

# Every Child Matters: Be Healthy

Presentation by

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# Five Outcomes Of Every Child Matters

- ◆ Staying safe
- ◆ BE HEALTHY
- ◆ Enjoy and achieve
- ◆ Making a positive contribution
- ◆ Achieve economic well-being

# Be Healthy Agenda

- ◆ The purpose of this presentation today is to advise and inform Members of the Corporate Parenting Board of the key health issues affecting children looked after under the Be Healthy Agenda.

# What is the Be Healthy Agenda

Children and young people will choose to be

- ◆ Physically healthy
- ◆ Mentally and emotionally healthy
- ◆ Sexually healthy
- ◆ Healthy lifestyles
- ◆ Choose not to take illegal drugs

# National Agenda

- ◆ Promoting the Health of Looked After Children (D.O.H 2002)
- ◆ The Healthy Care Programme (DfES 2005)
- ◆ National Service Framework for Children, Young People and Maternity Services (D.O.H. 2004)

# Why focus on Healthy Care?

National and international research has indicated:

- ◆ Children may come into care with significant physical and mental health problems (Skuse and others 2001, Skuse and Ward 1999)
- ◆ Two-thirds of all looked after children were reported to have at least one physical complaint.(Meltzer and others 2003,Williams and others 2001)
- ◆ Looked after children and young people have a high rate of mental health problems(Richardson and Joughin 2000, Buchanan 1999)
- ◆ There are high rates of self-harm and high-risk behaviour among looked after children and young people (Richardson and Joughin 2000, Shaw 1998)
- ◆ Higher level of substance misuse, including smoking tobacco,among children looked after than among the non-care population (Meltzer and others 2003)
- ◆ Higher rate of teenage conceptions among looked after young people and more likely to become young mothers (Corlyon and McGuire 1997)

# Why focus on Healthy Care?

continued

- ◆ Fewer looked after children visited dentists on a regular basis (Williams and others 2001)
- ◆ Disrupted education leading to missing out on health promotion work in schools (DfES 2004)
- ◆ Significant gaps in health care records for looked after children and young people (Butler and Payne 1997, Mather and others 1997)
- ◆ Standards and indicators for looked after children focus on 'illness' rather than 'health' (Howell 2001)

# What Children and Young People Thought Could Be Done to Make Their Healthcare Better and Easier for Them? (March, 2005)

Comments made by children

‘help to keep you healthy and safe,  
prevent you getting diseases’

‘Can’t understand things they are saying,  
they don’t explain things



# Ideas young people came up with.

- ◆ Who - the same gender doctor as myself, same person every time, nurse, just myself and the doctor, not a room full of people.
- ◆ When - play time, in school time, once a year, twice a year, only when ill, turn up on the time that meant to
- ◆ What - thirty minutes long, travel free, make so check ups are done at home, to be made more comfortable
- ◆ How - more organised, reward for going, one medical a year

# Physically healthy

- ◆ Leisure link cards for foster carers
- ◆ Regional football league
- ◆ Link with leisure and youth service for lottery bid to fund schedule of activities
- ◆ Health promotion during assessments
- ◆ File with a Smile
- ◆ Foster Care health records documentation for use at children looked after reviews

# Mentally and emotionally healthy

- ◆ CAMHS looked after children's service
- ◆ Recently reviewed and areas for development identified
- ◆ Service expanded from one fulltime clinician to two.
- ◆ Views of young people involved with the CAMHS looked after children's team sought (September 2005)

# Sexually healthy

- ◆ C card
- ◆ Health reassessment addresses sexual health appropriate to age
- ◆ Links with Teenage Pregnancy and SECOS to allow fast track referral routes
- ◆ Links with GUM clinic
- ◆ Performance indicators/annual returns to DfES for pregnant young people looked after

# Healthy lifestyles

- ◆ Health promotion within the health reassessment
- ◆ Assessment of foster carers incorporates examination of family lifestyle
- ◆ Smoking policy for foster carers
- ◆ Links with physically healthy

# Choose not to take illegal drugs

- ◆ Screening and referral tool
- ◆ Performance indicators
- ◆ Training for all social workers and health professionals working with children and young people looked after
- ◆ Links with Make a Change and Eclypse

# Policy and Guidance

- ◆ High focus steering group
- ◆ Vulnerable young persons and substance misuse steering group
- ◆ Sexual Health Action Group
- ◆ Ongoing training for social and health professionals

# Conclusion

To be successful in improving the health outcomes for this vulnerable population any guidance, structures or plans must have as its central focus a partnership process which builds on the views and priorities of the children and young people themselves.

(D.O.H 2002)