships, the local strategic partnership for children and young people, and other strategic partnerships demonstrate evidence of joint working and joint policies.</td>
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</tr>
<tr>
<td><strong>Participation</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Young people are able to demonstrate that they have the knowledge, skills, attitudes and values to keep themselves safe and to care for their health and well-being.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Evidence of involvement in policy-making and</td>
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</tbody>
</table>
provision of resources and information.
3. Personal and social education enables the child/young person to learn about positive and safe relationships and unsafe, abusive relationships.

**Participation**
1. Children and young people show an understanding of healthy lifestyles, and managing health risks and gains.
2. Relevant materials are provided for the health education of looked after children/young people.

### National Healthy Care Standard Audit Tool

**Outcome 6b**: The child/young person has the knowledge, skills, values and attitudes to keep him/herself safe, to prepare for adult life and to play a part in creating a healthy, safe community.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Policy**
1. Policies and resources are in place to meet the needs of care leavers in accordance with their pathway plans. This includes support while in further education, training or employment or at university. |
| **Partnership**
1. Multidisciplinary partnerships are in place to ensure access to housing resources, benefits and education and training. |
| **Participation**
1. Preparation for leaving care is available to all care leavers. |
2. A care plan/pathway plan is drawn up which increasingly places responsibility on the child/young person for meeting her/his own health needs as appropriate to her/his development. |

**Practice**
1. Carers, practitioners and corporate parents provide
opportunities for developing skills for independent living throughout the child/young person’s life and identify suitable support during transition to independent living.
2. Continuing assessment and review of the young person’s needs is carried out to ensure the pathway plan is met.

## National Healthy Care Standard Audit Tool

**Outcome 6c**: The child/young person is supported adequately through childhood into adulthood.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Evidence to date</th>
<th>Action points</th>
<th>Priority</th>
</tr>
</thead>
</table>

**Policy**
1. Strategies covering leaving care and transition into adulthood exist, and these integrate children and adult services and provision ensuring a smooth pathway.
2. Policies and resources are in place to support further education and training, employment and university admissions. Ongoing support is available to those care leavers while living away at university or college.
3. Corporate parents have policies in place that reflect their eventual role as corporate grandparents.

**Partnership**
1. Multi-agency partnerships are in place, which enable access to support and other agency services for care leavers.

**Participation**
1. All care leavers have a pathway plan that they have participated in compiling and which addresses their short and long term needs.

**Practice**
1. Support is available for care leavers who become young parents.
2. Support and resources are in place to enable young people to continue with education, training and
# Healthy Care Action Planning Tool

**Outcome:**

<table>
<thead>
<tr>
<th>What do you want to change</th>
<th>Action needed</th>
<th>By Whom?</th>
<th>By When?</th>
<th>How will children know when you have done it? What will be the difference for them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy:</td>
<td></td>
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</tr>
<tr>
<td>Partnership:</td>
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<tr>
<td>Participation:</td>
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<tr>
<td>Practice:</td>
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</tbody>
</table>
Appendix 1. Healthy Care Partnerships are central in delivering the integrated health service model

- Health input to the leaving care team, and transition planning from paediatric to adult services
- Children’s trust arrangements for joint commissioning by the local authority and PCT
- Links with leisure providers to help children participate in sports and social activities
- Close links between designated doctors and nurses and the virtual head
- Health checks carried out by people with knowledge of child health development
- Direct access to advice for carers on responding to health needs e.g. via ‘drop-in’ mornings
- Training for carers and social workers in recognising health needs
- Training carers to support a healthy lifestyle with good diet and exercise
- One or more designated doctors and nurses for children in care
- Dedicated or targeted CAMHS service for children in care
- Integrated health service model

Care Matters: Transforming the Lives of Children and Young People in Care (2006) Crown Copyright p. 77
### Healthy Care Outcomes help achieve Every Child Matters Outcomes

<table>
<thead>
<tr>
<th>Every Child Matters Outcomes</th>
<th>Healthy Care Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be Healthy</strong></td>
<td>The child or young person has access to effective healthcare to enable his/her health to be promoted, maintained and treated. (4)</td>
</tr>
<tr>
<td>- Physically healthy</td>
<td>The child or young person will develop understanding of his/her needs and responsibility for maintaining his/her health and well-being. (6a)</td>
</tr>
<tr>
<td>- Mentally and emotionally healthy</td>
<td>Parents, carers and families promote healthy choices</td>
</tr>
<tr>
<td>- Sexually healthy</td>
<td>The child’s carers are supported, trained and adequately resourced to provide for the healthy development of children/young people who are in their care and protection. (2b)</td>
</tr>
<tr>
<td>- Healthy Lifestyles</td>
<td>Stay Safe</td>
</tr>
<tr>
<td>- Choose not to take illegal drugs</td>
<td>The child/young person is given an opportunity to make safe, protective, caring and continuing relationship(s) with his/her carer(s) and believes that there is at least one person who is interested in him/her and cares for and about his/her health and well-being. (1a)</td>
</tr>
<tr>
<td>- Safe from maltreatment, neglect, violence and sexual exploitation</td>
<td>The child/young person has a clear and positive understanding of his/her cultural beliefs and identity; these are respected and there are opportunities to celebrate them. (3a)</td>
</tr>
<tr>
<td>- Safe from accidental injury and death</td>
<td>The child/young person has the knowledge, skills, values and attitudes to keep him/herself safe, to prepare for adult life and play a part in creating a healthy, safe community. (6b)</td>
</tr>
<tr>
<td>- Safe from bullying and discrimination</td>
<td>Parents, carers and families provide safe homes and stability</td>
</tr>
<tr>
<td>- Safe from crime and anti-social behaviour in and out of school</td>
<td>The child/young person is provided with a safe, secure, caring and stimulating environment, where he/she can develop and achieve his/her physical, emotional, educational and spiritual potential. (2a)</td>
</tr>
<tr>
<td>- Have security, stability and be cared for</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Every Child Matters Outcomes</th>
<th>Healthy Care Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enjoy and achieve</strong></td>
<td>The child/young person is knowledgeable, emotionally resourceful and is able to use his/her own emotions and thinking skills to guide and manage his/her positive behaviour using a variety of strategies. (5a)</td>
</tr>
<tr>
<td>• Ready for school</td>
<td>The child/young person achieves his/her potential and is proud of his/her achievements (5b)</td>
</tr>
<tr>
<td>• Attend and enjoy school</td>
<td>The child/young person is provided with a safe, secure, caring and stimulating environment, where he/she can develop and achieve his/her physical, emotional, educational and spiritual potential. (2a)</td>
</tr>
<tr>
<td>• Achieve stretching national educational standards at primary school</td>
<td>Make a positive contribution</td>
</tr>
<tr>
<td>• Achieve personal and social development and enjoy recreation</td>
<td>The child/young person develops a sense of self-worth and is positive and self-directed in relation to the choices and challenges of everyday life. (1b)</td>
</tr>
<tr>
<td>• Achieve stretching national educational standards at secondary school</td>
<td>The child/young person has a range of sustained positive relationships with family, Friends and the community. (2c)</td>
</tr>
<tr>
<td><strong>Parents, carers and families support learning</strong></td>
<td>The child/young person will understand and have skills and confidence to develop appropriate personal and social boundaries and respect those of others (3b)</td>
</tr>
<tr>
<td><strong>Make a positive contribution</strong></td>
<td>Parents, carers and families promote positive behaviour</td>
</tr>
<tr>
<td>• Engage in decision-making and support the community and environment</td>
<td>The child/young person is provided with a safe, secure, caring and stimulating environment, where he/she can develop and achieve his/her physical, emotional, educational and spiritual potential. (2a)</td>
</tr>
<tr>
<td>• Engage in law-abiding and positive behaviour in and out of school</td>
<td>The child/young person develops a sense of self-worth and is positive and self-directed in relation to the choices and challenges of everyday life. (1b)</td>
</tr>
<tr>
<td>• Develop positive relationships and choose not to bully and discriminate</td>
<td>The child/young person has a range of sustained positive relationships with family, Friends and the community. (2c)</td>
</tr>
<tr>
<td>• Develop self-confidence and successfully deal with significant life changes and challenges</td>
<td>The child/young person will understand and have skills and confidence to develop appropriate personal and social boundaries and respect those of others (3b)</td>
</tr>
<tr>
<td>• Develop enterprising behaviour</td>
<td></td>
</tr>
<tr>
<td><strong>Parents, carers and families promote positive behaviour</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Every Child Matters Outcomes

### Achieve economic well-being
- Engage in further education, employment or training on leaving school
- Ready for employment
- Live in decent homes and sustainable communities
- Have access to transport and material goods
- Live in households free from low income

### Parents, carers and families are supported to be economically active

<table>
<thead>
<tr>
<th>Healthy Care Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child/young person is provided with a safe, secure, caring and stimulating environment, where he/she can develop and achieve his/her physical, emotional, educational and spiritual potential. (2a)</td>
</tr>
<tr>
<td>The child/young person is supported adequately through childhood into adulthood. (6c)</td>
</tr>
</tbody>
</table>

### The National Healthy Care Standard entitlements for children and young people living in a health care environment are:

1. A child/young person will feel safe, protected and valued in a strong, sustained and committed relationship with at least one carer.
2. A child will live in a caring, healthy and learning environment.
3. A child/young person will feel respected and supported in his/her cultural beliefs and personal identity.
4. A child/young person will have access to effective healthcare, assessment, treatment and support.
5. A child/young person will have opportunities to develop personal and social skills, talents and abilities and spend time in freely chosen play, culture and leisure activities.
6. A child/young person will be prepared for leaving care by being supported to care and provide for him/herself in the future.

The National Healthy Care Standard identifies 13 outcomes for children and young people to deliver these entitlements.

See [www.ncb.org.uk/healthycare](http://www.ncb.org.uk/healthycare) for more information on the Healthy Care Programme and National Healthy Care Standard.