

Talking to Looked After Children and Care Leavers

Health Services and Transition

January 2016



With special thanks to the young people who shared their experiences with us and the partners and colleagues who helped recruit participants.

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Introduction

What is Healthwatch Waltham Forest?

Healthwatch Waltham Forest is a local Healthwatch organisation, established by the Health and Social Care Act 2012 to act as the local independent consumer champion for health and social care.

Local Healthwatch organisations have statutory duties to:

- Gather the views and experiences of patients and the public.
- Make those views known to providers and commissioners.
- Promote and support the involvement of local people in the commissioning and provision of local care services and how they are scrutinised.
- Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC).
- Provide information and signposting about access to services and support for making informed choices including independent advocacy support to make an NHS complaint.
- Make the views and experiences of people known to Healthwatch England, providing a steer to help it carry out its role as national champion.

More details can be found on our website [here](#).

What is Waltham Forest Clinical Commissioning Group (CCG)?

Waltham Forest Clinical commissioning Group (CCG) is an NHS organisation. Their job is to buy (or commission) many of the local healthcare services. This includes urgent and emergency care, mental health, hospital services, primary care and community health services. They work with Waltham Forest patients and health and social care organisations to make decisions about how NHS money should be spent in Waltham Forest. They then make sure those services are of a high quality. The organisation is led by GPs and healthcare professionals who, between them, have many years' experience caring for patients.

More details can be found on the Waltham Forest CCG website [here](#).

Background

Waltham Forest Clinical Commissioning Group is proposing a change to the existing pathway for Looked After Children (LAC) at the point of transition from public care. Young people at transition can experience multiple health problems and co-morbidities. These health issues can be compounded by inconsistencies or disorganised discharge processes, particularly where young people self-discharge from care. The evidence suggests that the absence of a stream lined approach to discharge can lead to a loss to follow-up even when significant health problems exist.

Furthermore, the period of transition from care can also trigger previously undiagnosed mental health conditions. Transition from the LAC Health service at 18 years coincides with following:

- Transition from Paediatric to Adult services
- Changes in placement types
- A move to independent living with a reduction in overall support
- Disengagement from services - negative past experiences can hinder engagement with services and young people can sometimes feel excluded from the process.
- Increased vulnerability to exploitation

The purpose of this piece of work

Waltham Forest Clinical Commissioning Group (CCG) has commissioned this piece of work to capture the voice of the LAC and Care Leavers in Waltham Forest. This is to ensure that Waltham Forest CCG, in redesigning services, obtains the right provision of health services that are responsive to their needs, aspirations and preferences.

Executive summary, key findings and recommendations

The number of individuals we spoke to is too small to infer any firm findings. However, the conversations that took place were very insightful in offering real lived experiences of services and therefore offer some potential areas for consideration by Waltham Forest CCG and a range of other partners in improving services for this vulnerable client group and catering for their future needs.

The main focus of conversations with young people was around general wellbeing and the following paragraphs in this section predominantly relate to health:

Overall, young people in care and recent care leavers need better information, communication and support around health in general, health services and how they work. They need to know what is on offer, how they can access these, appropriateness of services in different scenarios and support to build that internal assessment and analysis of available options and choices. The latter is particularly important where urgent care - Walk in Centre, NHS 111, 999 and A&E - and mental health are concerned.

The point of transition from care to independent living offers a great deal of opportunity to re-evaluate health and other needs. This includes ensuring understanding of local health services available, signing up to GP and other primary health care services and offering options and future avenues for health and wellbeing support, particularly around the local mental health offer.

Like much of the rest of the population those in care and care leavers have had different journeys in life and have individual needs and levels of resilience that need to be catered for by local health services. A more coordinated and clear offer would go long way towards ensuring greater opportunity for improved health and wellbeing into adulthood

and later life for this patient group. Both choice and being involved have a supporting role to play here.

Some specific health service areas for consideration are mentioned below:

Access to GP services needs to improve rapidly for this patient group and the wider population. Consideration needs to be given to how this group can be supported to proactively access when economic circumstances may mean an inability to telephone and be placed on hold. The group also needs to be supported to register in the first instance, particularly when moving areas and may benefit from some consistency in the GP they see.

A future dentistry offer for this client group should be considered in line with economic circumstances, particularly at the time of transition and early stages of independence.

The Health Assessment should be reviewed with a view to ensuring it is more than a tick box exercise; serves a purpose for the individual; and is supported by a system to ensure it is carried out annually as is stipulated.

The Family Nurse Partnership is an effective, functioning and highly regarded service. The approach, practice and relevant systems learning should be disseminated widely amongst health and social care colleagues.

Midwives and maternity units should be more mindful of the vulnerability of this patient group and ensure consistency in staff personnel and approaches to avoid confusion and misinformation. Mental health support throughout this journey of huge personal change should be considered, as well as improvements to aftercare provision.

The mental health offer to this patient group needs to be rapidly re-evaluated in light of both good and bad practice identified by individuals in this report. Not least this involves an individual and patient centred, holistic approach; removal of barriers allowing only one issue to be dealt with at a time; flexibility to cater to needs that don't neatly fit into a standardised service or approach; consideration of a joint offer of counselling and medication as opposed to one or the other; improved systems to reduce patient repetition, ensure prompt referrals and improved long term follow up; opening hours beyond 9am-5pm for some services; and consideration of alternative access routes when homelessness and economic circumstances mean an inability to telephone or travel to the service.

In two examples described to Healthwatch, culture and ethnicity were labelled as factors inhibiting quality service delivery. Whilst it is always possible that elements of miscommunication and misinterpretation are involved in these instances, cultural and ethnic sensitivities do need to be considered in terms of both foster placements and personal healthcare provision, as well as more broadly in how healthcare provision and national focuses, e.g. Female genital mutilation, play out on the front line.

Method

In order to find out the needs, aspirations and preferences of Looked After Children (LAC) Healthwatch Waltham Forest conducted interviews with looked after children and or recent care leavers.

It was felt an interview approach was more appropriate for discussing sometimes private and sensitive issues with young people, enabling them the opportunity to talk openly and in more detail than might otherwise have occurred in a focus group with peers. The interview prompt sheet used can be found in appendix 2.

The opportunity to take part in interviews was promoted heavily through health and social care partners and specifically those specialist services working with the client group. It was also promoted via Healthwatch Waltham Forest community networks. Voucher incentives were offered as a gesture of thanks to young people for their participation. Whilst this did help with recruitment, reaching the group of people we wished to speak to remained challenging without prior direct contact.

We also aimed to carry out a focus group for the parents and foster carers of looked after children however despite two attempts to promote this we did not have enough interest to take this forward.

Who we spoke to

- We carried out interviews with 13 young people either in care or care leavers. Interviews generally lasted between 1-2 hours.
- We spoke to 9 females and 4 males
- The age range of young people we spoke to was between 17-21 years old
- We spoke to 7 Black or Black British people, 2 Asian or British Asian people, 2 people of mixed race and 2 White or White Other people.
- Most people did not identify belonging to a religion, however, 3 stated they were Christian and 2 Muslim.
- One person we spoke to was gay, with all others identifying as heterosexual
- We did not speak to anyone who identified as being disabled or a carer
- We spoke to 3 people with small children, with another being pregnant at the time of interview.
- Nine people we spoke to were care leavers, 2 were in foster placements and 2 in care homes.
- Six people we spoke to are or were involved in the youth justice system
- Four people we spoke to are involved in the Family Nurse Partnership
- Eight people we spoke to are or were involved with either CAMHS or adult mental health services.
- One person we spoke to is involved with substance misuse services
- Two people we spoke to are or were unaccompanied asylum seekers

Findings - Health

The findings below summarise each topic area discussed with young people. We would urge readers to view the individual interviews found at the end of this report for greater insight (Appendix 1).

Health comments discussed below mainly concern services used in the last year, unless otherwise identified.

Support Networks

Nearly all the people we spoke to told us they had a support network of some description. The most popular of these networks were those including partners, friends and family members, with some also identifying their foster carer(s). A smaller number of interviewees stated they were independent and or did not have any support network at all. In terms of the type of health support received from their network, this was mostly around attending important appointments when this support was requested. The majority of people, however, preferred to handle health appointments themselves.

Awareness of services

Most people we spoke to could identify mainstream health services such as GPs dentist, pharmacy, opticians and local or neighbouring hospitals. These were mostly those that they had used or were visible to them on their travels around the borough and across London.

However, for a couple of young people we spoke to there was extremely limited knowledge of local services, due to being new to the area and or from a different country with a different health system.

Others we spoke to were able to identify sexual health services, CAMHS and mental health services, Family Nurse Partnership and other services because they had used them or had used them in another borough and assumed something similar to be available locally. In terms of mental health services people mentioned Thorpe Coombe, The Ferguson Centre, Langthorne Health Centre and IAPT by name.

For two individuals additional knowledge of care services for children with disabilities and mental health services were known from working in the sector or relevant studies.

Very few people were aware of the Oliver Road Walk in Centre and for those that were this was mainly in relation to the sexual health services located in the same building.

Accessing health care information

Most people we spoke to identified they would go to their GP for health information or advice, with some others identifying another healthcare worker like a midwife or Family

Nurse whom they were already in regular contact with. Others said they would ask family/friends for advice. Using the internet - google and or NHS Choices - also came up as possible avenues for healthcare advice and information.

GP services

In most instances, the issues raised with Healthwatch by looked after children, young people and care leavers are similar to those experienced by the rest of the borough's residents:

Most people we spoke to were registered with a GP however one individual, having been in the area for a year, was not registered or did not think he was. In this instance he mentioned that the care home manager might have registered him without him knowing. For those in care homes the involvement of the care home manager in registering or making arrangements for the young person to go and register was common and key to ensuring access to the service.

In terms of satisfaction with the service many individuals thought the GP service was 'ok' and cited issues such as difficulty in getting an appointment; difficulty in getting through on the telephone; being rushed during the appointment; waiting for the appointment; and there not being enough GPs, as issues. For those with experience of GP services in other areas of London they identified commonalities with the Waltham Forest GP experience.

Additionally individuals pointed out other concerns such as:

- A lack of money impacting upon their ability to get an appointment as they did not have phone credit and or it would run out whilst they were in a call waiting queue or on hold.
- Being talked down to and or judged.
- Receiving unhelpful advice and not getting referrals that were perceived to be needed.

Some people we spoke to always saw the same doctor and tended to be pleased with this long term relationship and the additional insight it brought in terms of knowing the history and being able to offer extra advice and help. In these situations the GP tended to be rated more highly, but for those that rated their GP as 'ok' there was a mixture of people seeing locums or different doctors on each occasion, and those receiving some level of consistency, which did not seem to impact on the overall rating.

Those with young children were able to identify a difference in service for their babies/young children and themselves, pointing out that children could often be seen on the same day whereas they were unable to get same day appointments for their own care. Anecdotally Healthwatch is also aware that when parents of babies and young children try to raise their own health issue in their child's appointment this is not tolerated by GPs, requiring them to make another appointment and return again to discuss the issue, although this was not something that emerged from these discussions.

For those that had regular medication the young people we spoke to were very pleased with the prescription service at the GP and being able to get what they needed quickly.

In one instance the GP service was rated as very poor by an individual. This was based on his experience of an ongoing unresolved issue which was not being progressed despite a number of appointments. It is likely that experience of the same health issue in his country of origin - quick onward referral to hospital and diagnostic testing - fed into his overall rating. Additionally the young man had not been offered a translator at his GP appointments despite having very limited English and this may have also impacted upon his ability to convey the issue adequately to the GP and vice versa in terms of advice, action and next steps.

Nurses at the GP

Only a small number of those we spoke to used this service and these were mainly in relation to immunisations for their babies and contraception. Ratings of the service were variable but mostly positive.

One individual spoke very highly of the practice nurse she saw on a regular basis for her contraceptive prescription. She found the service informal, friendly and quick and had built up a positive relationship seeing the same nurse each time.

Another individual likewise had a positive experience of the service, but had once been told she was overweight and was annoyed at this.

Pharmacist and pharmacy services

Seven out of 13 people we spoke to identified using their pharmacy. For most this was for regular prescriptions for themselves (long term and short term conditions, as well as for contraception and mental health conditions) or their young children.

Those who used the service generally rated it highly, commenting that it was quick, easy and local.

Dentist

Eight out of 13 people we spoke to have a dentist and had been to the service within the last year or so. One of these attended a private dentist and some others had not been for over 2-5 years. For those with less contact, identified reasons included:

- Deceased parents who used to arrange attendance
- Being out of the care home system - care home managers used to arrange/encourage attendance.
- Being unable to find a local one so having to rely on traveling to an old dentist in another area.
- Cost being inhibitive

For those that did go to the dentist the service was mostly rated favourably with one person particularly identifying the reminder check up letter as being helpful in ensuring regular attendance.

Optician

Eight out of 13 people we spoke to had been to the optician within the last year or so. Sometimes this was by prompting and arrangement of the care home and or foster carer. One person received a reminder letter each year for the service, another had received glasses the prior year and had no check ups since and another identified going for an appointment, but being unable to actually be seen as he would have had to pay and this made the service inaccessible for him.

Health Assessment

The large majority of people we spoke to had undertaken a Health Assessment at some point, however a small number had not, stating they had either refused it or had an appointment due, after consciously avoiding it or being unable to attend. One individual aged 21 had never had a Health Assessment, but now had one booked in. The large majority of people had only had one Health Assessment, despite being in the care system for a number of years. Two individuals had a health assessment done twice and only one person could identify having it every year since being in care - 4 years in total.

Those that gave the Health Assessment a low rating highlighted that they did not see the point as all it asked was height and weight. Others highlighted that it didn't do anything, there was no follow up or next steps and so they didn't actually know what it was for or the point of it. This lack of clarity, insight and information giving on behalf of health professionals could be an area for improvement and might support better uptake of the annual assessment.

One individual was supported by his carer to do the Health Assessment.

One individual highlighted he received a health card after the assessment but after this was lost it didn't seem to matter so he was unsure what it actually did.

One individual highlighted that as a result of the Health Assessment she was supported to get glasses.

Two individuals rated the process/service highly, with one stating that before she went into care she had not really been checked over or been to the doctor before and she found the process of the assessment and various checks reassuring. Another praised the privacy and flexibility of the assessment highlighting that she was asked if she wanted her foster parents involved and arrangements were made around her extra curricula activities to suit her.

NHS Walk in Centre

Only 2 out of 13 people we spoke to identified using the Oliver Road Walk in Centre with the majority not being aware of it. One person attended with a cold in the daytime and another had attended with her grandad who needed urgent care. Both rated the service highly.

Sexual Health Services

Five out of 13 people we spoke to identified using sexual health services within the last year. These ranged from using the c-card scheme, attending Oliver Road, using the GP/nurse for contraceptive prescriptions and attending the Whipps Cross Sexual Health Clinic. One person involved at Rowan House (Youth Offending Team) had received sexual health services via a worker attending the centre to test people.

Most of these services were rated favourably with positive aspects including:

- C-Card: Quick, easy and thorough
- Oliver Road: good, talked through different contraceptive options and given choice
- Whipps Cross: good; results quick; no scaremongering; can book online; respectful of privacy

Ambulance services

Six out of 13 people we spoke to had used ambulance services within the last year. There was a mixture of both positive and negative experiences:

Positive aspects included:

- Coming quickly
- Offering immediate help with pain
- Making sure patient was ok and offering a blanket
- Demonstrating care
- Enjoying a new experience, not having been in an ambulance previously

Negative aspects included:

- Telling patient she should have walked to A&E
- Telling patient nothing was wrong
- Being later discharged without any way of getting home - it was felt the ambulance could have warned of this procedure.

A&E/Unplanned hospital care

Eight out of 13 people we spoke to had used A&E within the last year, some attending by ambulance, others by walking in and one on the advice of NHS 111. Reasons ranged from

an overdose, tummy pain, baby/young child illness, ear infection, ankle injury and irregular heavy menstrual bleeding. Experiences were both positive and negative with a common theme emerging around the length of time waiting to be seen. Once seen however comments on treatment tended to be positive. This broadly matches with other patient experience information Healthwatch is in receipt of.

Some particular noteworthy aspects of experience include:

- A poor mental health assessment (in the view of the patient)
- Arriving at 1am and sitting in a chair until 7am when they came to check up and put the patient in a bed.
- Arriving by ambulance in an emergency and being later discharged from hospital without any way of getting home and having to beg a bus driver to take them for free.
- Being asked what were felt to be obvious questions at x-ray
- Being checked over and sent home in pain - the patient eventually got a scan via a GP referral and a cyst was discovered.
- Having to leave the waiting area and returning to discrepancy about still being on the list or not. The patient was given different answers by different staff causing problems with waiting times.

Hospital Outpatient

Apart from maternity services mentioned elsewhere in this report only one person we spoke to was or had been a regular user of outpatient services. This was the orthopaedics department at Royal London and the user spoke very highly of the service. Due to improving circumstances she had not been in contact with them for over one year but prior to this time she was a regular attendee over the years and envisaged appointments at the hospital again in the future. As she was known to the service she felt she received very good treatment and was cared for well. Her only concern was about having to travel to Royal London when suffering with hip and painful episodes which inhibited her mobility. When in care her foster carers had taken an active role and driven her to appointments, however, now that she was living independently there was a concern about how she would travel to the hospital when the need should arise.

One young person we spoke to was currently attending Whipps Cross for both an abdomen and breast scan and rated both services highly.

Hospital Inpatient/ Planned care

Apart from maternity services mentioned later in this report only one person we spoke to had been an inpatient. This was at Royal London after several different orthopaedics operations over the course of her childhood. Her last operation had been about five years ago and the experience was rated very highly, particularly because she was out of hospital a lot quicker than they said she would be. The patient also praised the way staff had handled her autistic brother when he came to visit, saying 'they really made him feel welcome and went out of their way to cater for him'. The patient said the hospital always

asked her and listened and took her lead, for example, when she was ready to get up on to crutches. The stay in hospital was 'as enjoyable as it could be'.

Maternity Services

Five out of nine females we spoke to had used maternity services within the last 2 years for both outpatient appointments and for labour, as an inpatient following complications or longer stays after birth. All except one of these concerned Whipps Cross.

Some positive aspects mentioned about the outpatient service included:

- Seeing the same midwife each time
- The baby being checked quickly
- Having a heart problem (expectant mother) checked and solved
- Efficient blood testing service

In terms of labour one young woman described the care she received very favourably and two others as just 'ok'.

One concern repeated by two women was that about receiving conflicting advice from nurses. In one instance this involved a young woman who was very overwhelmed after the giving birth. She experienced different nurses giving different advice about breastfeeding which was confusing. She had also asked for help with changing a nappy which had been refused. In another instance a young women with HIV had been told not to breast feed and informed that the hospital would provide bottles. Once at the hospital however, bottles were not provided and she was told to bring her own - something she would have been happy to do in the first instance had she been told this originally.

Another individual told us that one of the nurses from the same nationality and tribe as her had assumed she was circumcised and informed social services without actually asking her about it. The patient had to complain to the head midwife who checked her over, confirmed she had not been circumcised and cancelled social services. The same individual went on to describe the pressure put on a friend, who was also pregnant, around circumcision. At just 3 months pregnant she was placed under a social worker focussing on circumcision of the unborn child. The friend miscarried at 5 months, it was felt, due to the stress and pressure of this situation.

One individual had a miscarriage at age 17 and had been sent home alone with the foetus in a box. She had not been given any advice or support and not knowing what to do had kept the box for over a month until a social worker realised and offered some advice about what to do. This incident happened in another part of the UK. The individual was not offered any mental health support.

Family Nurse Partnership

Four of the nine young women we spoke to had involvement with the Family Nurse Partnership and this service was mostly spoken about very positively and warmly.

Some of the positive factors identified included:

- Being able to talk about anything and everything and getting support across all areas of life as needed.
- Having regular contact and or being able to call anytime
- Flexibility in changing appointments
- Specific advice on baby matters and equipment needed etc.
- Having the same nurse over a year or two and building that relationship
- The nurse always following up and doing what they say they will
- Being an emotional support
- Good communication and a joined up approach between the maternity department, A&E and Family Nurse.

The latter point was made specifically in relation to how the initial contact was made by the Family Nurse Partnership - details were passed on by the maternity department and the Family Nurse called and approached the young person about the service and what it could do and help with. This communication and support also worked well after a visit to A&E, which the Family Nurse was informed about. The nurse was then able to call the client a couple of days later to check in. This coordination of care had been greatly appreciated.

Children and Adolescent Mental Health Services (CAMHS) and other mental health services

Over half the young people we spoke to identified having some sort of counselling or involvement with CAMHS and or adult mental health services over the years. This ranged from anger management counselling to individual and family counselling, and being on short term or long term medication for mental health conditions or episodes.

For those that had no involvement in mental health services some identified not ever being asked about their mental health and or being asked once and it not being brought up or asked again in the future.

Some of the good aspects of mental health services highlighted included:

- Being involved in decision making - asked if they wanted counselling in the first place and or to continue after an initial period, and being invited to meet a few counsellors and decide which one they wanted to work with.
- Finding that it really helped them to work through issues and open up and enjoying seeing this progress within themselves and having that feeling of progress.
- Being given targets as part of the treatment

Some of the negative aspects highlighted included:

- Being labelled and put into boxes
- Not really feeling understood
- Reading report(s) on themselves and not feeling they truly represented them and or their situation.
- Seeing many different people within mental health services

- Being given serious mental illness (SMI) diagnoses at a young age
- Having limited or no follow up despite being diagnosed/put on medication
- The action of talking about issues having a negative effect and making them feel worse and more angry.
- Being referred for IAPT and receiving communication only 6 months later
- Being unable to access the service due to opening hours conflicting with working hours and or because of a lack of money to travel to/call the service.
- Not being spoken to about transfer to adult mental health services despite being almost 18 and heavily involved in CAMHS.

One individual we spoke to saw a psychologist at the hospital after taking an overdose and being taken to A&E. He was given medication, but stopped it after a week and informed them he had stopped. He highlighted that nothing further happened and there was no further follow up in this instance.

Another individual was diagnosed with schizophrenia at the age of 12, was not brought back to the service by her family after this time and received no further follow up.

Another individual we spoke to identified being on medication for depression, another on medication for stress having turned down an offer of counselling, whereas another was trying to get counselling support and was not on any medication.

One young mother told us she was taking medication for depression and seeing a therapist which she found very useful. These individual sessions were supplemented by mother and baby sessions looking at how to give her child a better childhood than she herself had, and help to develop their relationship. Both these sessions were rated very highly by the individual who experienced a great deal of support and kindness from the services.

Another individual was supposed to be accessing adult mental health services but had missed appointments so far. She was now unable to rearrange these as she was homeless and had no fixed address for letters to come to, had no money to get to the service if she should be able to arrange an appointment, and constantly had no money for phone credit so couldn't call them to rearrange missed appointments. She felt stuck by her circumstances and had no route for follow up. In terms of improvements this young person suggested that if the service could come to her that might be a helpful solution.

There was another suggestion from an individual around starting counselling when they were younger so issues can be worked through before they get too big or serious.

Findings - Social Services

Social Workers

Eight people we spoke to told us about their experience and relationship with social workers, key workers and or the children in care team. Whilst the experiences varied and were very personal, the relationship was always instrumental to how young people viewed the service and the level of support and wellbeing they felt. For some this was the biggest area for improvement mentioned. If not already practised, recruitment based on personal core competencies might be a way to ensure some level of consistency in these key posts.

The following positive aspects were mentioned:

- Having very good social workers on occasion
- Being able to speak to the social worker when needed
- Having the same social worker and or long term social workers over an extended period of years and building up good relationships with them.
- Having problems with social workers and then being provided with an excellent key worker 'who goes above and beyond average social workers'.

In terms of negative aspects they identified the following:

- Not knowing what the social worker actually does
- Asking for things and nothing happening
- Always having to be the one to initiate contact
- No information about what is going on, only seeing information in reports about themselves.
- No regular contact
- Not being understood and feeling that the social worker was not on their side.
- Being scared of their social worker
- Due to bad relations not bothering to tell the social worker about serious issues going on within placement families and not making complaints.
- Having changing workers - being 'chucked around a few different people' - of varying quality and having to repeat information and history again and again.
- Tribal affiliations between social worker and placement family obstructing complaints being passed on and actioned.
- Previously having lots of social workers and then no support after age 21.

Pathway Plan

Half the group we spoke to identified being aware of or having a pathway plan. For those that had them their experiences of the plan varied very widely with the overriding factors being around length of time to get housing and general poor follow up.

One person identified a good plan but poor follow up processes, being passed 'from pillar to post', being given 'different and confusing and contradictory information' and having to

repeat their story. Despite a fairly proactive approach on behalf of the young person it took for an adult relative to get involved for things to be taken seriously and progressed.

Another young person initially identified very good practice, having started her pathway plan at age 15 and even previously being made aware of it at age 12. However in this instance there were also issues around length of time and slow follow up with people not completing paperwork and doing what they said they would. The sentiment from both these cases was echoed by others.

Despite some other individuals identifying not engaging in their pathway plan due to changing workers and a lack of faith in the service, and for some just simply not being talked to about a Pathway plan, there was also some good practice. One individual identified a strong relationship with his PA, regular weekly communication and help with additional areas over and above housing. He described being happy with the outcome of his pathway plan.

One individual had conversations with her social worker about a pathway plan when she was 20, but didn't ever see or received a copy, despite requesting it one year later.

Child protection and or Safeguarding

Five people we spoke to highlighted past experiences with safeguarding and or child protection processes and their feelings about this:

One young person recalled discussions about her feelings, how safe she felt and what they could do to make her feel safe. She chose not to take part in Multi-Disciplinary Panels although recalls being asked about being involved every time the panel met. Instead she chose to give her opinion in advance and she assumes this was fed into the meeting discussions, however, she did not receive any feedback after meetings. Overall this young person didn't agree with the results and being placed in care and strongly feels there could have been other ways to deal with the situation. It was certainly not what she wanted and she commented that it 'has had some extremely negative results'.

Others also described aspects of the system not really working for them for one reason or another, including:

- Lots of meetings, being overwhelmed and at times during the process not having a good social worker.
- Not being listened to when they wanted to see their biological parent. Proceeding to see their parent as soon as they reached the age of 16 and could no longer be prevented from doing so.
- Having lots of safeguarding reviews due to running away a lot and none of the reviews and subsequent measures including withdrawing pocket money working.

Youth Offending Service

Six people we spoke to had current or previous involvement in the Youth Justice System or Youth Offending Team (YOT) with one describing the courts 'as like a second home'

One person rated the YOT service highly and really enjoyed the sporting activities and group work offered. With activities including football, boxing, and talking about knife prevention and victim awareness, he felt it kept him out of trouble, provided opportunity to try new activities and meet new people.

For others the service was felt less useful, the regularity of attendance was a source of frustration, the activities were not felt to offer anything and engagement only took place to avoid jail.

Findings - Other factors

Joint working/integrated care

In terms of joint working and integrated care most individuals described similar situations of some workers sharing information, but in general it mostly appearing to be quite separate between health or health and children in care/social services /YOT. People had different views on this with some not minding the separation and others experiencing some frustration, mainly in repetition. There was however also some good practice identified by individuals.

Those who experienced joint working commented on:

- The YOT care worker and care home manager working well together and being told they would meet every 3 months to discuss progress together with the young person.
- Everything going through a foster carer who joins the dots for the young person.
- The GP and Personal Adviser (PA) all being quite separate with some experience of having to repeat their story.
- The GP and Health Assessment person being in touch and sharing background information which resulted in the young person not having to repeat herself.

Those who did not experience joint working commented on:

- Long term and ongoing hospital treatment never being discussed with the GP.
- Experiencing having to repeat information all the time
- Experiencing no joint working but 'probably some sharing of information'
- Explaining their situation, history etc. to several different people within mental health and becoming more annoyed with each occasion.
- The Family Nurse Partnership, GP, social services and CAMHS communicating and sharing information, having big meetings and the young person not having to repeat her story several times.
- The GP and HIV care being quite separate, but this not causing any problems.
- Mostly separation between health and social workers except an occasion when a social worker attended a GP appointment with the young person.
- Abrupt changes from a social worker to a PA and subsequent frustration at the repetition.

Referrals

Six people told us about their experience of referrals. These varied widely and included referral to Thorpe Coombe and IAPT, referrals for maternity care, referrals or transfers between hospitals, and referrals experienced for their young children rather than care leavers themselves.

In terms of mental health services one individual described a referral process to Thorpe Coombe taking 2 months and having subsequent issues (homelessness/lack of address and

no funds for making telephone calls or travelling to Thorpe Coombe) which resulted in several missed appointments and still no take up of the service at the time of interview. Another individual referred to CAMHS remembers the process being 'fairly quick' but a third referred to IAPT had a less positive experience. In this case the individual received an initial email confirming referral, but didn't receive a letter with further details until 6 months later. The letter talked about anger management rather than IAPT and when the service was contacted the young person was told the IAPT service cannot deal with two issues at the same time and that she had to choose between anxiety and depression.

Two people told us about their referral for maternity care. In one instance the individual took her letter from the GP to Whipps Cross Hospital and handed it in. She was contacted two weeks later but no one had indicated to her how long it would be. She thought it would be quicker and spent the period worrying because of a previous miscarriage a few years earlier at age 15. A second individual found referrals to maternity quick and smooth, on both this and a previous occasion with her first child. This same individual had also experienced referral or transfer between Whipps Cross and another London hospital for her HIV care when she was in foster care in different areas of London. Her experience of this process was also very positive with no issues being raised.

Only one individual told us about referrals from health to social services. On this occasion the individual had taken her young daughter to A&E where, alongside treating her daughter, they made a referral to Social Services without informing her. She simply got a knock at the door two days later and the social worker stayed for 5 minutes and left. This same individual had a young daughter with severe eczema and a son with asthma that had also taken him to A&E on occasion. The individual described treatment for them both but no referrals taking place.

Transition

Transition was discussed in two contexts - transitioning from being in care to leaving care and transitioning from children to adult health services. Whilst the latter was relevant for only a few, experiences of the former highlighted the 'abrupt transition', the vulnerability of young people at this crucial time and a lack of guidance and support in registering with primary care health services. For some, transition was simply not being discussed and or the word was completely unknown.

The main common theme that emerged was around registration with local health services. For most people moving on to independent living it often meant relocating to a different part of the borough and having to take on a new level of responsibility. For some this was a long desired outcome and for others there was trepidation and clear personal challenge ahead.

During the process of transition from care to independent living, for the most part, no discussion took place around signing up to a GP and or mental health support that might be available if needed. In one instance a young person recalled the distinct change between being supported by a key worker with health matters and appointments

previously and then having to register at a GP himself once he was independent. For others it was simply not brought up.

There was, however, one example of good practice around health support at the time of transition and this was directed by a Personal Adviser. The PA told the young person to sign up to a GP, dentist and optician and gave a deadline for doing so. Both parties went on the internet together to find the closest services and the PA then checked back later to see if the young person had followed up.

In terms of age related transition between health services one individual currently receiving CAMHS support at age 17 had not yet had any discussion about transfer to adult mental health services. For another they were going straight into adult mental health services in Waltham Forest. This individual had been involved in CAMHS in another UK city where schizophrenia had been diagnosed at a young age, however there was no knowledge of this by local services, or indeed of her care background due to the transfer to a local 18+ worker in Waltham Forest not taking place. In another case a young person with HIV had always been treated by the same team, from childhood through to adulthood and had always seen the same doctors at Whipps Cross Sexual Health Clinic.

Further aspects of transition, focussing on the social services side were discussed in more detail by the young people we spoke to. These are not referenced here and more information can be found in the appendices.

Consent and confidentiality

Issues of consent, confidentiality and being involved in decision making were commented on sparingly by the young people we spoke to. When explained in more detail most people felt they had some basic understanding about consent and confidentiality but for the most part the issues had not been discussed with them and they were unaware of their rights.

The following examples were given:

- Experiencing confidentiality at sexual health services
- Being offered a choice of therapy or medication for mental health treatment by their GP.
- Being asked at counselling whether they wanted a report back to their foster family.
- Choice and options in care being explained well by the LAC nurse or GP.
- Choice and options in contraception being explained well.

What Looked After Children and Care Leavers would do if they were in charge of the money to support health and wellbeing of Looked After Children.

The suggestions put forward varied, with some focussing on health services, some on social services and others on more broadly helping children in need here and abroad. One

overriding theme was that around more and better doctors to improve GP access and reduce waiting times at A&E, both of which are similar to sentiment expressed by the wider patient population. The suggestions focussed on health and social services are highlighted below:

- Better GPs
- More GPs
- More GPs so patients can be seen on time
- More receptionists to answer the phone (at GP surgeries)
- A GP home call out service
- Reductions in A&E waiting times
- More A&E doctors to reduce waiting times
- More workers and equipment to reduced A&E waiting times
- Choice about having health visitor involvement or not
- Change the attitude of staff and make sure they have a smile on their face
- Ensure workers to have experience of working with young people and understand their lives.
- Ensure consistency in health care workers in order to build trust
- Ensure one key worker or central coordinating person
- More options for having different social workers
- More options for getting out of care sooner
- Help with budgeting and more life skills when moving to independent living
- More TVs in care homes and more money for LAC
- Better promotion of LAC services and entitlements
- A local respite home or service for LAC who are stressed and need to get away for a few days.
- Personalised, individual treatment according to individual circumstances - 'a standard offer is not always helpful'.

Glossary

Abbreviation	Explanation
ADHD	Attention deficit hyperactivity disorder
A&E	Accident & Emergency Department at hospitals
CAMHS	Child and Adult Mental Health Services
IAPT	Improving Access to Psychological Therapies
LAC	Looked After Children
PA	Personal Adviser
SMI	Serious Mental Illness
YOT	Youth Offending Team

Appendix 1 - Interviews

1. ALISHA

* Not her real name

Alisha* was in care for 4 years from the age of 14-18 when she became a care leaver. She currently lives in her own flat which was arranged as part of the leaving care process. Alisha is generally healthy and does not utilise many health services although had previous involvement in CAMHS.

Background

Alisha recently became a care leaver. She wanted to go down the independent route so actively chose this pathway for herself and the entitlements that went with it. These included a leaving care grant, support with higher education and support in housing. Previous to leaving care she lived with her aunt, alongside younger siblings, under a Special Guardianship Order (SGO). Another sibling went into foster care in another part of the country.

Support Networks

Alisha's aunt is her main family support network but she is also very independent. She still gets invited around for dinners and her aunt brings her food sometimes. Alisha also visits her dad who lives in the borough and has a good group of friends. She doesn't rely on her friends for support and is quite private about health issues, mainly tackling appointments etc alone.

Health services - access and information

Alisha hasn't used health services in a while as she hasn't had need to, but she is aware of the Walk in Centre and Sexual health services as she works at a sexual health service. She also has a GP and if any health issues arose that is where she would turn to. If she was worried about something in particular Alisha might look it up online and ask friends' for advice. She did this a couple of years ago with a specific symptom.

Satisfaction with services

Alisha last went to her GP more than 1 year ago and rates the service as ok.

Alisha had a Health Assessment about 1 year ago and rates the process quite highly. As she doesn't normally go to the GP she found it helpful to have the health assessment and to be 'checked over'. She only remembers it happening once though so thinks it is one-off process.

Alisha went to Whipps Cross A&E over 10 years ago and only remembers crying and being soothed. For this she rates it highly. Alisha has also used the outpatient services about 4 years ago and rates the experience as ok.

Alisha has only brief experience of the secondary school nurse, seeing her about 4-5 years ago, but mostly remembers the service from primary school and having general check ups. She rates the service very highly.

Alisha last went to the dentist over a year ago and rates the experience very highly. She never went to the dentist before she went into the care system so when she did start going she felt it to be very good to get the care and feedback.

Alisha had some involvement in family counselling about 4 years ago just after being placed into care. This was with her aunt and wider family. She was not happy with moving into the care system and with her aunt as she didn't know her very well. The people running the counselling asked Alisha if she wanted to continue with it and she chose not to. She doesn't rate this service particularly highly, but does say it was nice to be asked and be involved in the decision about continuing or not.

Alisha also had individual counselling just after she was placed in care which helped her to move forward and work through things she was bottling up and avoiding - 'I could see myself progressing which I liked. It worked for me individually'. She rates this service highly.

Alisha is in current contact with the Children in Care team as she is going through the process of transition into independence. Along with the pathway plan she rates this service as 'ok', highlighting that it is a long and annoying process and she experienced 'a few hiccups along the way'. In relation to her pathway plan Alisha had a mixed experience. The actual plan was good but the follow up was poor with things not being followed up. Alisha explained that things were supposed to be set in motion from her 18th birthday and that she was looking forward to becoming 18 for this reason. Housing was supposed to be set up but went nowhere for 10 months. Every time she called the team she was passed from pillar to post, never talking to the same person, with some people telling her she was not on the system, some giving her different, confusing and contradictory information, and having to repeat her story regularly. Finally her aunt decided enough was enough and she went down to Juniper house with Alisha. An independent review officer began to help greatly, chasing up whenever the social worker didn't follow up on actions. They then met with Michel Cookson who Alisha speaks of very highly. He 'laid it all down' and was very helpful, 'clearly doing everything he could to the best of his ability'. Alisha asked for evidence that things were happening and in motion and things started to get better from that point. Alisha was disappointed that it took for her aunt to become involved for that to happen, 'they seemed not to be listening to me, it's only when an adult got involved things started moving'. Alisha reports 'things are much better now. I try not to rely on them too much, it's my time to move forward now.' Alisha doesn't have a named worker but Michael is her 'go to person' and is 'very good'. Alisha feels strongly that 'the systems' need to be organised properly. She didn't ask for housing etc, 'they offered it, so if they are doing that they should be ready and able to deliver it'. 'The planning is simple they just need to stick to it or be less ambitious if they can't deliver it. If they can't stick to their word it's just *another* let down'.

Alisha went through a safeguarding process 4-5 years ago which she does not rate highly. The process resulted in her being placed in care which is something she did not want. Discussions about her wellbeing were going on long before she was moved into the care system. Alisha said discussions were ongoing long before she went into care due to abuse within the family. The authorities talked about neglect as her parents didn't know or act and Alisha recalls discussions about her feelings, how safe she felt and what they could do

to help her feel safe. She refused to take part in Multi-Disciplinary Panels although another of her siblings did, and they did keep asking her about involvement every time they met. Alisha chose to give her opinion in advance of each meeting and she assumes this was brought into the discussions, however, she didn't receive any feedback. Alisha still doesn't agree with the result and thinks there could have been other ways to deal with the situation without putting her and her siblings into care. She states that being placed in care 'has had some extremely negative results'.

Alisha last went to the optician within the last year as she has glasses. She rates the service as 'fine'.

Joint working/integrated care

Alisha no longer has interaction with key workers and previously had a few different ones all of whom moved on. She was supposed to be assigned one as part of the pathway plan but this didn't materialise. Michael Cookson acts as her 'key worker' and 'goes above and beyond average social workers'. He has helped with budgeting and helped her to get and transport furniture to her new place.

In terms of her previous workers Alisha really disliked having to repeat her situation and feelings, being asked again and again by different people. She states 'they had it all on file and they're not thinking about how I feel having to repeat it all the time'. This would be her main improvement to the system.

Transition

Alisha states that no one mentioned the word transition to her at any point, but that it sounded like what she was going through. General discussions about what would happen in the future started when she was 16 and processes and eligibility were explained prior to her 18th birthday (although they didn't transpire). In those discussions they took into account her wishes and location of choice (in between family members) and she was helped to complete a housing report outlining her needs and wants.

There was no discussion about health services and or availability, signing up to a GP or other health services during transition and location to a new area. There was also no discussion about mental health support.

Referrals

Alisha did not experience any referral processes.

Consent, confidentiality and being involved

Alisha is clear that she was never really aware of her rights and thinks it should be taught more. Separation from her sibling who was placed in another part of the country was tough and she doesn't feel her rights to a relationship with him were taken into account.

If I was in charge of the money to support the health and wellbeing of looked after children...

Alisha would help everyone in the care system to be independent and empower and support those that want to live on their own. She would support young people to get work by increasing training, schemes, and opening up opportunities for them to explore and develop their skills.

Alisha ended the interview stating, 'I really hope they take this on board'.

2. LOUISE

* Not her real name

Background

Louise has now left care at the age of 21 'cos that's when they abandon you'. When she was younger she was placed with a family, then at around the age of 16/17 she moved to 'semi-independent living' (studio flats) in various places in Waltham Forest and in neighbouring boroughs. From the age of 20 Louise went into a YMCA hostel and when she turned 21 she was given '£150 birthday money and that was it.' She is now homeless.

Louise came out of jail one year ago after being inside for 4 months. When she was younger she was also involved in the Youth Justice System repeatedly.

Louise has had involvement with CAMHS about 3+ years ago when her mum was alive. They used to go for counselling together. Louise has also recently been referred to mental health services again to help with her depression.

Support Networks

Louise does not have any family or other support networks that she could identify, stating, 'there is no one and nothing, not one person'. Her mum passed away a few years ago.

Health services - access and information

In terms of access to health services and information Louise accesses her GP regularly. She is also aware of therapy services or someone to talk to at Thorpe Coombe as she has recently been referred there by her GP. If she needs any advice or information she goes to the GP for it. She regularly uses the pharmacy at her practice to pick up her prescription.

Satisfaction with services

Louise rates her GP very highly and she has seen the same GP for a very long time. The GP

Louise* was in care for 8 years from the age of 13/14-21 and is now currently homeless. Louise was involved in the Youth Justice System. Louise suffers from depression, was previously involved in CAMHS and is currently involved in adult mental health services. A telephone interview took place on 13 November 2015.

knows her and her history and so the service works very well for her. Apart from a prescription they give Louise 'loads of extra advice like about getting out and about more'. Louise is very happy with her GP and could not suggest any areas for improvement.

Louise was supposed to have a Health Assessment in October 2015 but missed the appointment and is waiting to be rebooked in. This will be the first time she's had a Health Assessment. She missed the appointment as she was not on her medication and 'not really with it' to be able to attend.

Louise had involvement with Whipps Cross gynaecology department a few years ago (approx.3 years) when she had an operation and some diagnostic and post operative appointments. The service was good.

Louise has not been to the dentist for a long time (5years +) and said that usually her mum would help with organising this type of this but since she passed away she hasn't been proactive about it herself.

Louise has heard of C-Card scheme, but not used it as she is not sexually active.

When she was younger Louise was in touch with the Children in Care Service. She said she always had to be the one to initiate contact and used to go to Juniper House for support and 'ask and beg for help. They never called me, I always had to initiate it.' She rates this service very poorly.

Louise was in touch with CAMHS for approximately 1-2 years when she was much younger and used to go for counselling with her mum. She doesn't remember what it was like.

Louise previously had conversations with her social worker about a 'Pathway plan' about a year ago when she was 20, but she didn't ever see it or receive a copy. She specifically asked for it before she turned 21 but was not given a copy.

Louise uses the Pharmacy at her practice regularly to pick up her prescription for depression. It works well for her.

Louise is meant to be accessing adult mental health services and has recently been referred to Thorpe Coombe by her GP. However she has missed all of the offered appointment slots so far due to her current circumstances and does not have a phone or any credit to call them and rearrange. As she doesn't have an address either they cannot write to her or call her at present. She doesn't know how to follow up the referral in her current circumstances. In terms of improvements for the service Louise identified that even if they had a drop-in service - rather than waiting for a letter and specific appointment - Louise still wouldn't be able to get there as she is homeless and has no money. She thought that if the service could come to her that might be a helpful solution, however at the moment there would be nowhere for them to come to.

Joint working/integrated care

Louise is not in contact with many services that she could perhaps be getting support from so this is not a current area she can comment on. She explained that she used to have lots of different social workers, but since she turned 21 there has been no help.

Transition

Louise has not had to transition from any children to adult health services and did not comment on this area apart from the abrupt transition from being in care to being a care leaver.

Referrals

Louise was referred to Thorpe Coombe approximately 2 months ago. The appointment came through 'straight away', but she hasn't been able to get there and has missed several appointments.

Consent, confidentiality and being involved

Louise has not had any issues in this area. Her GP is very good at talking through her options.

If I was in charge of the money to support the health and wellbeing of looked after children...

Louise would spend it on helping starving and suffering children from different countries to come to the UK to get help and support they need.

Nick* has been in care for a few weeks.
Nick is involved in the Youth Offending Team (YOT).

3. NICK

* Not real name

Background

Nick went into care very recently and lives in a semi independent home where there is one main daytime manager and different overnight managers. He was placed in care in Waltham Forest but comes from another London borough and still has the support of his mum. There is no family social work involvement.

Support Networks

Nick considers his mum, brother and friends as part of his support network. He would normally attend health and other appointments himself, but if he asked his mum or brother would come to support him.

Health services - access and information

Not being from the area Nick has limited knowledge of local health services. He knows about his GP (located elsewhere) and the care home manager is due to sign him up locally. Nick regularly goes past Whipps Cross Hospital and Chingford Mount Hospital so is aware of their existence.

To date the care home manager is setting up health appointments for him locally.

Satisfaction with services

Nick went to see his GP in a neighbouring borough in the last 2 months and rates the service as ok. Nick describes that when you get to see the Dr he is usually good and listens, but that sometimes it is difficult to call and sometimes you have to wait a while in the waiting area for your appointment.

Nick had a health assessment 2 weeks ago and thought it was ok. He did the questionnaire on his own and gave it back. He doesn't know what is happening with it and no one mentioned what would happen next with it. The questionnaire touched on both the mental health side, asking about how you feel and also the physical side, asking about smoking, drinking etc.

Nick hasn't been to the dentist for approximately 2 years, but the last time he went the service was ok.

Nick rates the sexual health C-Card scheme quite highly as it is quick and thorough. 'Once you get your card they scan it and give you condoms and lube. You can go anytime once signed up and its quick to so'. Nick used the PULSE service in another London borough.

Nick has a social worker as he was in court cells. The social worker helped him get into the care home in Waltham Forest.

Nick is involved in Youth Offending services and sees his youth workers twice a day for group work and activities. He rates this service quite highly and enjoys the group work and activities which include football, boxing, and talking about knife prevention and victim awareness. He feels it keeps him out of trouble, provides opportunity to try new activities and meet new people.

Nick went to the opticians recently. This was booked by the care home manager, but as Nick is not in education it was not free so when he got there and found this out he didn't go ahead with the appointment. He rates the service very low.

Nick states that no one has mentioned the availability of mental health services to him.

Joint working/integrated care

Nick is involved with a social worker, a YOT care worker and the care home manager and from what he has seen so far they work well together. He has been told they will meet together with him every three months to discuss progress.

On the health side Nick has not yet registered with local services so cannot comment on joint working.

Transition

No one has talked to Nick about transition. At the moment his choice is the care home or prison.

Referrals

Nick has not experienced any referral processes.

Consent, confidentiality and involvement

Nick is aware of his rights and choices but has not necessarily been informed by anyone of these.

If I was in charge of the money to support the health and wellbeing of looked after children...

Nick would create bigger GP centres with more capacity, provide money for children in care homes for their own expenditure and make sure all care homes were like his one - big with large rooms and clean. He would also get TVs for care homes.

4. ABDUL

* Not real name

Background

Abdul went into care 3 years ago, starting out in foster homes, being kicked out quickly and then going into residential care homes. He has moved around 3 local authority and county council areas in the country before being placed back in Waltham Forest about 12 months ago. At the current care home he has his own room and the home cooks dinner.

Abdul* has been in care for 3 years and lives in a care home in Waltham Forest after stints at other homes in places close to London and further afield.

Abdul has been involved in the Youth Offending Team and Substance Misuse Services for 3-4 months.

Abdul has had previous involvement with CAMHS.

Support Networks

Abdul has friends and family in the area and although he likes to be independent states he would probably go back to his family if he needed support with something important. For now the care home books health and other appointments for him.

Health services - access and information

Abdul knows about GP, dentist and sexual health services. He also assumes there is a CAMHS in the area.

If Abdul wanted information about health matter he would google it.

Satisfaction with services

Abdul last went to the GP more than 12 months ago in another part of the country. He hasn't registered in Waltham Forest and is not sure if the care home has registered him locally.

Abdul had a Health Assessment in the last year. He refused it for a long time, so eventually they came to his care home to do it. He rates his experience of the assessment as poor, stating 'it was just weight and height and stupid'.

Abdul used the ambulance service in the last year and thought the service was good. He had never been in an ambulance before and quite liked it. He took an overdose in response to a situation with the police and after his mother took him back, the care manager made sure he went to hospital. He went to a hospital in another borough and had a mental health assessment whilst there. In his words 'they said I was not crazy just needed to calm down. They tried to get me to see a phycologist at the house but they were just talking ****. He gave me some anti-psychotic pills, but after a week I stopped them and told them I had stopped. After that nothing has happened'.

Abdul last went to the dentist in the last year and rates the services as 'fine'.

Abdul has used sexual health services in the last year and sometimes uses it now. Most recently a woman came to YOT service at Rowan House and did screening. He rates the service as 'ok'.

Abdul used CAMHS services 3 years ago, having counselling for children for a 6 month period at Here & Now in a neighbouring borough. He didn't like the service and rates it poorly as talking about his situation and his family got him so annoyed he used to leave the service 'more vexed than when I entered'. He thinks he probably should have started it when he was younger when it might have helped more. He says he was referred when he was younger, but refused and by the time it was offered again it was too late and things had got too bad.

Abdul was given a diagnosis of ADHD 3 years ago when he went into care. He does not feel listened to and feels they were just looking for labels without understanding his issues.

In terms of the mental health involvement he has had Abdul is not very complementary. He gets annoyed at his portrayal in the reports he reads about himself and does not think they adequately explain the situation and his behaviour. He says he is angry, which they put all sorts of labels on, but he doesn't agree and doesn't think it can be given one specific name. He has seen 4-5 different people within mental health services.

Abdul last went to the optician within the year. It was organised by the care home

Within the care system Abdul has 'absconded' several times. This usually happens when he tells them he is going to a friend's house, they call and check he is safe and then say they will be reporting him. He thinks this is an unhelpful system.

Abdul sees a drugs worker at YOT twice a week. He doesn't find it helpful, but has to attend to avoid court. He states he is not learning anything through it.

Abdul attends YOT every other day. It is a source of frustration having to go there so often but he appreciates it is better than the jail option.

No one has talked to Abdul about a Pathway Plan but he has an idea of what he wants to do to help him move towards independence.

Abdul's current experience of social workers is not been positive. At present he does not know what his social worker does. He asks her things but nothing happens and he says she repeatedly asks the same question about how Abdul finds the care home and key worker. Previously Abdul had a very good social worker, but there were cuts and she went. Abdul says they do not tell him what they are doing and he just sees it in reports, which annoys him. He says they 'seem to monitor [his] movements every 10 minutes in the reports but do not tell [him] what's going on, why they do that and what happens to the reports' etc.

Joint working/integrated care

Abdul is involved with a key worker at the care homes, YOT, a social worker, and a drugs worker. He says they don't work together but probably share some information.

Abdul described his annoyance at having to explain several different times to the 4-5 people from within mental health he has seen. Discussing his issues and past makes him more annoyed so this process of repetition is doubly frustrating for him.

Transition

One of his carers spoke to Abdul about transition one time, but at the moment it is too soon. He has an idea about what he wants to do to help him on the pathway to independence.

Referrals

Abdul has no experience of referrals that he is aware of.

Boris* is currently studying in Newham and in foster care in Waltham Forest. Boris is an unaccompanied asylum seeker. The information below mainly comes from talking with Boris himself. His foster carer set up the arrangement for the interview and also spoke with Healthwatch separately about his situation. Her comments and insights have been included where they add value.

Consent, confidentiality and involvement

Abdul knows about consent, although this topic was not discussed in any detail.

If I was in charge of the money to support the health and wellbeing of looked after children...

Abdul thinks being in care is good and that outside of care there were more stresses and problems for him. He thinks it is good there is a care system for people. He thinks there should be more things available in the community to help get people together and suggested more events and more youth centres.

Future health

Abdul wants to bulk up and getting bigger would be a good health outcome for him. He wants to eat better food to help him do this.

In terms of mental health Abdul thinks he has anger issues but doesn't know how it will or can improve. Talking it through doesn't help him but he finds smoking weed helps him stay calm.

5. BORIS

* Not real name

Background

Boris came to the UK 10 months ago after being trafficked into the country and forced to sell drugs. After escaping he was homeless for a short time and then went to the police and was placed in care.

Support Networks

Boris has family in his home country and regularly talks to his mother. His only support in the UK is his foster carer. She goes to health appointments with him and calls to make appointments on his behalf. This assistance is reducing as his English is improving.

In terms of healthy eating Boris's foster carer told us she used to cook meals for him, but that since he turned 18 the social workers had told him to look after himself. She now just cooks for him on Sundays and ensures there is food around for him to eat as he wants. She does not think he eats very healthily as he doesn't know how to cook. She assumes he eats fast food a lot on his way to and from college as he does not eat much at home.

Health services - access and information

Boris knows about the GP and pharmacy, but is unaware of other services.

If Boris wanted information about a health matter he would ask his foster carer.

Satisfaction with services

Boris has been to see his GP over foot problems. He rates the service as 'very bad' as they looked at his foot and didn't do anything. He states there was 'no medicine, no referral', however they did tell him to go to the gym and walk. Boris thought this was not very helpful advice as he followed it and it did not help. The problem is an existing one from 2 years ago and in his home country he was sent to the hospital for scans and x-rays. He tried to give these to the doctor who said he couldn't look at them on his computer. Boris is not sure why he can't look at them. On returning to the doctor Boris has seen a locum twice. He has never been offered a translator despite very limited English.

Boris has been to the dentist 2 or 3 times in Waltham Forest with a specific problem. He says the issues still remains and so doesn't rate the service very highly.

When he first arrived in care his foster carer took Boris for a Health Assessment at Wood Street Health Centre and to register with the GP there.

His foster carer states that Boris was offered counselling by his social worker, but he turned this down. He has not been asked again. Boris was less clear about whether he had been offered any counselling or other mental health support.

Boris went to the optician 4 months ago after his foster carer told him he should go.

Boris has a social worker who he doesn't really speak to much. He says they come over sometimes and ask how he is. He says they are not helping with anything specific, but that at the same time he is ok so there is no need at the moment. Boris identified that if there was a problem he could speak to the social worker. He has had the same social worker and he rates the service as good.

Boris is unaware of what a Pathway Plan is or if he has one.

Joint working/integrated care

Boris says that everything goes through his foster carer who joins the dots for him. The social worker tells her what to do and she helps Boris do those things, eg open a bank account, sign up for a bursary for college.

Transition

Boris was 18 in early 2015, not long after having arrived in the UK and being placed in care. Due to his length of time in the country he is not eligible for a flat but a panel are considering his options for independence. They have told his foster carer of this but not Boris himself. His foster carer is waiting for the social workers to tell Boris about what lies ahead for him, as she does not feel this is her role.

From his own understanding Boris says he is waiting for the Home Office about refugee status so he can remain in the UK, although he is not sure if this is what he wants.

Boris says no one has talked to him about 'transition' so he was not clear what it was when asked.

Referrals

Boris has no experience of referrals.

Consent, confidentiality and involvement

This topic could not be discussed effectively due to language barriers.

If I was in charge of the money to support the health and wellbeing of looked after children...

Boris would spend the money on better GPs.

Future health

Boris would like the problem with his foot to be fixed.

6. PRECIOUS

* Not real name

Precious* is currently pregnant with her first child and is involved in the Family Nurse Partnership.
Precious recently left foster and has her own flat in Waltham Forest.

Background

Precious was originally in foster care for a year when she was 12/13. She then went back home for a year and then back into foster care for 5 years. She is now in her own flat in Leytonstone after being entitled to a property when she turned 18.

Support Networks

Precious' main support is her boyfriend who comes to health appointments with her, especially those around the baby.

Health services - access and information

Precious has good knowledge about local health services, knowing about the GP, pharmacy, opticians, Family Nurse Partnership and Whipps Cross.

Until recently Precious was working as a carer for children with disabilities, helping them with washing, medication, taking them out etc. She therefore knows about these aspects of care as well.

If Precious was concerned about a health issue she would google it, talk to the Family Nurse or midwife.

Satisfaction with services

Having moved areas 5 months ago Precious has recently registered with a new GP and had her first appointment recently. She rates the service as ok. She has also been to see the practice nurse for her flu jab which took place when she first registered. She said the nurse was kind and explained the jab to her.

Precious used to have someone come and do the Health Assessment every year from 2010-2014. She rates the process not particularly highly, saying it was 'ok, nothing new, just checking height and weight, giving me a bit of paper with all the information on, but not really explaining what'.

Precious used Whipps Cross A&E within the last year when she had tummy pain. She doesn't rate the service very highly, mainly due to the wait. She arrived at 1am and got seen and put in a bed at 7am. Before this she was on a chair and no one came to check on her. When she got a bed they checked her blood pressure and gave her food. She was told they had to involve a social worker as she was pregnant and had been in care and they also contacted her personal adviser and family nurse. They did a scan at 1pm and everything with the baby was ok.

Precious has also used the ambulance services within the year for the same occasion described above. She rates the service highly, stating it came quickly and she was given gas and air which helped with the pain. They made sure she was ok and gave her a blanket.

Precious used to go to the sexual health service at Oliver Road Walk in Centre to get birth control pills. The service was good and didn't take too long. They gave her a choice of contraceptive options and she decided which one would work best for her.

Precious uses the Maternity Service at Whipps Cross as an outpatient regularly. She sees the same midwife each time, gets seen and the baby checked quickly and is very happy with the service.

Precious is very complimentary about the Family Nurse Partnership service and rates it very highly. She says she can talk to her nurse about anything including college, income and pregnancy. The nurse gives her 'information and support with everything' and has helped fill out vouchers for fruit and vegetables and a maternity grant. She helps with

baby stuff and what Precious needs to get in order to be ready. She comes to the house every 2 weeks and is very flexible if Precious needs to change the time. The service started as soon as Precious found out she was pregnant. Whipps Cross told the service and the nurse contacted Precious directly. She understands the service lasts until the baby is 2 years old.

Precious has used the Whipps Cross sexual health clinic in the last year. She wanted to get tested so googled it and found out about the service. She went along for testing and says the queue was very long but the service was good, nurses were good and results were quick. They kept her informed about what would happen and it was all very straightforward. Precious stated there was no scaremongering and this was a nice approach.

Precious cannot find a dentist near to where she lives so she is still at her old one in another part of the borough.

Precious rates her experience of pharmacy services highly. She has used the service within the last year.

Precious used to have someone come and visit her in care to do the Health Assessment, but this doesn't happen anymore.

Precious had a social worker a year ago who she didn't like much. She felt a social worker was someone who should be on her side and felt that she was not. She wasn't helping and Precious didn't feel she understood. Precious was scared of her social worker and couldn't be open with her. The social worker was African and very strict so Precious kept herself to herself, didn't bother telling her anything about the stuff going on at her foster placement and 'just got on with it'.

Precious explained that her foster carer used to take money provided for clothes and Christmas and then only give Precious a bit of it, keeping the rest herself and forcing Precious to sign the form saying she had the full amount. Precious did not tell anyone about this or make a complaint, but other children came and went from the same home and told social workers about what happened to the money, but she does not believe the social workers did anything about it. The carer did not cook and would not let Precious use the pots and pans so she had to have chicken and chips fast food all the time. Sometimes the foster carer locked the living room so Precious could not use it. The carer would sometimes go clubbing at the weekend and tell Precious to go out for the whole weekend. Precious did not like her experience in care.

Precious experienced safeguarding and or child protection. She recalls sitting down with her mum, dad and family and having discussions about the problems and how to solve them. This also happened during her first placement when she was placed in a 'bad home'.

Precious started to plan her Pathway Plan with her social worker when she was 15. She recalls it being a big form and lots of questions being involved. Every time she met with her social worker they would update the form. She was 12 when they very first started asking her about where she wanted to stay - semi independent, a flat or with her foster

family. The plan covered education, health and housing and when she turned 18 the form was passed to the 18+ team who came to meet with Precious and helped her finding a place of her own. The process was very long. Precious had wanted to leave when she turned 18, but it took much longer than this (almost 1 year in total). Precious says her social worker was slow and didn't finish the paperwork needed to get things moving. When her Personal Adviser became involved things happened much more quickly.

Joint working/integrated care

Precious thinks that the various workers she is in contact with do work together. For example she told the hospital she had changed GP and they already had the information. The hospital also writes in her orange maternity book and she has to show it to the GP.

When Precious moved GP from Chingford to Leytonstone the old practice rang her to check it was ok to pass on her files.

Her Family Nurse always knows when Precious has had a midwife appointment and also knew when she was in A&E. On this occasion the nurse then called Precious the next day to check up on her.

Precious feels the system works well for her and she doesn't have to repeat herself.

Transition

In terms of transition to independent living Precious says her Personal Adviser told her to sign up to a GP, Dentist and Optician and gave her a deadline in which to do it. They went on the internet together to find the closest services to try and then the PA checked back to see if Precious had followed up.

The PA also helped her register for housing benefit and income support, council tax, gas, electricity etc, giving her the information for her to follow up herself.. Her PA also spoke to her about budgeting, but Precious feels there could have been more discussion and learning around this aspect of independent living.

Referrals

The only referral Precious has experienced has been in relation to her pregnancy. When she found out she was pregnant, Precious made an appointment with the GP. At the appointment they gave her a piece of paper with different hospitals listed on it. She took it to Whipps Cross as this was the closest one and took it to the reception to drop it off. Two weeks later they called her for an appointment and by that time the Family Nurse had also been in contact.

Precious did not know the process would be as long as two weeks as no one had told her. She thought it would be quicker and she was worried as she had previously had a miscarriage at age 15. At the appointment they gave her some folic acid to take.

Consent, confidentiality and involvement

Precious is aware of issues around confidentiality in respect of health and understands consent 'a bit'. In terms of stigma and being understood Precious said that usually when

you tell people you are or were in care they ‘look at you like you are trouble or a bad kid’. Precious has always been treated well by healthcare professionals though.

If I was in charge of the money to support the health and wellbeing of looked after children...

Precious thinks generally, that the system is working and wouldn’t change much at all. When pushed she thought maybe more GPs and school help, reductions to A&E waiting times and more options for having different social workers and getting out of care sooner (before age 18) would be areas for development.

7. RUPA

* Not real name

Background

Rupa has been in foster care for about 4 years, originally spending a stint in care before going back home. She has now been back in care for 2 years and has been with the same carer during this period.

Support Networks

Rupa has friends and family who she considers to be part of her support network. In terms of her health she is quite independent, but her foster carer does also come with her to some health appointments, particularly the important ones.

Health services - access and information

Rupa knows about the GP, Pharmacy and neighbouring borough hospitals and is also aware of CAMHS.

Rupa* has a 1 year old child, is involved in the Family Nurse Partnership and also in CAMHS.

Rupa is currently in foster care.

If Rupa was concerned about a health issue she would go to her GP. In an emergency before she has called the ambulance for her child.

Satisfaction with services

Rupa is currently seeing her GP and rates the service as ok. At her most recent appointment she felt rushed out the door, and didn’t feel she was taken seriously. She also has difficulty getting an appointment and is not always able to see the GP or nurse.

Rupa is currently seeing the nurse at her GP practice and again rates the service as ok, and slightly better than the GP. Rupa recounted one incident when her baby was having a jab and was about to get a sticker from the nurse. The baby had taken the sticker from the nurses finger and was holding it instead of putting it on her clothing. The ‘nurse

snatched it back and said she would give it to someone who would appreciate it more'. Another incident occurred when Rupa attended with her baby who was rather fidgety and the nurse made a comment about how Rupa didn't even know how to hold her own baby. Rupa got upset by this attitude and felt unfairly judged - 'babies are fidgety!'

Rupa had a health assessment in the last year, which was the second time she had had one. She rates the experience very highly saying 'the women was lovely and comforted me, I was in a very low place at the time'.

Rupa has used ambulance and hospital A&E services, attending within the last year for herself. She rates the experience very highly saying they were 'lovely, helped me and showed concern'.

Rupa is unaware of the Oliver Road Walk in Centre.

Rupa has used outpatient maternity services attending over a year ago with a heart problem which was solved. She rates the experience very highly.

Rupa is less positive about her inpatient experience on the labour ward. She says the care received during labour was very good (10 out of 10) but the aftercare was less so (6 out of 10). As a young mother the experience of giving birth and having a new baby was overwhelming for Rupa. She had different nurses giving her different and conflicting advice including on the best way to breastfeed. Rupa found this confusing. She also had a bad experience with one nurse who didn't want to change her baby's nappy even though Rupa was having a blood transfusion and couldn't do it herself during this.

Rupa is currently part of the Family Nurse Partnership which she rates very highly. She has had the same lady for 2 years now and says 'she has always been there for me and always does what she says she will'.

Rupa has an upcoming appointment at the Dentist. She goes to a private dentist and rates the service very highly, saying they are 'gentle'.

Rupa has depression and is on medication. She sees a doctor for counselling/therapy and says it is working for her. She is very pleased with the doctor/therapist she has and 'the way she makes me feel'. Previously having stopped talking about 'it' the discussion is helping and Rupa rates it very highly. Rupa likes the way she gets set targets and feels that this approach helps. Rupa also has other sessions with her baby looking at their relationship and how Rupa can give her baby a better childhood than her own. Rupa really likes these sessions and also rates them very highly.

Rupa uses the pharmacy regularly, finding it quick and easy and somewhere she can get answers to her questions. She rates the service very highly.

Rupa currently uses childrens centre services with her baby. She rates them very highly and likes the activities and the nice environment.

Rupa thinks she went through child protection more than 1 year ago. She recalls lots of meeting which she found a bit overwhelming. She also says that, at times, during this process she didn't have a good social worker. She rates the service/process as ok.

Rupa is due to talk about her Pathway Plan at her next meeting in January 2016. She will be 18 in autumn 2016.

Joint working/integrated care

Rupa thinks the integrated and joint working between partners works well. Her Family Nurse shares information with her GP, social services and CAMHS. She says 'they communicate through email and have big meetings where they all come, including me'. Rupa has not experienced having to repeat her story unnecessarily.

Transition

No one has spoken to Rupa about transitioning from CAMHS to adult mental health services.

In terms of transitioning from care to independence a meeting is due in January 2016. Rupa assumes this process means she'll 'probably be moving out of foster care' but is not looking forward to having to do this.

Referrals

Rupa has experienced referrals to CAMHS. Her social worker first referred her and she remembers it being fairly quick.

Consent, confidentiality and involvement

Rupa has not been spoken to about consent and confidentiality so is not really clear about what it is.

Ahmed* was in care for 3-4 years and is now a care leaver having been in his own flat for 1

If I was in charge of the money to support the health and wellbeing of looked after children...

Rupa would get more GPs so that more patients can be seen on time, and more receptionists so people can answer the phone. She would also get more A&E doctors to reduce waiting times.

8. AHMED

year.

Ahmed has been involved in the Youth Justice System and ‘nearly went to jail’.
Ahmed has ADHD and was previously involved in CAMHS.

* Not real name

Background

Ahmed was living with his parents before going in to care. He was moved around hostels in three London boroughs before being returned to Waltham Forest where he is from. From the age of 17 he had his own room in supervised living space and at age 19 he got his own flat.

Ahmed has ADHD but has never been on medication for it. He was supposed to be, but it didn’t happen and he doesn’t know why this is.

Support Networks

Ahmed still has good relations with his mum and dad and considers them, alongside his girlfriend to be part of his support network. These same individuals would support him in health related matters if needed.

Health services - access and information

Ahmed knows about his GP pharmacy and dentist services, however is unaware of the Oliver Road Walk in Centre or Sexual Health clinics in the borough. If he needed health information he would ‘go straight to the GP and never look on the internet’.

Satisfaction with services

Ahmed is currently seeing his GP and rates the service as ok, saying ‘there are lots of people there, not enough doctors, you can’t get through on the phone, the customer services is poor’. Getting through on the phone is a particular problem when he has low/no credit and ‘can’t hang around on call waiting’. He often gets cut off because of this which is a frustration. He would like improvements to the phone system and to be able to get through.

Ahmed had a health assessment more than a year ago. As part of the process he was given a health/medical card which meant that whenever he went to the doctor they knew who he was. He lost the card, but doesn’t really know why he had it in the first place and what it did.

Ahmed used A&E about a year ago for a finger injury. With this incident he more recalls the care of the school nurse (where the incident happened) than the hospital care.

Ahmed used ambulance services when he was a child and doesn’t recall much about it.

Ahmed was an inpatient in hospital when he was a child and doesn’t recall much about it.

Ahmed had anger management group support at school as well as one to one counselling via CAMHS over a year ago. Both these took place over the course of a few months. Ahmed says ‘at that point I didn’t take anything in. It never used to help me when I got angry’.

Ahmed intends to go to the optician next week as he is short sighted and hasn't been for over a year.

Ahmed goes to the pharmacy at the moment to pick up prescriptions for a short term issue.

In terms of his involvement with social workers Ahmed feels he was 'chucked around a few different people' and 'tossed about a bit' which he found quite annoying. Overall however he says he was 'treated well' and rates the service fairly highly. One annoyance he does have is around reimbursing travel fares and the paperwork, admin and proof needed to do this.

Ahmed had a Pathway Plan in the last 12 months. He says 'it took a little while to get the flat, but apart from that I'm happy'.

Ahmed has a strong relationship with his Personal Adviser and knows a lot of people in social services who have helped him out before. He has regular communication (phone, email or meeting) with his PA, usually once a week and gets support for all sorts of things like ID and passport applications, as well as having general catch ups

Joint working/integrated care

Ahmed doesn't experience any joint working and says his GP and PA are all quite separate.

Ahmed has some experience of having to repeat his story.

Transition

In terms of transition from care to independent living the transition team told Ahmed about grants and course information, helping him get on to a new course which he is thoroughly enjoying. He says 'they believed in me'.

In terms of transition in respect of health matters Ahmed recalls a key worker helping him with health matters and appointments previously. This changed once he was independent and Ahmed had to register at the GP himself.

Referrals

Ahmed has not experienced any referrals.

Consent, confidentiality and involvement

Ahmed is generally aware of issues around consent and confidentiality but not the specifics involved.

If I was in charge of the money to support the health and wellbeing of looked after children...

Ahmed would change the attitude of staff and make sure they had a smile on their face. His experience is that health and other workers assume people coming to them 'need this and need that and they act like its hassle for them'. Ahmed would like workers to have

experience of working with young people and understanding of their lives as opposed to his experience of stigma and stereotypes and putting you in categories. He would also help put more looked after young people in activities, help people budget when they go into their own flats and give other life skills.

9. BECKY

* Not real name

Background

Becky* has two children. Becky was previously involved in the Youth Offending Team when she was younger and previously used the Family Nurse Partnership scheme with her first child. She left care in 2015 and moved into a council flat.

Becky was in care for 12 years since the age of 8/9 years old. During this time she moved around a lot to different families and care homes and boarding schools, sometimes being placed with a sibling and sometimes without as some foster carers couldn't take on Becky's behaviour.

Support Networks

Becky's sister is part of her main support network, as is her mum and step dad who she sees regularly. Her children's dad is also a big support. She does not have many friends as she consciously distanced herself from their bad influence after having her first child.

Becky's family were a particular support in terms of health when she nearly died during the birth of her first child in January 2013. She haemorrhaged and was fitting after a lack of appropriate aftercare.

Health services - access and information

Becky is aware of hospitals across east London, the sexual health clinic at Oliver Road Walk in Centre and primary care services such as the GP, pharmacist and dentist. For mental health support Becky would go to Langthorne Health Centre. If she was worried about an aspect of her health Becky would go to her GP and or talk to her sister.

Satisfaction with services

Becky used the GP service for her daughter very recently. She rates it as good because things get done straight away there and then for her children and the doctor gives her what is needed. Becky has been registered with her practice for one year and sees a different GP each time, which works for her.

Becky is unable to remember if she ever had a Health Assessment, but thinks they may have tried to make her do one, but that she refused.

Becky says she has been to Whips Cross A&E with her daughter several times in the last year. She rates the service as ok, mainly citing the waiting times as the principal area of dissatisfaction.

Becky used the ambulance service in the last 2 months for her daughter when she was shaking. She rates the service fairly low (3 out of 10) as they told her she should have walked to A&E.

Becky has been an outpatient at Whipps Cross in the maternity department, often attending for blood tests for her pregnancy. She rates the service as good.

Becky was an inpatient in Whipps Cross after the birth of her first daughter over 2 years ago and subsequent complications. She rates the service as ok.

Becky was involved with the Family Nurse Partnership with her first child. She rates the service fairly low (3 out of 10) as they 'tried to interfere' and she didn't feel she should have them in her life.

Becky talked about the Family Nurse Partnership and Health Visitors interchangeably. She says 'I don't like them, I didn't reply to them, it's my kids and I don't want/need any help. I can bring them up and get them to speak etc, I don't need them to help me. They are still on my case even though I tell them no'. Becky also recognises that she is/was very hard headed about it, but she does find them too interfering.

Becky went to the dentist in the last 12 months. She was reminded that she needed a check up and went along, but then they couldn't see her. Because of this experience she rates the service very low.

Becky used children's physiotherapy services when she was a child for a broken leg.

Becky was under a section 21 care order and her mum was not allowed near her. When she became 16 however, Becky says, 'they could no longer stop me anymore from seeing her. Before they didn't listen to me when I wanted to see my mum.' Becky rates Children's Services very low based on this experience.

Becky has not had any experience of Children's speech and language therapy although she say 'they are trying to do it now for my son, but I have refused'.

Becky is not sure if she has a Pathway Plan but thinks she has and that it was done with the social worker recently before she left care. She can't remember anything about the plan or the process involved.

Becky uses the pharmacy regularly as her daughter has a prescription for eczema and her son has asthma.

Joint working/integrated care

In terms of joint working Becky doesn't think her GP is in touch with the health visitor.

Transition

During her transition from being in care to living independently Becky cannot remember any discussion around health.

Referrals

Becky doesn't have any experience of referrals to health services for herself, however when she was last at A&E with her daughter they made a referral to social services. The staff did not tell her they were making the referral and Becky just got a knock at the door two days later. She says, 'I didn't let them in and he went and then came back. I then let him in and he looked around the place and at my daughter, said he doesn't have any concerns and then left. He was there for about 5 minutes.'

In terms of her sons care, Becky took him to A&E for his asthma in 2014 and he stayed in hospital for 2 days. He then got a pump and she uses it on him 'when he needs it otherwise it makes him hyper'.

Zoe* is HIV positive and has one baby girl.
She arrived in the UK as an unaccompanied asylum seeker and now has refugee status.
Zoe left care in 2014 and now lives in her own flat.

Becky's daughter has severe eczema all over her body. She uses Oilatum bath everyday and also the cream. When it gets really bad Becky takes her to the GP. Her daughter also has an umbilical hernia and is too young for treatment. Becky has been told it will go away on its own or she might need an operation in the future after she is 3 years old.

Consent and confidentiality

Becky is not aware of the detail but states, 'nobody can tell me anything about my health'.

If I was in charge of the money to support the health and wellbeing of looked after children...

Becky would employ more workers and more equipment to reduce the A&E waiting times. She would also make sure people had a choice about having a health visitor and that level of involvement or not.

10. ZOE

* Not real name

Background

Zoe was in care for approximately 3 years from 2011, being placed with foster carers in at least three different London boroughs during this time. She left care in 2014 moving into her own flat in Waltham Forest with her baby.

Support Networks

Zoe's support network consists of her friends, partner and foster family.

Health services - access and information

Zoe is aware of her GP, dentist and pharmacy services, sexual health services, maternity services. She has also heard of mental health services because she studies and is going into nursing.

If she needed health care information or advice she would ask her partner for advice and or go to the GP.

Satisfaction with services

Zoe used to go to her dentist regularly when she was in care as it was free, but when she has to pay for it she doesn't go as often. Now she is pregnant again it is fine, but cost is the main factor affecting Zoe's use of the service.

Zoe goes to Whipps Cross regularly for HIV medication and care. This includes 6 monthly blood testing and advice from the doctor there. She has seen the same doctor since 2011 and has a good relationship with him/her.

Zoe uses her GP and pharmacy regularly for prescriptions and rates the service 'just fine'. In terms of the GP service in Waltham Forest Zoe says it's the same as in the other parts of London - 'you can't book an appointment, if it's for an adult you have to book 4 days-1 week in advance, if its for a baby you can get same day appointment. The baby service is good, more than the adult service'. Zoe says she sees different doctors all the time and that her HIV care is all at the hospital, 'they do know about it, but it's not GP responsibility'.

Zoe went to see the GP nurse in the last 12 months for jabs for her baby and rates the service as good. She is pleased that they provide the service at her GP practice.

Zoe had a health assessment in the last 12 months and also on a previous occasion when she was first placed in care. She says it included 'lots of questions on how I feel and what I need' and that 'at the end of the day I needed glasses and they helped me get them'.

Zoe went to the optician over 12 months ago to get glasses, but has not had any regular check ups before or since this.

Zoe used the ambulance service and went to A&E over a year ago in another part of London. She says the 'care and service were good I just never knew the process - they treated me and sent me home without any oyster card or anything. I had to beg bus drivers to help me for free so I could get home'. In terms of improvements Zoe thinks that she is not alone in having difficulty getting home from the hospital and that lots of people will not have anyone to pick them up. She thinks it 'would be better if the ambulance tells you beforehand so you know for later - as it was my first time I didn't know the process. They shouldn't discharge you if you have no way to get home!'

Zoe is currently an outpatient at the maternity department as she is pregnant and used the service very recently for a scan. She rates the services as good.

Zoe was an inpatient in the hospital over 12 months ago when she had her baby and stayed in for 3 days. She rates the service as ok, but was unhappy with the information she was given whilst there. They told her not to breastfeed because of her HIV status and told her prior to going into hospital that they would provide bottles for the baby. However, after giving birth they refused to give her any bottles and Zoe says, 'if they had told me they provide bottles only in an emergency period then I would have brought my own'. Zoe also described her experience in the delivery room when one of the Nigerian nurses wrote down that Zoe had told her she had been circumcised. Zoe says she never discussed that with her. The nurse told social services, but Zoe complained and 'the head midwife came and examined me said I was not circumcised and cancelled the social worker'. Zoe says, 'the nurse was from Nigeria and the same tribe as me so maybe she thought I had had it or would do it to my daughter'.

Zoe's friend lost a baby at 5 months into her pregnancy 'because of the stress she was under about female circumcision - when she was only 3 months pregnant she was placed under a social worker and the social worker was already focussing on circumcision for the unborn child. This stressed her out so much she miscarried.'

Zoe has a health visitor from the Family Nurse Partnership who is very helpful and she rates the service highly. The nurse comes every two weeks and Zoe can call her anytime. With the first baby she told her everything she needed, what to take to hospital etc.

Zoe says her Pathway Plan was not taken seriously as her key worker kept changing. She says, 'the first few social workers were good, but they kept changing and so I lost interest when the key worker came along, I kept having to repeat information. I didn't think there was any point investing in it as they keep changing. I just went through the motions with it'.

In terms of her placements Zoe had some bad experiences of foster placements working with social workers, which she puts down to tribal issues. Her first social worker was Nigerian and from the same tribe as the placement family. The social worker started talking to the foster carer and not to Zoe. When she was placed there Zoe used to do lots of the cleaning as she had been a domestic slave in Nigeria and that's what she was used to, and she thought it was part of helping out. The foster family then started to make her clean by force. Zoe told her social worker, 'but she did nothing as the family were from the same tribe'. Zoe then got moved to another Nigerian family from a different tribe who locked the food in the cupboard so Zoe could not have any. She was concerned as she needs to take her medication with food. When Zoe asked to be given her food money directly the family then locked pots and pans in the cupboard so Zoe couldn't cook for herself. Zoe also put this down to tribal issues. Her third placement was not with a Nigerian family and was much better.

Joint working/integrated care

In terms of joint working the system works fine for Zoe. Her GP and specialist HIV care are quite separate, but it doesn't cause any issues and she doesn't mind travelling to different places for this care. Zoe likes seeing the same GP but also says, 'that its ok if you see different ones as it depends on how you explain it to them. Becky doesn't mind telling her story again. Becky doesn't think her GP is in touch with the health visitor.

Transition

When Zoe was 18 she decided to stay for one extra year with her foster family. When she got pregnant at aged 20 she told the social worker she needed her own flat and they helped her find one. The process all worked well and she got support for education and how to save and pay for bills.

In terms of Zoe's HIV care she was transferred to a hospital in South London when she was placed in care down there and then transferred back to Whipps Cross.

Referrals

When Zoe was moving around foster placements her HIV care was transferred from Whipps Cross to another hospital and then back again. This process was fine and there were no issues with the referrals.

Zoe has not experienced any different children's and adults departments for her HIV care and has always attended the same sexual health clinic at Whipps Cross and seen the same doctors.

In terms of her maternity care Zoe says the referrals process both this and last time has all been quick and worked well.

Consent and confidentiality

Zoe has not experienced any issues around confidentiality in respect of her HIV treatment.

If I was in charge of the money to support the health and wellbeing of looked after children...

Zoe would treat people according to their individual circumstances and treat them as individuals. She thinks that some people need help for different periods of time and a 'standard' offer is not always helpful.

11. ELIZABETH

Elizabeth * was previously involved with probation services as a young teenager. She has previously had a miscarriage. She is currently taking medication for stress. Elizabeth left care in 2014 and now lives in her own flat.

* Not real name

Background

Elizabeth was in care for approximately 11 years from the age of 8 years old. She first went into a childrens home for a number of years, then into half a dozen different foster carers across London and the UK. From the age of 16 she moved into shared accommodation with other LAC and got her flat in Waltham Forest at the age of 19.

Support Networks

Elizabeth counts her social worker, boyfriend and his family as part of her support network. In terms of medical appointments she mostly goes to these alone, but is confident the support would be there from her network if she asked for it.

Health services - access and information

Elizabeth is aware of GP, dentist and pharmacy services, as well as Whipps Cross Hospital and mental health support available At The Ferguson Centre.

If Elizabeth needed health care information or advice she would ask the GP.

Satisfaction with services

Elizabeth last went to her GP very recently in order to get a sick note. She rates the service as ok mostly because it took time to get an appointment and she had to walk in and wait.

Elizabeth doesn't believe she has had a health assessment.

Elizabeth last went to Whipps Cross A&E within the last year with an ear infection. She rates the service very highly. She told them what was wrong, was given care and says it was a fast service. 'The doctor was good, not rushed, and explained everything'.

Elizabeth last went to the NHS Walk in Centre at Oliver Road over a year ago for a cold. She rates the service highly as it was fast. She attended during the daytime.

Elizabeth last used hospital outpatient services over a year ago when she thought she was pregnant. She rates the service as ok.

Elizabeth last went to the dentist over a year ago and needs to go again soon.

Elizabeth uses her local pharmacy regularly and last went in for paracetamol. She rates the service as ok.

Elizabeth last went to the optician over a year ago. She rates the service as ok.

Elizabeth last used sexual health services a week ago. She went to Whipps Cross and rates the service as good. She said the lady she saw was new and wasn't confident in what she was doing, 'but was very sweet and kind'. The wait at the service was short, she was able

to book online and they were very respectful of privacy - 'they don't have to call out your name, you can ask them to use a different name'.

In terms of mental health services Elizabeth used to have a therapist as a younger child. The therapist used to come to the childrens home and Elizabeth would have one-to-one sessions with her. Elizabeth says she 'hated' her. More recently Elizabeth is taking tablets for stress as prescribed by her GP. This has been going on for 6 months. She was given a choice for referral to Adult Mental Health Services but she chose not to go down this path.

Elizabeth had a pathway plan in the last 12 month period. She says it was a long process and rates the service/process as ok.

Joint working/integrated care

In terms of joint working Elizabeth feels its all quite separate between health and her social workers, apart from one time a social worker came with her to a doctors appointment.

Despite moving around a lot Elizabeth has had just 3 social workers her whole life. She thinks she's been very lucky and has built up good relationships with them. She now has a Personal Adviser who she describes as 'nice and good'.

Transition

Elizabeth did not receive any advice about registering with a GP during her transition into independent living in Waltham Forest. She registered at the GP close to her shared accommodation in 2014 and has stayed with this GP. It is where a care worker told her to go at the time.

Referrals

Elizabeth has not experienced any referrals for treatment.

Consent, confidentiality and involvement

Elizabeth does not feel she has really had any advice or information about consent and confidentiality. She recognises and has experienced the importance of confidentiality at sexual health services. She was also given a choice of treatment by her GP - medication or therapy - and felt involved in the decision about her care.

If I was in charge of the money to support the health and wellbeing of looked after children...

Elizabeth would give more money to children's homes and places for LAC to go to when they are stressed and need to get away. She thinks these 'respite centres' should be for people in the same situation, should be based in Waltham Forest and should be available for young people a few days at a time.

12. MIRANDA

Miranda * went into foster care at aged 11 and moved into her own property in 2015. She was previously in and out of hospital for a number of years with a long term condition and previously used CAMHS.

* Not real name

Background

Miranda went into care at age 11, first being placed in a neighbouring borough and then receiving a longer term placement in Waltham Forest. She moved into her own flat in the borough in 2015.

Support Networks

Miranda is not in touch with her biological family, but considers her god mother, her boyfriend and his family, and other friends as part of her support network. In terms of health appointments Miranda usually handles these alone although does sometimes get lifts to locations if these are far away.

Health services - access and information

Miranda is aware of GP, dentist and optometry services, and both Whipps Cross and Royal London hospitals. She uses her local GP, but not so much anymore as her health problems have reduced significantly in the last 2 years.

Before she left foster care Miranda used to get annual health check ups. They would come to her foster home and she found this very accessible.

If Miranda wanted health care information or advice she would use NHS Choices and or go to see her GP.

Satisfaction with services

Miranda last went to see her GP over 1 year ago. More recently she attended to see the nurse for a jab. The wait was short and she rates the service very highly. Miranda often goes to see the nurse rather than the GP. She knows the lady now and finds her very friendly and the service always very quick. The nurse also knows her boyfriend and the appointments are quite informal which Miranda likes.

Miranda last had a health assessment in 2014, over 1 year ago and rates the process very highly. She says, 'there was lots of privacy - they would ask if I wanted my foster parents around when they did it' and 'they worked it around me and clubs or other commitments'. Miranda had the same women doing the health assessment over the years.

Miranda used Whipps Cross A&E within the last year when she attended after an ankle injury. She says the wait was long, but when she was seen the actual service was good. Although it was good overall Miranda doesn't talk as highly of Whipps Cross as she does of Royal London. When she went for x-rays she says, 'they didn't seem as on the ball as Royal

London, the process was slow and frustrating and some of the doctors haven't got a clue - they asked me which leg it was when there was a cast on it!

Miranda previously used Royal London Hospital for a number of years from the age of approximately 11 until 17. She has had several operations and related appointments at the hospital.

Miranda last used hospital outpatient services (orthopaedics) at Royal London Hospital over a year ago. She rates the service very highly and says 'everyone knows me there'.

Miranda was last an inpatient at Royal London Hospital about 5 years ago after an operation. She rates the service very highly, particularly because she was out of hospital a lot quicker than they said she would be. Miranda also praised the way the staff handled her autistic brother when he came to visit, saying 'they really made him feel welcome and went out of their way to cater for him'. Miranda feels she had a voice and the hospital always asked her and listened and took her lead, for example when she was ready to get up on to crutches. Miranda says her stay in hospital was an enjoyable as it could be.

In terms of future planned orthopaedic hospital treatment Miranda would still go to the Royal London. The distance is 'a bit of a nightmare' although when she was in care her foster parents used to take her. Now that she is living independently Miranda is worried about how she will travel there when problems flare up and mobility is difficult.

Miranda last used the dentist within the last year. She has been with the same dentist for a long time now and rates it very highly.

Miranda last went to the optician in the last 12 months. She normally gets a reminder letter each year and rates the service very highly.

Miranda uses sexual health services at her GP, getting the pill from the nurse.

Miranda uses her local pharmacy on a regular basis to collect prescriptions including the pill. She rates the service very highly, saying it is 'easy, quick, friendly and local to me so I don't have to travel far'.

Following her operations Miranda was receiving physiotherapy in Chingford a few year ago. She rates the service as good, but says it was not as good as the hospital physiotherapy, 'not as personal and friendly, more like going through the motions'.

Miranda used childrens mental health services a few years ago. She had counselling for about a year after her mum died. This took place at Thorpe Coombe and Miranda rates it very highly saying it was 'really good, I got to meet a few of the counsellors at the same time and then decide which one I wanted. I don't think they normally do it like that but they let me choose as I had lots of problems before'. Miranda commented that 'the way they handled it was quite nice, they never rang me when I was at school as they knew I wasn't telling anyone'. After one year the counsellor got promoted and Miranda was

offered another person but she chose not to continue as she felt she had already got all the benefit from it.

Miranda has/d a pathway plan more than a year ago. The plan helped her move into a flat for university, told her what she was going to be entitled to at different ages and stages and how it was going to work with her university plans. Miranda says, 'as part of the process I changed from a social worker to a personal adviser, we had several meetings and it was all quite smooth'.

Joint working/integrated care

In terms of joint working Miranda's GP and the person doing her Health Assessments used to be in touch - the GP would have a briefing when Miranda went to see him, and the assessment lady knew all the background from the GP so Miranda didn't have to explain her history again. Whilst this worked well Miranda thinks the other health links are quite separate, eg her hospital treatment was never discussed with the GP.

In terms of joint working within social care, Miranda described experiencing 'an abrupt change from my social worker to personal adviser' where she had to explain everything again. She found this a bit frustrating, but was also used to repeating her story after counselling and opening up to different friends.

Transition

Miranda did not have a positive transition from foster care to independent living. She says 'it's the one thing in this whole experience that has not been good'. There was good information about eligibility up front, but she was given a flat in a very bad state and her PA was not great in helping - 'he was not doing a lot, not around when I tried to call, not involved a lot and not doing what he said he would'. Administration errors have left Miranda with big arrears that should be being covered by Housing. Eventually Barnardos stepped in and got involved. Miranda is very complimentary of the support they have given and doesn't know what would have happened without them.

Miranda says her foster parents didn't realise they could still have contact after transition so contact has been completely cut off.

Referrals

Miranda has not experienced any referrals for treatment that she can recall.

Consent, confidentiality and involvement

Before she left foster care Miranda was offered the choice of looking at her family records.

She says 'confidentiality has always been very good - at counselling they said they didn't have to report back to my foster family if I didn't want, it was my choice'.

If I was in charge of the money to support the health and wellbeing of looked after children...

Miranda says her experience was good, but if her ‘foster parents had not been so on the ball and engaged in the health processes and services I needed this might have been different’.

Miranda would spend the money on better promotion of services that LAC are entitled to. She had to find out information herself about what she should be doing for her health and wellbeing and what was available to her, once she left care.

13. NATASHA

Natasha * was previously involved in substance misuse services and Youth Justice System and is currently in the process of receiving mental health services. Natasha is a care leaver.

* Not real name

Background

Natasha first went into care aged 12 and had various placements at care homes and families in another part of the UK. At age 16 she lived alone then moved to Waltham Forest to live with a step parent. She is currently a care leaver although doesn't know what this means, and has a 18+ worker instead of a social worker.

Support Networks

Natasha's support network mainly consists of her step parent, although there are additional family and friends who would support her if needed. Her step parent manages everything for her in respect of health. Natasha says, ‘she is my little secretary, she registered me with the GP, makes appointments for me, makes sure I go, and comes with me to the hospital’.

Health services - access and information

Natasha is aware of the GP, Oliver Road Walk in Centre and Whipps Cross Hospital. She knows about St James St Health Centre after going for bloods there (she had to go at 7:30am) and is also aware of the dentist going on a regular basis, and the IAPT mental health service.

If she was worried about anything to do with health Natasha would go online, although has been advised against it by her step parent.

Satisfaction with services

Natasha is a frequent visitor at her GP. She tries to stick to the same GP but sees any one of three at the practice. She rates the service very highly.

Natasha last saw the nurse at her GP within the last 12 months. Again she rates the service very highly but also said they told her she was overweight at the last appointment which annoyed her.

Natasha last attended the Oliver Road Walk in Centre with her grandad and rates the service as good, stating the staff at the desk were very friendly.

Natasha last had a health assessment 4 years ago. She started to refuse having them because she didn't find them helpful and says 'they were trying to force me to get jabs I didn't want'.

Natasha had counselling through CAMHS when she was much younger. She had it in both in another UK city where she was previously based, and here in London. She says 'it was ridiculous, they diagnosed me with schizophrenia when I was 12'. Her biological dad told her not to take the pills and never took her back to the service again. No assessments took place after this until more recent involvement with adult mental health services.

Natasha thinks she suffers from depression and anxiety. She received a referral for IAPT from her GP at the beginning on 2015. She was not contacted by IAPT until October 2015 and due to this wait does not think the follow up process is great. Natasha is supposed to access the service at Barking hospital but because of the timings (9am-5pm) she cannot take it up due to work commitments.

Natasha last used NHS 111 during the summer when she had 3 weeks of heavy irregular bleeding. She was told to attend the hospital within 4 hours and did so. She rates her experience at Whipps Cross very poorly (1 out of 10). At Whipps Cross they checked her, said nothing was wrong and sent her home. Natasha kept complaining of the issue to her GP and was then referred for a scan, when they found a cyst. She has an appointment in 6-8 weeks time to see if there has been any change in the cyst.

Natasha last used Whipps Cross A&E in October 2015. She had an appointment at the breast clinic the same day so after waiting in A&E and not being called she went to tell the clinic she was in A&E. She came back to A&E and checked in with the desk who informed her she was still on the list. She checked back 1.5 hours later and was told she was not on the list and argued with the desk about this. Another colleague came onshift and apologised and Natasha was then seen very quickly.

Natasha is currently attending Whipps Cross for outpatient appointments - an abdomen scan and breast scan. She rates both these services as very good.

Natasha last used ambulance services during the summer when she had an allergic reaction. She rates the service very poorly stating that 'when they picked me up they told me there were no issues with my breathing and my face was not swollen - he didn't believe me'. They took her to A&E anyway where Natasha waited for 1 hour. This wait is part of the basis for her dissatisfaction with the service as she thought ambulances had priority. After an hour she took a cab home.

Natasha currently has an upcoming appointment with her dentist. She rates the service very highly.

Natasha last went to the optician within the last 12 months. She rates the service as good.

Natasha has used her pharmacy within the last 2 months to pick up prescriptions, she rates the service highly.

Natasha currently uses sexual health services, both the C-Card scheme and Oliver Road where she recently went for a instant HIV and gonorrhoea test. She rates the service very highly.

Natasha used maternity services in another UK city a couple of years ago when she was pregnant. She says the local authority there did not give her any support and her LAC nurse at the time didn't even ask her if she had a midwife, didn't ask anything about the pregnancy or check on any aspects of it. Natasha had to do it all herself and go about finding a midwife who came to visit her one time at the care home. 'After that no one even contacted me again. I had a miscarriage. I didn't know what was happening. I went to hospital and they sent me home. A few days later, still in pain, I got a bus 28 miles to another hospital and they offered me an emergency scan the next day'. By this time Natasha had had a miscarriage. 'The hospital gave me the foetus in a box and sent me home with a dead baby aged 17! I didn't know what to do. I kept the foetus at home for 1 month until the social worker told me to go to a crematorium. I was not offered any mental health support'.

In terms of childrens safeguarding Natasha used to have lots of safeguarding reviews as she used to run away a lot. She says the reviews never worked, even when they started monitoring her pocket money and spending.

Natasha was involved in both substance misuse and youth justice over 1 year ago. She was in a secure unit for a number of weeks and then had a tag and was put into an Intensive Surveillance Support Programme (ISSP). She describes the court as 'like a second home' for a couple of years.

Natasha had a pathway plan at the end of 2014. She does not think she even read it and does not feel engaged with social services, there is currently no engagement. This is in part due to them getting information wrong - 'they even had my DOB wrong by about 8 years!'. Overall she rates the pathway plan process as ok.

Joint working/integrated care

Natasha thinks the doctors, hospitals and sexual health services have a good history of her, but does not know about them working together. She has requested her hospital records from another area as she doesn't want to repeat everything.

She does not yet have experience of IAPT being joined up with other health services she is in contact with.

Transition

Once you turn 18 Natasha feels that 'social services don't bother with you anymore'. Natasha does have a key worker from another UK city who she says is not very good - 'she doesn't keep up with what's going on and relies on me to do a lot for myself. She should

have told me about benefits but didn't and she doesn't call when she says she will. I am supposed to be transferred to a local 18+ worker but this hasn't happened. I am not in contact with social services in Waltham Forest'.

In terms of health, Natasha is going straight into adult services now in Waltham Forest. They are mostly unaware of her social services and care background. Her GP, dentist and optician all know her from when she lived in Waltham Forest as a young child.

Referrals

Natasha's experience of referral for IAPT has not been positive, mostly due to the length of time it has taken. After receiving an initial email confirming the referral she didn't receive the actual letter until 6 months later when it talked about anger management and asked her to make contact within 10 days if she still wanted the service. The IAPT service has told her they cannot deal with two things at one so she has to choose between depression or anxiety.

Consent, confidentiality and involvement

Natasha says aspects of confidentiality, consent and involvement have all been ok. When she did have a LAC nurse she feels she did have choice and options were discussed with her. Natasha does not feel she has experienced any stigma from health care professionals.

If I was in charge of the money to support the health and wellbeing of looked after children...

Natasha would invest in call out services for doctors to come out and see patients out of hours. She knows it is available but says GPs don't tell you its available. She would also make efforts to ensure consistency in health care professionals in order to build that vital trust and ensure one key worker or central coordinating person for LAC to help them through.

Future health outcomes

Natasha would like to have a better diet and gain control of her anxiety and depression through counselling not pills.

Appendix 2 - Interview Prompt Sheet

The views and experiences of health services from Looked After Children (LAC), those transitioning and or recent Care Leavers.

Healthwatch Waltham Forest is the independent consumer champion for health and social care. We gather peoples views on services and share them with those able to make changes and improvements. Healthwatch have been commissioned by Waltham Forest CCG to talk to Looked After Children, Care Leavers, parents and carers in order to find out about experiences of health services particularly at the point of transition from children's to adults health services and from being in care to living independently. The findings will be used to influence CCG commissioning, in particular the improvement and future development of health services for LAC and care leavers.

We will be carrying out 1-2-1 interviews with young people and, as a gesture of thanks for peoples time, will be providing a £30 Westfield voucher as a thank you.

The interview will be person centred led. Prompts are there for the interviewee to ensure key topics are touched upon, however the young person will be encouraged to lead the conversation touching upon topics important to them.

About the young person and support networks

- Male/female
- Age
- Ethnicity
- Religion
- Sexual orientation
- Disabled
- Parent
- Carer
- How long were you in care/have you been in care?
- Current looked after status? (Looked after, care home, foster care, adopted), SGO (special guardianship order is an order appointing one or more individuals to be a child's 'special guardian'. It is a private law order made under the Children Act 1989), Care leaver, other).
- Do you have family and or other support networks?
- Are these individuals/networks involved in your health care? Do they support you with health issues/concerns?

Access to services and health information

- What do you know about health services you could access?
- How do you access health services in your area? (referral, self referral, signposting etc)
- Where so you access health care information.

Health and other related services you are in contact with

Are you currently (or previously) in contact with:

- Youth Justice System
- Pregnant or enrolled in family nurse partnership (home visiting service for teenagers pregnant with their first child).
- Mental health services
- Substance misuse services
- Learning Disability services
- Unaccompanied asylum seeker

Which of the following services have you used, when was the last time and how satisfied were you with the service?

a) Health centre or GP (to see doctor)

b) Health centre or GP (to see nurse)

c) Health centre or GP (to see other, please specify _____)

d) Health Assessment

e) NHS Walk in Centre (eg Oliver Rd)

f) Ambulance service/paramedic

g) Hospital A&E

h) Hospital outpatient (WX/other)

i) Hospital inpatient (WX/other)

j) Hospital passport

k) Health visitor

l) School nurse

m) District nurse (17+)

n) Family nurse partnership

o) Dentist

p) Optician

q) Pharmacist

r) Sexual health services (eg WX, C-Card)

s) Childrens services (disability - eg Child development team; community nursing/paediatricians/physiotherapy; OT; disabled childrens social work team; portage - home visiting educational service; family support, early intervention/early help assessment; CIC; virtual school)

t) Safeguarding/child protection

u) Childrens services (CAMHS - eg various support such as assessment of development problems, autism, hyperactivity, depression, and early onset psychosis and brief interventions)

v) Childrens services (Speech and language therapy)

w) Children's centre (for young parents)

Which of the following services have you used, when was the last time and how satisfied were you with the service?

- x) Youth services (targeted support - eg substance misuse at 722)
- y) Youth services (youth offending service/pre crime prevention scheme)
- z) SEND (with formal statement)
- aa) EHCP (Education, Health and Care Pathway for Yr 11 SEN as part of transition)
- bb) Pathway Plan (non SEN leaving care 18+)
- cc) Adult Social Services (assessment; transport; help at home; equipment/aids; respite)
- dd) Adult Mental Health Services (NELFT - MH Direct; HTT; access and assessment; Assertive outreach team; Community recovery team; early intervention in psychosis; IAPT)
- ee) Maternity services
- ff) Substance misuse (adult) - Lifeline
- gg) Speech and language therapy (adults)

Health and other related services you are in contact with continued...

Choose some highly rated services...why have you rated this service so highly?

- What is good/do you like/has helped about this service?
- How could it improve further?
- Referral process?
- Joined up care with other services?

Choose some services rated low... why have you given this rating?

- What is not so good about this service?
- How can it improve?
- Referral process?
- Joined up care with other services?

Interconnectedness/joint working/ integrated care

- How many services/key workers do you have contact with?
- What is your relationship like with key staff members?
- Do you have one main coordinator/key worker?
- How coordinated is your care between different agencies?
- Which agencies work well together?
- How holistic is the care you receive?
- Are there any duplication/repetitive processes?
- Do you have to repeat your info/story?
- Who supports you with accessing new services?
- What improvements would you like to see in how agencies work together to support you?
- How could services better join up?

Transition

If you have transitioned (or are transitioning) from childrens to adults health services

- How was the process?
- Was it explained to you?
- Did you know what was happening?
- When did transition start?
- How long did it take to move over fully?
- Did you feel supported through this process?
- What are the differences between the childrens/adults services?
- What did you have before that you don't have now?
- Were the different thresholds/eligibility explained to you?
- Are there any aspects that you miss and would like to see introduced to the adult service?
- What helped the transition, what harmed it and what is needed to improve it?

If you have not transitioned - Has anyone talked to you about this?

- Do you have any concerns about moving to adult services?
- Which aspects will you miss?
- How would you like the transition process to work

Transition is respect of being looked after to living independently (aged 18 or over)

- What health support has been available to you?
- Who supported you?
- How was the process of transition?
- What info did you get?
- Were there any gaps?

Referral

- How have you found the referral process for x?
- How long did referral take?
- Were you kept informed throughout the process?
- Were you supported through?

Confidentiality, safety, involvement and consent

- Do you know what your rights are around confidentiality and consent?

(People aged 16 or over are entitled to consent to their own treatment, and this can only be overruled in exceptional circumstances. Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.

Children under the age of 16 are presumed to lack capacity, but can consent to their own treatment if it is thought that they have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. Otherwise, someone with "parental responsibility" can consent for them. If a young person refuses treatment, and by doing so this may lead to their death or a severe permanent injury, their decision can be overruled by the Court of Protection. This is the legal body that oversees the operation of the Mental Capacity Act (2005)).

- Any issues in any of the services mentioned?
- How involved have you been in decisions about your health?
- How involved do you want to be?

- Who else would you want to be involved in making decisions about your healthcare?
- As someone in care/care leaver, have you ever experienced stigma from health professionals? Do they demonstrate an understanding of being in care? Do they have a positive attitude to you?
- Do you feel safe and supported by the services you use?
- Do you have an EHCP/pathway plan? How involved were you in putting it together?

If you were in charge of the money...?

If you were in charge of the money to support the health and wellbeing of looked after children what would you spend it on? What would you want to change?

Outcomes

What is a good outcome for you in health?