Empowering Futures JSNA Survey - Supporting children and young people with their physical health

Report of results

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Contents

1. Key Messages

The survey generated 98 responses from professionals in a range of areas. Health, education and family support saw the highest amount of responses within the survey. Almost half (49%, n= 48) of all respondents work across Warwickshire. The majority of respondents said they interacted with every age group aged 18 and below. Around a third (30.6%, n=30) of respondents said they worked with those aged 19-25 with special educational needs and disabilities.

Section 2: How comfortable and confident are you in talking to children and young people about their physical health?

When considering the statement "I feel confident talking to children and young people about their physical health", most respondents (81.6%, n=80) said they strongly agreed or agreed with this statement. There were 7.1% (n=7) of respondents who either disagreed or strongly disagreed. Respondents felt most confident talking about healthy lifestyles, whilst respondents overall felt least confident talking about 'long term physical conditions'.

Section 3: What do you do and where do you go if you think a child or young person needs additional support with their health?

When asked about their role in supporting children and young people with their physical health, half (51%, n=50) of respondents identified their role as being predominantly signposting and referral to other services. There were 13.3% (n=13) of respondents who offered direct /clinical support; 7.1% (n=7) for a range of health needs, and 6.1% (n=6) for specific health needs. In relation to this question, several respondents provided additional detail in the free text box provided relating to the support they provide in their role, with themes including; guidance, general support of signposting, specific professional roles, and healthy lifestyles.

Section 4: What do you want or need to know about children or young people's health to improve the support you offer?

Nearly half (43.9%, n=43) of the respondents were not sure if they needed more information about physical health to improve their support. A further 38.8% (n=38) said they needed more information, whilst 14.3% (n=14) said they did not.

When considering specific health concerns, nearly a third (29.6%, n=29) of respondents felt that services for toileting, sleeping and eating, are difficult to access and don't meet need, which was more than any other health need. When looking at support that is easy to access and meets need, the areas of health with the highest levels of agreement was healthy lifestyles (22.5%, n=22) and alcohol, drugs, smoking and vaping (22.5%, n=22).

Section 5: Your experience of mental and physical health together.

Professionals responding to the survey said they supported with mental health more than physical health. When considering the balance between physical and mental health, just over half (52%, n=51) of respondents said that they supported with mental health most of the time, whilst 11.2% (n=11) said they supported with mental health slightly more than physical health.

The majority of respondents (81.6%, n=80) said they had used physical health interventions with the aim to also support mental health and wellbeing. Most respondents said they consider physical health needs 'all the time' (42.9%, n=42) or 'most of the time' (35.7%, n=37) alongside mental/emotional health.

Most respondents said they had a good knowledge of resources and services to support both mental and physical health. The proportion of respondents who said this about mental health (72.5%, n=71) was higher than physical health (56.1%, n=55). Nearly a quarter (22.5%, n=22) of respondents disagreed or strongly disagreed with the statement 'I have a good knowledge of resources and services available to support children and young people's physical health'. When responding to the statement 'I feel confident talking to children and young people about their mental health', 77.6% (n=76) of respondents said they agreed or strongly agreed.

When considering specific groups of children and young people, the largest proportion of respondents said they worked with and supported the health of children and young people open to social care (43.9%, n=43), children and young people in care (40.8% n=40), and children and young people who are care experienced (37.8%, n=37). In contrast, young carers (36.7%, n=37) were the group for which the highest proportion of respondents said they had worked with but not supported physical health. Most respondents (60.2%, n=59) had not worked with children and young people who are part of military families. In free text box comments, there were six mentions of children and young people with disability, SEND or complex needs. Other comments highlighted additional groups that professionals worked with.

2. Background

This survey asked respondents to participate if they work or volunteer with children and young people. The aim was to understand how professionals feel about talking to children and young people (aged 5-18) about their physical health, their knowledge and experience of services, and what help professionals need to provide support.

As well as broader public health priorities and activities, the aim is for this survey to specifically inform:

- The Empowering Futures: Growing Up Well in Warwickshire Joint Strategic Needs Assessment (JSNA). This JSNA seeks to understand the physical health needs of children and young people in Warwickshire.

- The Children and Young People Making Every Contact Count (MECC) offer. The children and young people MECC is being developed to support professionals to have strengths based conversations with the children and young people they support.

The survey aimed to look at physical health in children and young people, covering all areas including; oral health, healthy lifestyles (weight, nutrition, physical activity), sexual health, alcohol, drugs, smoking and vaping, adolescence and teenage health (puberty, hygiene, self-care), toileting, sleeping, and eating, long-term conditions (e.g. chronic illnesses, asthma, diabetes, eczema, allergies, bladder and bowel conditions) and short-term conditions (e.g. acute illnesses, infections, injuries).

3. Method

An online survey was published on Ask Warwickshire (https://ask.warwickshire.gov.uk/), hosted by Citizen space. It was open for responses from 6th December 2023 until 31st January 2024. Individuals were invited to submit their views either individually or as a group, using the online survey or via an alternative format. There were no surveys requested in an alternative format.

The survey was promoted through the following avenues;

- General public release
- Working for Warwickshire
- WCC intranet
- Shared internally in WCC teams (including Public Health, Early Help network, SEND and Inclusion team, Partnerships and communities team, and Children and Families team)
- Shared with health partners externally (including with health leads at SWFT, GEH, UHCW, Asthma clinical network, Paediatric diabetes teams, Epilepsy clinical network)
- GP Newsletter
- Heads Up
- Think Active
- Active Travel
- WCC commissioned services - School Health and Wellbeing Service, RISE, Mental health in schools teams, Compass young person drugs and alcohol service

4. Questionnaire results

Section 1: Respondent Profile

Question 2: Which of the following best describes your main involvement with children and young people?

Respondents were first asked 'Which of the following best describes your main involvement with children and young people?'. Figure 1 shows the responses received for this question. The category with the highest proportion of responses is Health (24.5%, n=24), followed by Education (21.4%, n=21) and Family support (19.4%, n=19). The category with the lowest level of response was Sport and Leisure (3.1%, n=3).
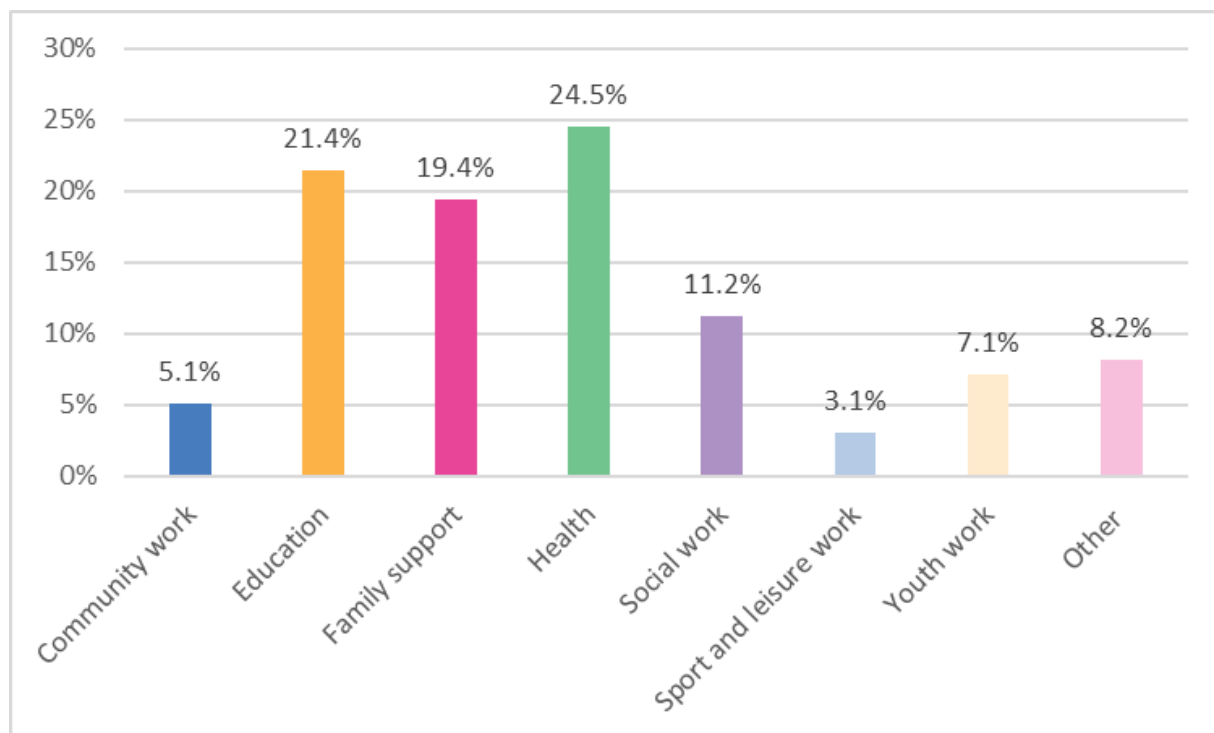
Figure 1 - Which of the following best describes your main involvement with children and young people?

There were a number (8.2%, n=8) of responses that selected the option 'other', seven of which provided further detail as below (some details have been removed to protect respondent confidentiality)

Foster carer
Promoting active travel
Brokerage with families
Residential children's home
A mix of community, health and sport and leisure
Supported accommodation
Support work

Two other respondents selected a category above and added further detail using the 'other' box. One respondent working in health specified 'school nurse' and one respondent who selected family support provided further detail 'Children and Family Centre Early Years'.

Question 3: What age ranges of children and young people do you normally interact with?

Respondents were then asked 'What age ranges of children and young people do you normally interact with?'. For this question, respondents could tick multiple options – therefore, figure 2 below shows the responses given as a percentage of all participants. Apart from 19-25 with Special Educational Needs, the majority of respondents said they interacted with every age group. The age group that showed the highest proportion of respondents (81.6%, n=80) working with were 12-16 year olds. Around a third (30.6%, n=30) of respondents said they worked with those aged 19-25 with special educational needs and disabilities.
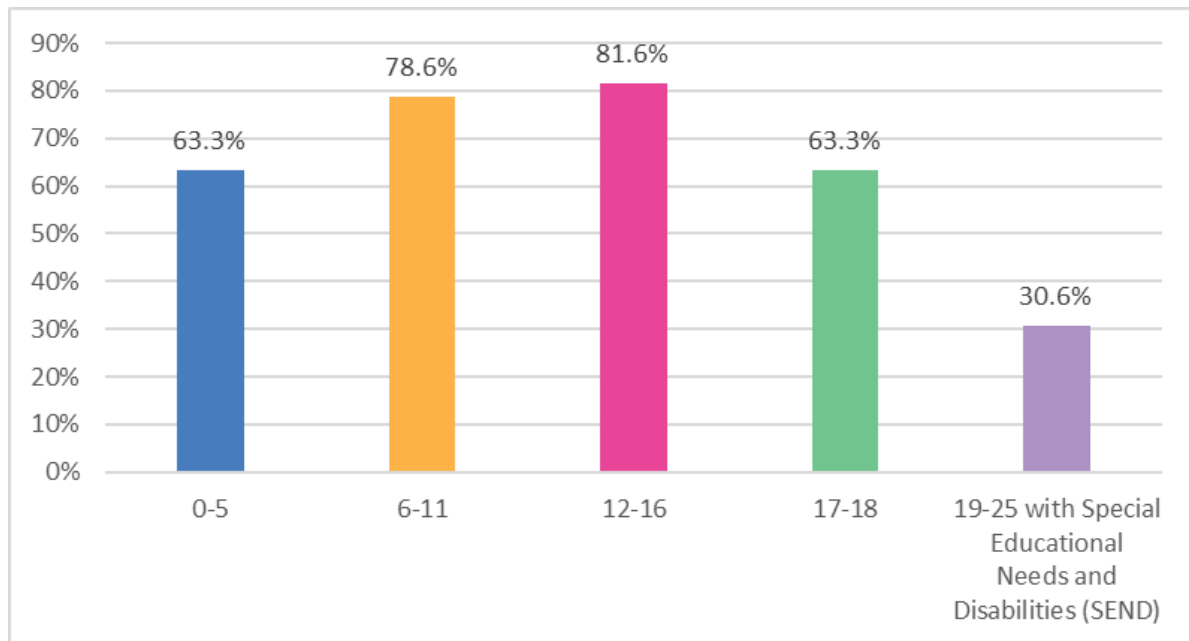
Figure 2 - What age ranges of children and young people do you normally interact with?

Question 4: What geography do you cover in your role?

Respondents were asked which geography they covered within their professional role. Almost half (49%, n= 48) of all respondents worked across Warwickshire – four of these responses originally selected 'other' and then specified across Warwickshire in their response, thus these responses have been re-categorised. There were no responses from professionals working outside Coventry or Warwickshire.
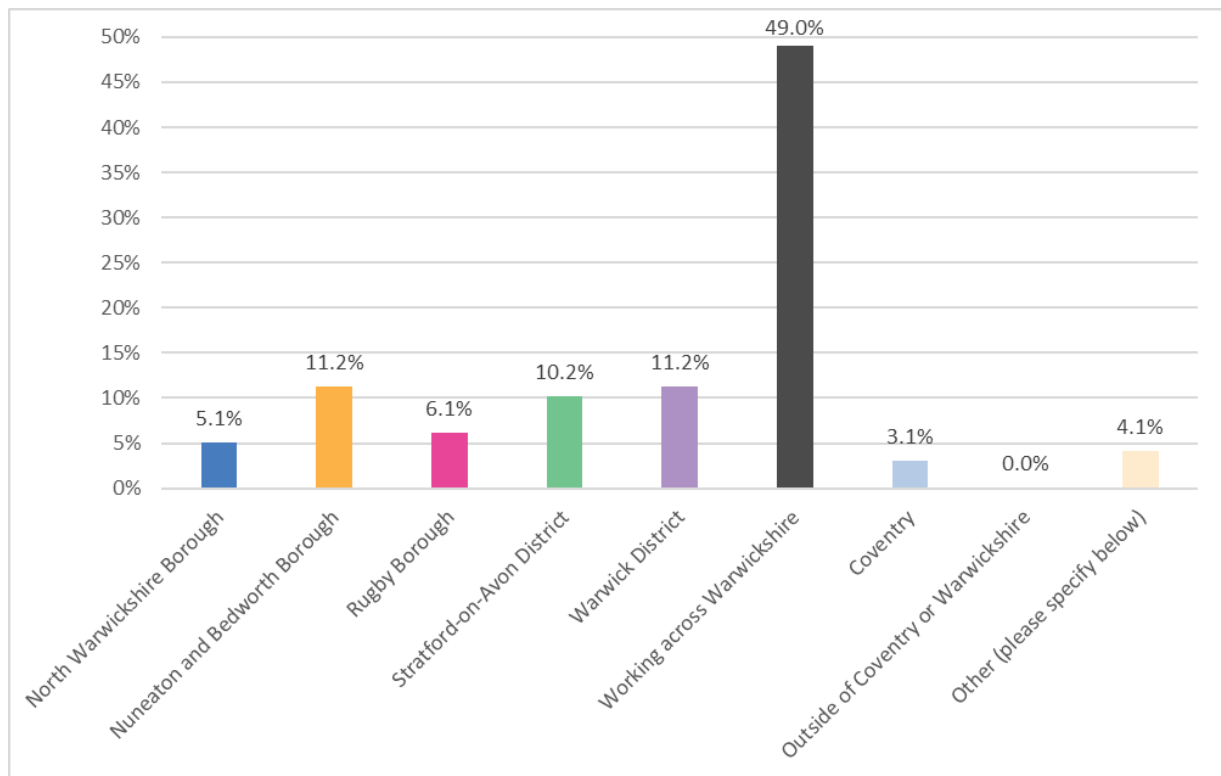
Figure 3 - What geography do you cover in your role?

There were 4.1% (n=4) responses that said 'other', specifying the areas they worked as 'Stratford and Warwick' 'South Warwickshire', 'Southam', and 'Both Coventry and Warwickshire'. One respondent who said they worked across Warwickshire added further detail to say 'and Coventry', and one respondent who said Nuneaton and Bedworth said 'Coventry and Warwickshire' in the additional information box.
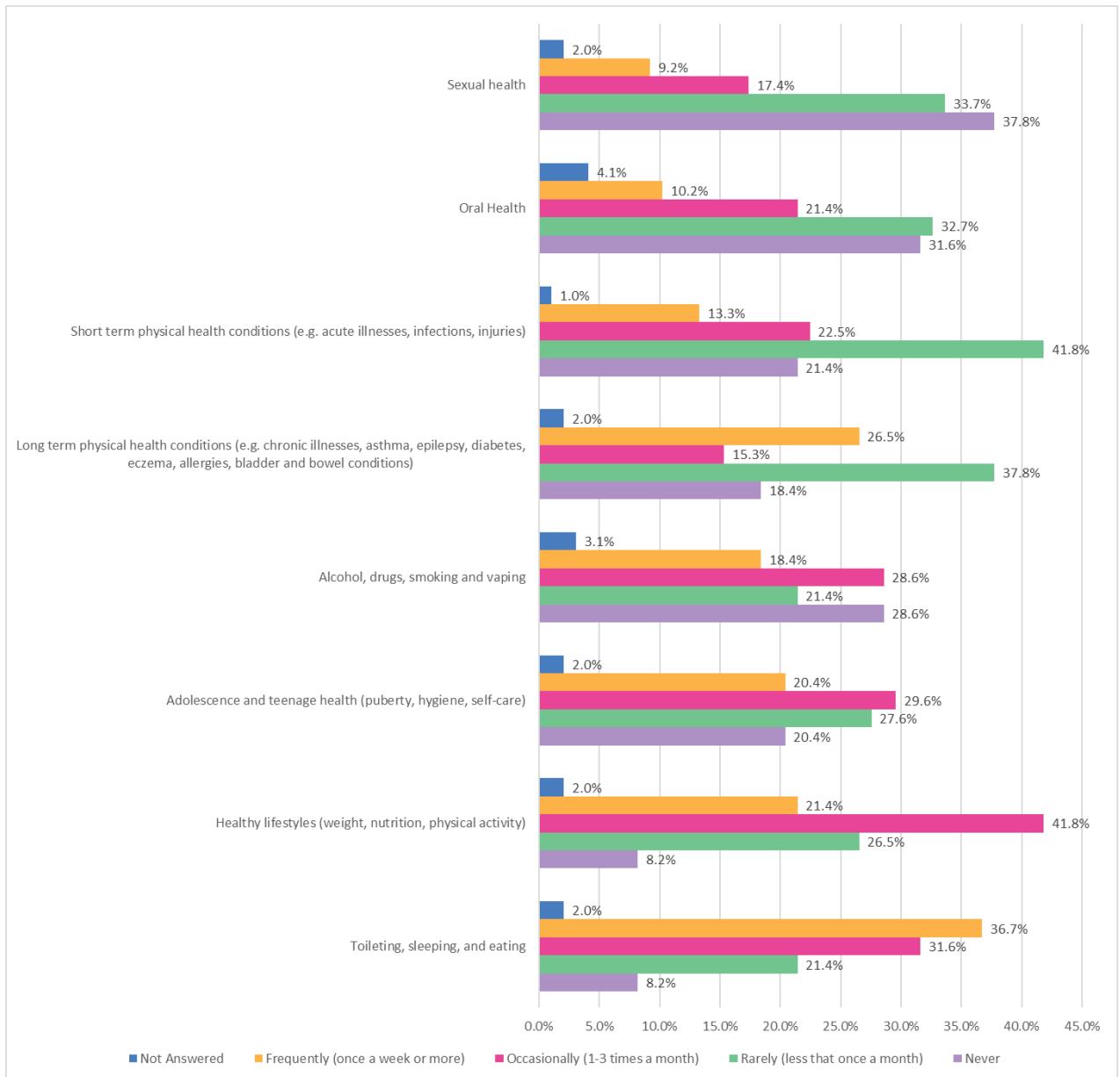
Question 5: In the last 12 months, how often have you identified that a child or young person may need support with the following areas of physical health?

Respondents were asked more specifically which areas of health they have supported with, with the question 'In the last 12 months, how often have you identified that a child or young person may need support with the following areas of physical health?'. Figures 4 and 5 show the frequency with which respondents supported with each category of health. Out of all categories, 'toileting, sleeping and eating' had the highest proportion of respondents saying 'frequently' (36.7%, n=36), whilst sexual health had the lowest proportion (9.2%, n=9). Similarly, sexual health had the highest proportion of respondents responding 'never' (37.8%, n=37), whilst the health concerns with the lowest proportions of participants responding 'never' being 'toileting, sleeping and eating' and 'healthy lifestyles' (both 8.2%, n=8).

Legend: Not Answered | Frequently (once a week or more) | Occasionally (1-3 times a month) | Rarely (less that once a month) | Never

Sexual health
- Not Answered: 2.0%
- Frequently: 9.2%
- Occasionally: 17.4%
- Rarely: 33.7%
- Never: 37.8%

Oral Health
- Not Answered: 4.1%
- Frequently: 10.2%
- Occasionally: 21.4%
- Rarely: 32.7%
- Never: 31.6%

Short term physical health conditions (e.g. acute illnesses, infections, injuries)
- Not Answered: 1.0%
- Frequently: 13.3%
- Occasionally: 22.5%
- Rarely: 41.8%
- Never: 21.4%

Long term physical health conditions (e.g. chronic illnesses, asthma, epilepsy, diabetes, eczema, allergies, bladder and bowel conditions)
- Not Answered: 2.0%
- Frequently: 26.5%
- Occasionally: 15.3%
- Rarely: 37.8%
- Never: 18.4%

Alcohol, drugs, smoking and vaping
- Not Answered: 3.1%
- Frequently: 18.4%
- Occasionally: 28.6%
- Rarely: 21.4%
- Never: 28.6%

Adolescence and teenage health (puberty, hygiene, self-care)
- Not Answered: 2.0%
- Frequently: 20.4%
- Occasionally: 29.6%
- Rarely: 27.6%
- Never: 20.4%

Healthy lifestyles (weight, nutrition, physical activity)
- Not Answered: 2.0%
- Frequently: 21.4%
- Occasionally: 41.8%
- Rarely: 26.5%
- Never: 8.2%

Toileting, sleeping, and eating
- Not Answered: 2.0%
- Frequently: 36.7%
- Occasionally: 31.6%
- Rarely: 21.4%
- Never: 8.2%

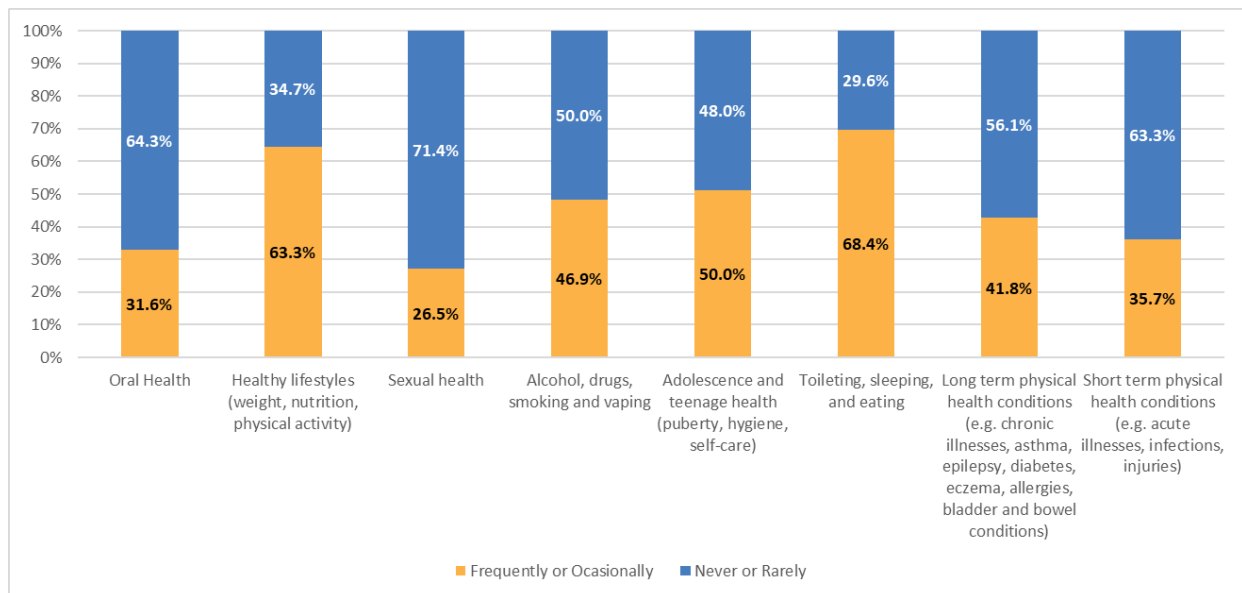*Figure 4 - In the last 12 months, how often have you identified that a child or young person may need support with the following areas of physical health?*

Figure 5 provides a summarised overview of the responses to this question, grouping responses together that stated rarely or never, and occasionally and frequently. This demonstrates that overall, 'toileting, sleeping and eating' and 'healthy lifestyles' were the most frequently supported issues by professionals, whilst sexual health was the least commonly supported issue. For all health issues, at least a quarter of respondents provided frequent or occasional support.

Figure 5 - In the last 12 months, how often have you identified that a child or young person may need support with the following areas of physical health?
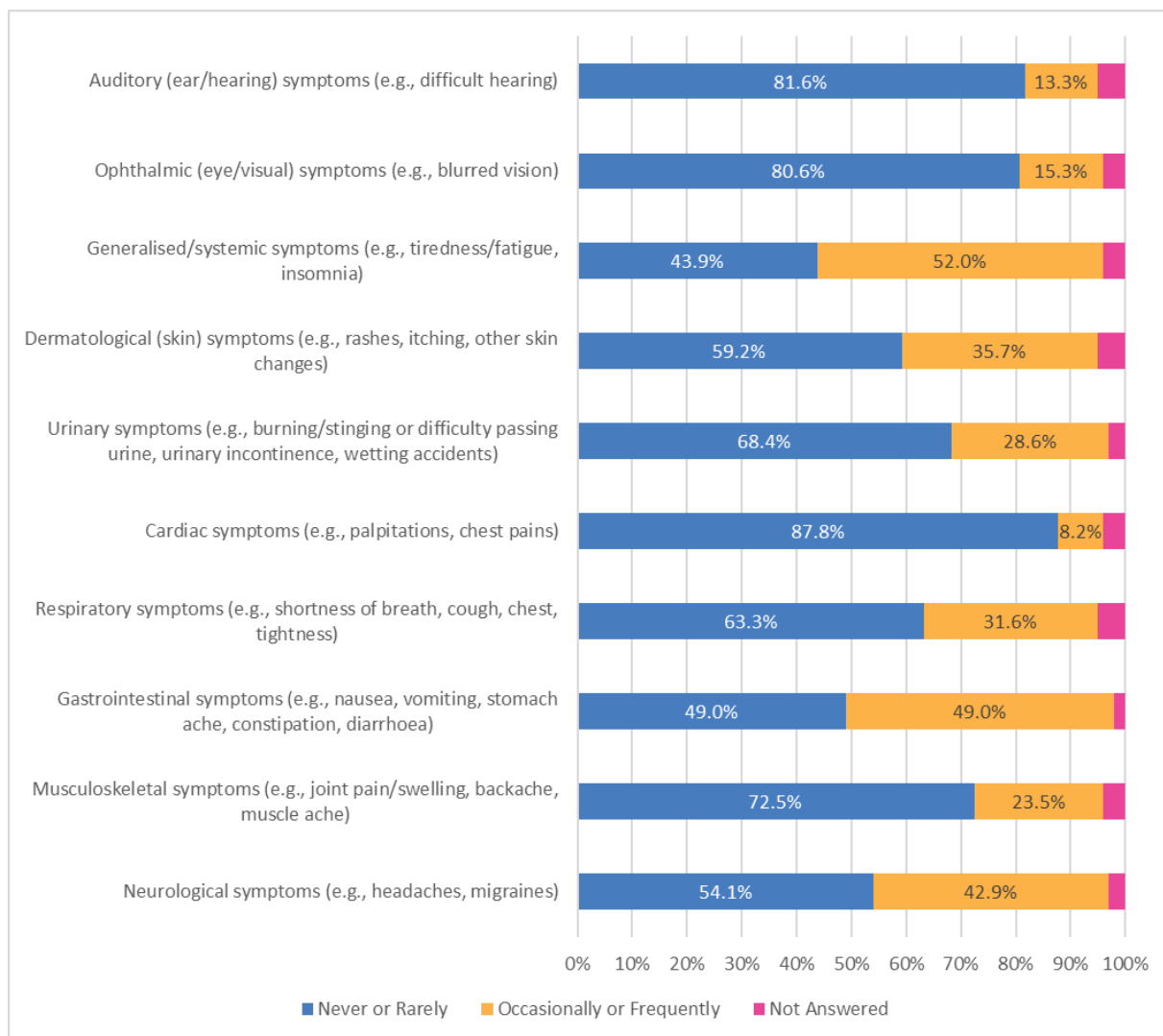
Question 6: How often do you see children or young people with the following symptoms that impact on activities of daily living?

Respondents were then asked 'How often do you see children or young people with the following symptoms that impact on activities of daily living?'. The symptom that the highest proportion of respondents supported frequently was 'generalised/systemic symptoms' (21.4%, n=21). In contrast, just 3.1% (n=3) of respondents said they frequently supported with ophthalmic symptoms. Just over half (51%, n=50) of respondents said they never support with cardiac symptoms.
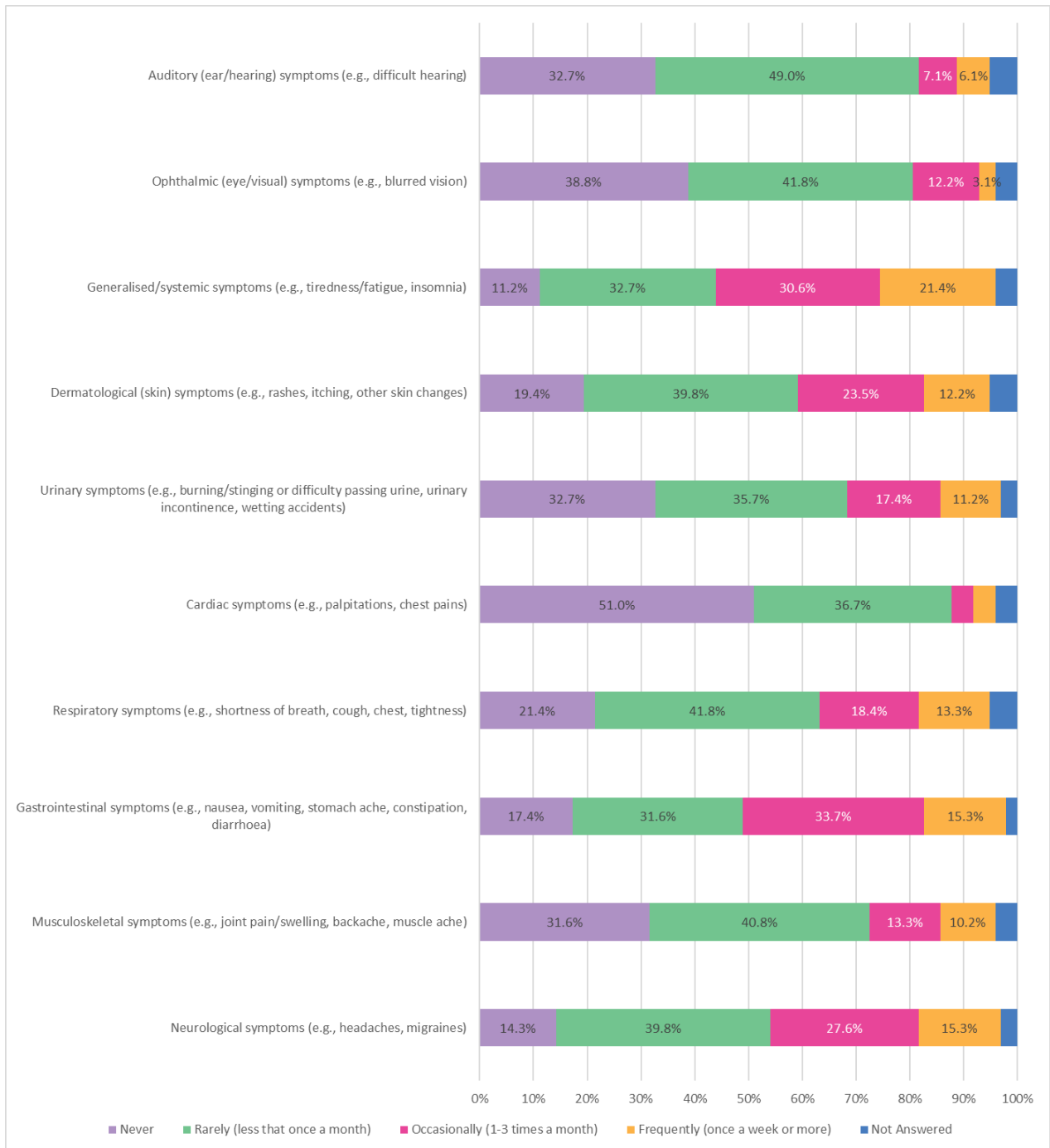
Figure 6 - How often do you see children or young people with the following symptoms that impact on activities of daily living?

Figure 7 shows the summarised responses for this question, grouping 'rarely' and 'never' responses, and 'occasionally' and 'frequently' responses. Cardiac symptoms are the least frequently encountered symptom for respondents, with 87.8% (n=86) of respondents never or rarely seeing children with this symptom. In contrast, generalised/systemic symptoms were occasionally or frequently seen by 52% (n=51) of respondents.

Figure 7 - How often do you see children or young people with the following symptoms that impact on activities of daily living?

Respondents were also given the option to select other and provided with a free text box to add additional detail. Most respondents did not answer this part of the question, but around a quarter (23.5%, n=23) of respondents said 'never', 2% (n=2) said rarely, 3.1% (n=3) said frequently and one respondent said occasionally. Four respondents added further detail in the free text box:

| |
|---|
| Anxiety |
| Behavioural, Trauma Neurodevelopmental ie ADHD, Autism |
| Tics can come up now and again, I'd say rarely on this scale. Selective mutism has come up a few times, again, I'd say rarely on this scale, but still enough times to be significant. |
| SEND and their families |

Question 7: Overall, to what extent do you agree with the statement "I feel confident talking to children and young people about their physical health"?

When asked 'Overall, to what extent do you agree with the statement "I feel confident talking to children and young people about their physical health"?', most respondents (81.6%, n=80) said they strongly agreed or agreed with this statement (Figure 8). There were 7.1% (n=7) of respondents who either disagreed or strongly disagreed.
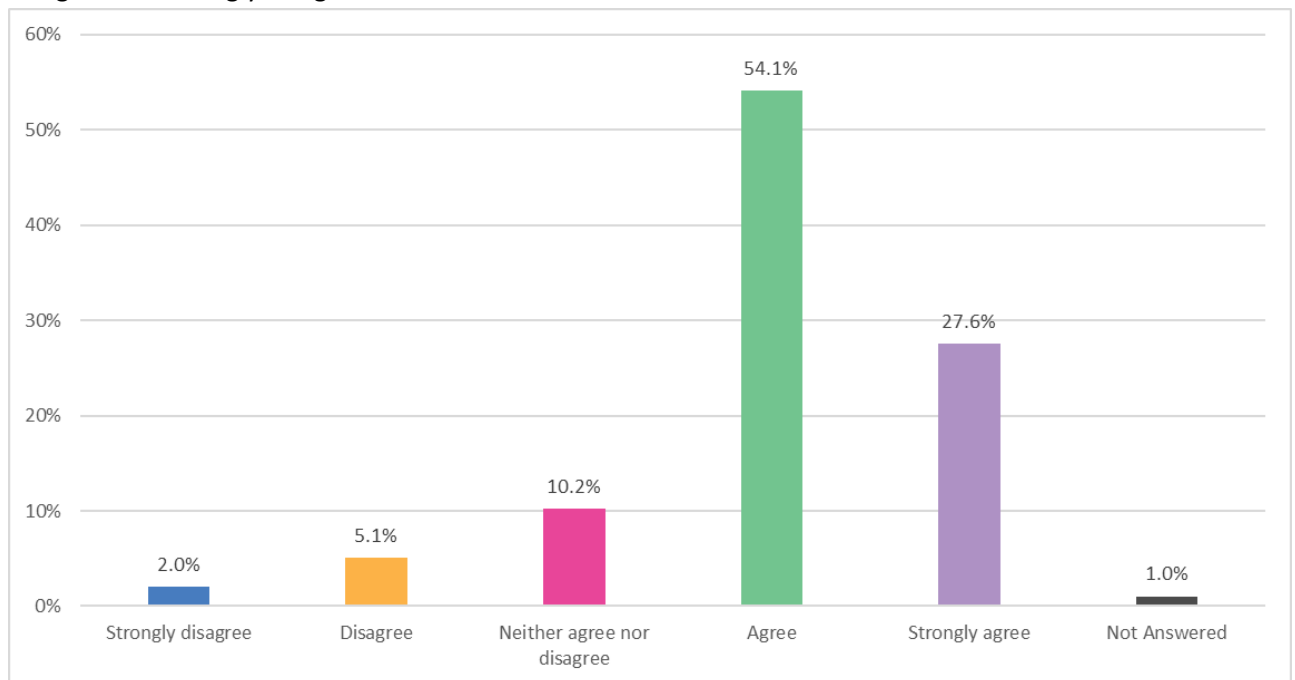
Figure 8 - Overall, to what extent do you agree with the statement "I feel confident talking to children and young people about their physical health"?

Figure 9 shows a breakdown of responses to this question by professional sector (question 2). Across all professional groups, the majority of each sector said they felt confident to some extent. All respondents working in social work said they agreed or strongly agreed that they felt confident. Within health, education, and family support some respondents said they disagreed whilst some respondents in education and youth work said they strongly disagreed.
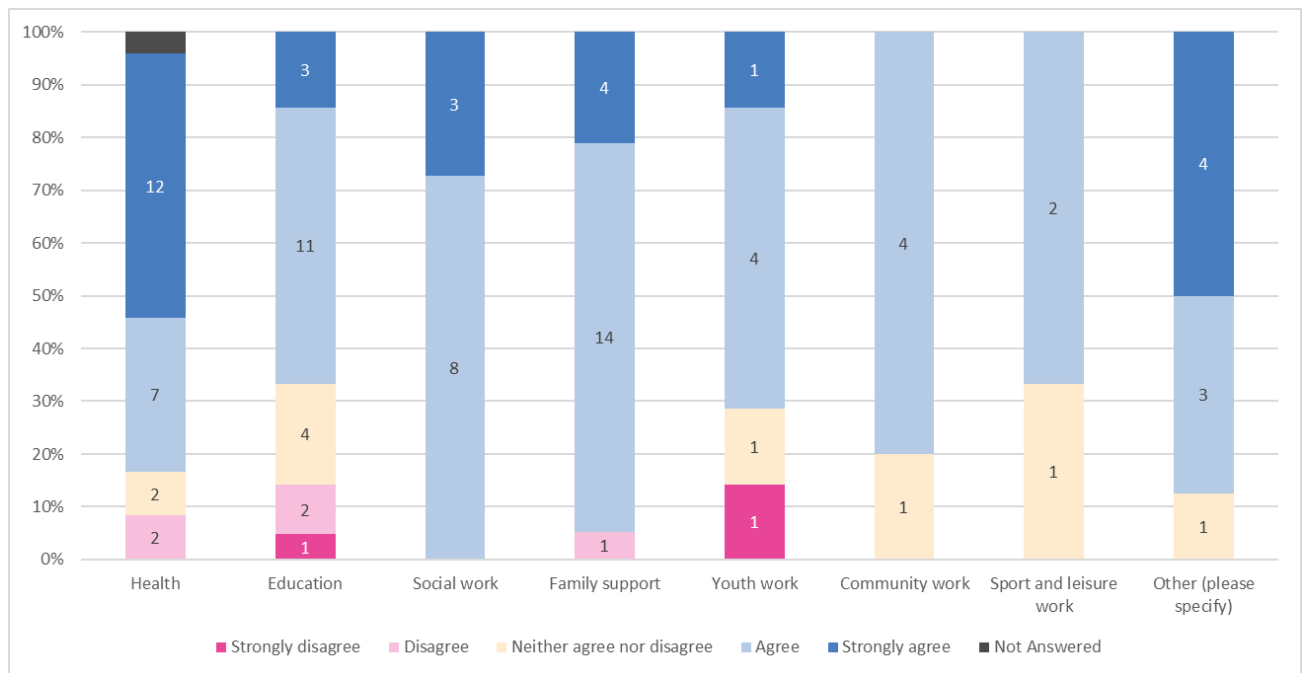
Figure 9 - Overall, to what extent do you agree with the statement "I feel confident talking to children and young people about their physical health"? (Breakdown by professional sector)

Question 8: To what extent would you agree or disagree that you feel confident talking to children and young people about these specific physical health conditions?

Respondents were then asked more specifically 'To what extent would you agree or disagree that you feel confident talking to children and young people about these specific physical health conditions?'. When looking at combined responses for 'strongly agree' and 'agree', healthy lifestyles was the aspect of health that respondents felt most confident talking about, with 85.7% (n=84) respondents saying they strongly agreed (27.6%, n=27) or agreed (58.2% n=57). Apart from the category 'other', 'long term physical conditions' was the health aspect that respondents overall felt least confident talking about, with 24.5% (n=24) respondents saying they disagreed (17.4%, n=17) or strongly disagreed (7.1%, n=7) with the question statement.

There was an additional 'other' option provided, for which 10.2% (n=10) responded 'strongly disagree', 7.1% (n=7) responded 'agree' and 3.1% (n=3) responded 'strongly agree'. There were 7.1% (n=7) of respondents who said neither agree nor disagree. Most respondents did not answer this question (72.5%, n=71).

In the additional text box provided, three respondents provided extra details, where four other health aspects were listed; anxiety, mental health, self harm injury, and suicidal ideation. It is unclear whether these conditions were aspects that respondents felt confident or not confident talking about.
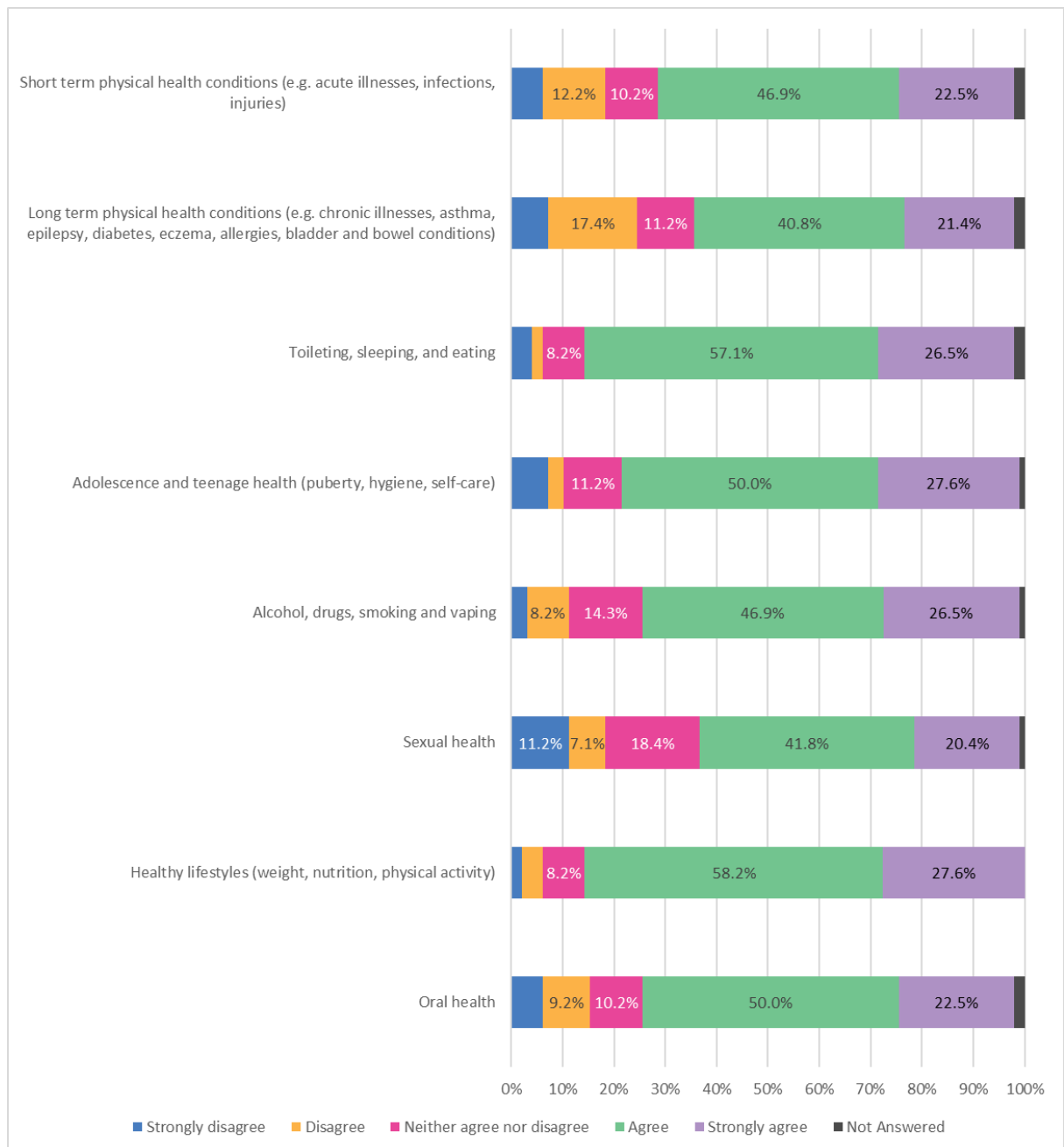
Figure 10 - To what extent would you agree or disagree that you feel confident talking to children and young people about these specific physical health conditions?

Question 9: Can you describe any difficulties you experience when talking to children about their physical health?

When asked what difficulties are experienced when talking to children about their physical health, respondents made a range of comments summarised in the table below.

Theme	Explanation	Examples for Illustration
Confidence and knowledge surrounding children and young people's health and wellbeing	Many responders reported feeling they were not knowledgeable enough about certain topics. Topics that were reported as being difficult to address included: • Weight management • Drugs/alcohol • Puberty/ sexual health • Mental health Additionally, several responses suggested a lack of confidence and felt they were not in the right role to have these conversations with children and young people.	*"lack of knowledge"* *"I volunteer with young people but I have a range of qualifications in youth work. My job is in health which gives me a massive advantage. If it wasn't for this I would not be confident in this. There is no simple guidance of concerns to raise or how to challenge and support young people to be empowered about health."* *"Sometimes if it's a health condition I don't know much about I can feel unsure about how to broach the subject especially if the symptoms are very personal and/or embarrassing for the young person i.e. toileting or sexual behaviours. It is also, not part of my current role to do much physical health exploration/signposting therefore, I worry that perhaps I should not be exploring these issues in any depth as I should be focusing on the mental health."* *"For conditions I don't know anything about, though would be very happy to listen.* *I would feel it wasn't my place to challenge eg on weight or oral hygiene (only volunteering on a community project) but rather would talk about how the physical activity we're doing will help our bodies be healthy, how eating a variety of things will help their brains and bodies work well etc.* *I wouldn't specifically mention eg drugs, sexual health etc with the age group I volunteer with but always happy to discuss honestly and encourage them to fully ask any questions they have if they start talking about these things."*
Children and young people's own	Children and young people's understanding and comprehension	*"The main issue is that children can't fully understand/appreciate the*

knowledge/ comprehension of health and wellbeing	of their own health and wellbeing appeared to be a barrier when discussing the topic. Often this was reported to be the case when talking to Children with complex needs. Furthermore, social media was reported to influence the pre-existing knowledge that children and young people had around health and wellbeing topics	*importance of these physical health areas so talking to them doesn't change behaviours, but parents don't take on board the advice and appear reluctant to upset their children by setting boundaries around "have to do" activities or teaching them the tasks."* *"Occasionally there may be a neurodevelopmental factor which can impact upon the understanding of the child/YP"* *"If they have delayed communication skills impacting upon their level of understanding. They may have physical delay/diagnosis impacting their skills or have limited access to outdoor spaces."* *"Not much apart from the 'fake news' or articles they read or see online..."*
Building relationships	Several reported struggling to engage with children and young people. Many highlighted to importance of building trust with children and young people and ensuring they have the appropriate relationship to discuss certain topics. Another issue faced when engaging with children and young people was the Stigma and feelings of embarrassment that children and young people feel when discussing certain topics.	*"The majority of difficulties come from the lack of attention from the child. I rarely have issues talking to them about any issues, but often they feel ashamed to talk about such topics."* *"Just to be mindful of lived experiences and any undue impact on self-esteem or well-being if discussing topics that may be triggering"* *"children not wanting to talk about it."* *"Young people aged between 16-18 often do not heed the advice given to them and may not necessarily see a need for themselves to improve on certain areas.* *It is also difficult when they have accepted the advice that you have given them but health appointments can take a long time so by the time*

		the appointment day comes they no longer wish to engage." *"Takes time to build up trust with a child"* *"the shyness of the YP depending on the topic and our relationship"* *"Sometimes they are shy or embarrassed, but I generally take things slowly and make them feel comfortable when discussions are on sensitive subjects"*
Services	Some expressed concerns that services that they signpost to, may either be difficult to access or not appropriate for children and young people.	*"I work with CYP who have additional needs and are in care. Sometimes they do not want to engage with services and the services can seem impersonal to them"*
Parents/ families/carers	The influence of parents/ families/ carers was mentioned as playing a pivotal role in conversations around young people's mental health. It was felt that parents/carers may influence children and young people's behaviours at home and were believed to play an important role in whether suggested behavioural changes continue at home and the effectiveness of conversations with children and young people.	*"Often children will do what their parents do, so I find it hard to explain why certain things/food are not the best for your body if its what they see every day their parents doing/eating. I find no matter what my direct work involves, whatever is the norm to eat/do at home will still be done regardless."* *"Individual families beliefs and barriers regarding this subject. Use of 'proper' names for genitalia due to family using nick names/family embarrassment using these and accepting use of them"*
Barriers to engagement	Respondents reported several barriers which make it difficult to engage with children and young people. These include: • Language - knowing the appropriate terminology to use. • Environment - this may not always be appropriate for some conversations.	*"The majority of difficulties come from the lack of attention from the child. I rarely have issues talking to them about any issues, but often they feel ashamed to talk about such topics."* *"Takes time to build up trust with a child"* *"Finding the right time and appropriate environment"*

	• Time constraints - some felt they did not have enough time available and that this was needed to build trust. • Cultural differences- sometimes cultural differences made conversations about health difficult as some topics may be taboo.	*"Barriers that affect their understanding. Not being in an appropriate environment Knowledge"* *"I work exclusively with children from Gypsy, Roma and Traveller communities and am happy to speak with young people or parents about general health issues however, discussions about sexual health and puberty are taboo in GRT cultures and talking about these subjects is difficult."*

Question 10: What key thing(s) would be useful to improve your confidence and lower barriers to talking to children and young people about their physical health?

Respondents were asked what key thing(s) would be useful to improve their confidence and lower barriers when talking to children and young people about their physical health. Themes and examples are presented below.

Theme	Explanation	Examples for Illustration
Training	Many felt that receiving training would help improve their confidence. Respondents requested training on both techniques for how to have health related conversations with children and young people as well as training to enhance their knowledge on relevant health topics.	*"Improved knowledge to empower people to have educated conversations, particularly when transitioning children into adult services. Youth work support to give young people time and an open platform to discuss issues that could benefit their physical health. Sport and exercise initiatives across Warwickshire. Education on vaping in schools."* *"Training* *Support from management/ supervisions"* *"More training on physical health such as infections and long term health needs"* *"FORMAL TRAINING"* *"More available and accessible free training"*

		"Workshops to educate and support parents"
		"Clear training and guidance"
		"Support workers to understand the benefits of being active and how to have conversations about activity - not just because a young person is saying they want to be active but how to raise a conversation about being active to help with other challenges a young person is facing eg mental health, low self esteem etc
		Understanding of CMO Guidelines for physical activity and how to support young people who face barriers to being active to work towards meeting these guidelines
		This can be through training and keeping physical activity on the agenda at team meetings etc, sharing examples of how colleagues have been using physical activity with the young people they are working with.
		However, it also requires a shift in culture within organisations to:
		1. encourage and embed conversions about being active into routine practice to help with a range of challenges facing young people and
		2. Support workers to be active themselves as a way of helping their own physical and mental wellbeing - its more difficult to advocate being active when you aren't active yourself."
Resources and information	Access to resources with up-to-date information was requested e.g. signposting towards available services. This was requested in the in the format of online information, toolkits or something professionals can 'have to hand'.	*"Up to date information and resources."* *"Easily accessible information that we can pass on"* *"Child friendly leaflets with age-appropriate information, Parent leaflets with parental information,*

	Desired resources were to be targeted towards either parents or children and young people (appropriate to different stages of development).	*Accessible information for health care providers and available training when needed"* *"More training, increase my knowledge* *Leaflets, information to hand, Knowing where to signpost if need to"* *"Programmes online that we can use with young people"* *"Easily accessible videos that could be shared with parents"* *"Workshops to educate and support parents."* *"Child friendly leaflets with age appropriate information, Parent leaflets with parental information, Accessible information for health care providers and available training when needed"* *"More information around certain topics, so i know i am giving the right advice.* *A kit to explain and show the importance of physical health so the children had visuals."* *"More awareness of routes into healthcare provisions"* *"Access to local information Knowing what is available"*
Support	Several believed that having further support available would be beneficial. This may be though having additional access to local services, support from medical professionals, or from their employers.	*"access to more services without long waiting lists"* *"More professionals inputting* *"Having more information about where the child or parent can access support and advice. Having the back up of a health professional."* *"To have greater access to health professionals, to have health*

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		professionals attend meetings especially where there are multiple or complex health needs." *"Better access to ongoing support and greater knowledge of what is already available as I suspect that there is more than I am aware of."* *"knowledge support with discussing sensitive issues - especially those not in my usual clinical area of work / how to raise issues in a manner that will be welcomed"*
Time	Some desired additional time to have conversations with children and young people.	*"More time."* *"Having more time resources to be able to allow adequate time to discuss health. Often have limited time constraints. Having more understanding about mental health & how this impacts physical health."* *"More time allocated with patients to enable these discussions without a time constraint"* *"More time to dedicated to cases to build rapport with child and family and better understand the child holistically."* *"More time so trusting relationship can be established, and time taken over conversations"*
Other	Addressing stigma: many felt that stigma was an issue and that it would be beneficial to work to remove this. Outside job role: some felt it was not their responsibility to have these conversations with children and young people. More openness: one person suggested that more openness is needed, especially with boys.	*"Removing stigma's and empowering children and young people. It's important the voices of young people and children are heard, but not just heard. We should be using the information we receive to develop the work we do and factor this in to our decision making otherwise the status quo continues. I think Officers and adults would feel more confident if they felt barriers were removed and that the conversations we have will be impactful. If people do not believe*

	24	*the conversations will have a demonstrable impact you may not get the desired conversations and outcomes."* *"Is it part of my job?"* *"More openness - especially with boys"*

Question 11: Overall, how would you describe your role in supporting children and young people with their physical health?

When asked about their role in supporting children and young people with their physical health, half (51%, n=50) of respondents identified their role as being predominantly signposting and referral to other services. Respondents could only select one response to this question. A further 15.3% (n=15) provide information, advice and guidance on general health issues. There were 13.3% (n=13) of respondents providing direct and/or clinical support – 7.1% (n=7) for a range of health needs and 6.1% (n=6) for specific health needs. Around a tenth (11.2%, n=11) of respondents said that they did not currently support children or young people with their physical health, whilst 8.2% (n=8) selected the 'other' option.
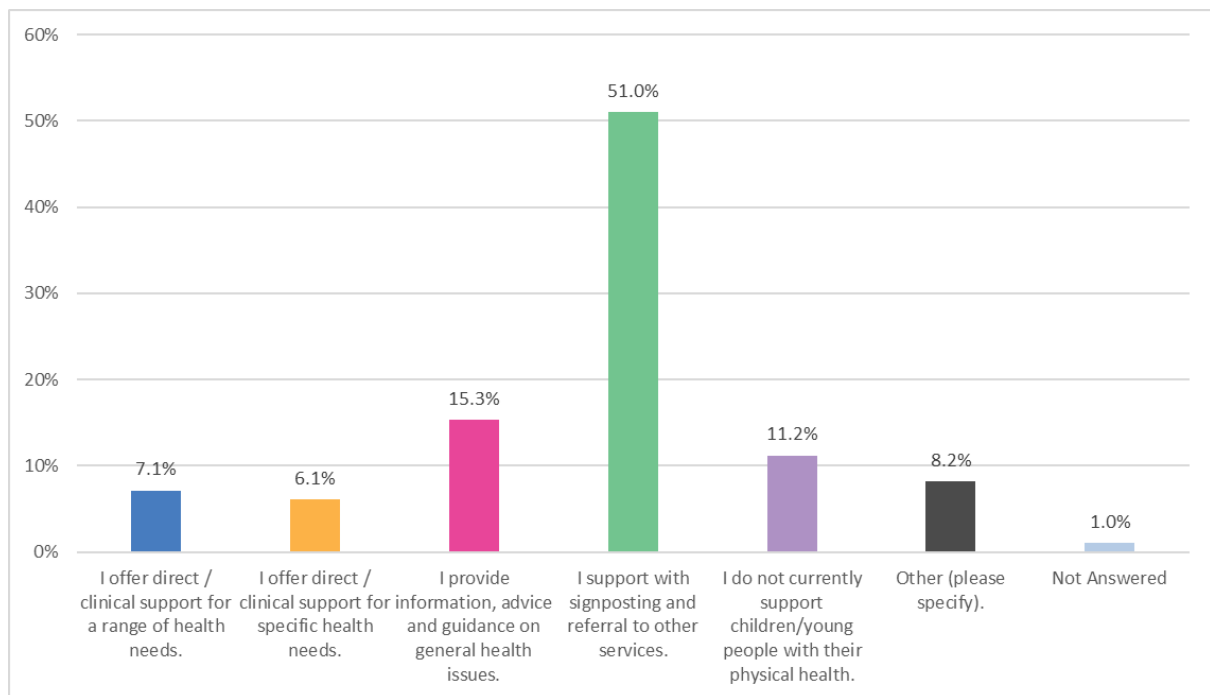
Figure 11 - Overall, how would you describe your role in supporting children and young people with their physical health?

Numerous comments were also received in response to this question, from which three themes can be identified. There were seven comments mentioning guidance, general support of signposting;

- *"I do a mix of the above; within my specialty I can offer direct clinic support if it is outside of my specialty I can refer for support/guidance."*
- *"I offer direct support for certain needs, sometimes just advice/information and other times I signpost"*
- *"I provide information, advice and guidance on general health issues. I support with signposting and referral to other services."*
- *"And also support with signposting where it's outside my expertise. This question should allow more than one option to be selected"*
- *"As supported accommodation we are there to offer advice and point young people in the direction that they need should they need extra support."*
- *"I mainly signpost but there is a level of information sharing you do as a youth worker too"*
- *"I provide occasional advice and guidance around physical health and I will make referrals to other organisations including Warwickshire front door around physical health."*

Five respondents identified more specifically their professional role;

- *"Hospital based consultant paediatrician"*
- *"Clinical Nurse Specialist in Complex Care inc PMLD, tracheostomy's and vented children*
- *"Support a team of FSW's holding caseloads."*
- *"I give daily information and support with health. I am responsible for prompting young people with oral hygiene/ diet/ personal hygiene. I administer medication. I take young people to appointments and will work with them if there are any anxieties or worries. I advise and signpost as well as support with individual difficulties around substance misuse, alcohol, smoking."*
- *"I provide 1:1 support for young people and their parents/carers. I support in improving their physical health and wellbeing. I support with emotional and mental health. I work in the safeguarding arena, supporting those who are experiencing neglect, abuse and trauma."*

Four comments mentioned promoting some aspect of healthy lifestyles;

- *"I don't specifically support children with physical health, but work with them in outdoor gardening and creative projects, so there's a lot of physical activity and we grow healthy food so talk about that and how to use it."*
- *"[Respondent's organisation] has the potential to increase the number of children walking, scooting, cycling and wheeling to school which would have a positive impact on their health. If children and adults enjoy these journeys they are more likely to travel actively for other journeys or take up pursuits which are active."*
- *"We provide support, advice and guidance on being active by encouraging those who come into contact with those who are least active to embed physical activity within their practice"*
- *"we support people/children who want to quit smoking"*

Question 12: What level of support do you give to children and young people with these specific health needs?

Respondents were asked about the level of support they provide to children and young people, relating to specific health needs. Signposting and referral were the most common forms of support provided by respondents, with between 35-50% of respondents saying they provided this for each health need. The health need with the highest response for signposting and referral was oral health (48%, n=47), whilst the lowest response for signposting and referral was for adolescence and teenage health (36.7%, n=36) (with the exception of 'other' health needs).

There was an option to select 'other'. Most respondents (71.4%, n=70) did not respond to this part of the question and 13.3% (n=13) said they do not provide support in relation to 'other' health needs. There were 6.1% (n=6) respondents who said they provide signposting and referral support for other health needs, and 7.1% (n=7) who provide information, advice and guidance. There were 2.0% (n=2) of respondents who provide direct/clinical support for other health needs.

Figure 12 - What level of support do you give to children and young people with these specific health needs?

There were several additional answers provided in the free text box, as displayed below. There were additional forms of support highlighted, such as going to a Speech and Language Therapist or SENCO, signposting to active events, and signposting other staff and information resources such as books or leaflets. Six of the comments mentioned signposting. There were also additional health needs identified, including mental health, behavioural concerns and neurodevelopmental.

All areas are signposted or supported with advice. Depends on the subject / needs of person. Some actions may be required rather than discussed and non-actioned
Most of these I would offer 1-1 support and guidance and signposting or referral as required
I would involve SLT Senco.
Mental health

| |
|---|
| We offer signposting via schools to walking and cycling events and provide active travel maps to families. |
| Behavioural concerns, Neurodevelopmental |
| I signpost school staff to the relevant agencies to provide support to the child and their family. |
| I signpost and may refer for the above as well. |
| Sometimes it is a mix of providing information and signposting. |
| If I have information leaflets or posters to offer to young people or books etc that may be helpful if parents ask questions I will pass that on |

Question 13: Could you describe what actions you would normally take if a child or young person's health needs exceeded the support you could offer them?

Respondents were then asked 'Could you describe what actions you would normally take if a child or young person's health needs exceeded the support you could offer them?'. Respondents were allowed to select more than one answer and therefore the percentage below represents the proportion of overall respondents. Most respondents would take the following actions; 'I would speak to a specific service' (79.6%, n=78), 'I would speak to colleagues I work with' (66.3%, n=65), and 'I would flag with the parent/carer' (65.3%, n=64). There were 10.2% (n=10) of respondents that said other.
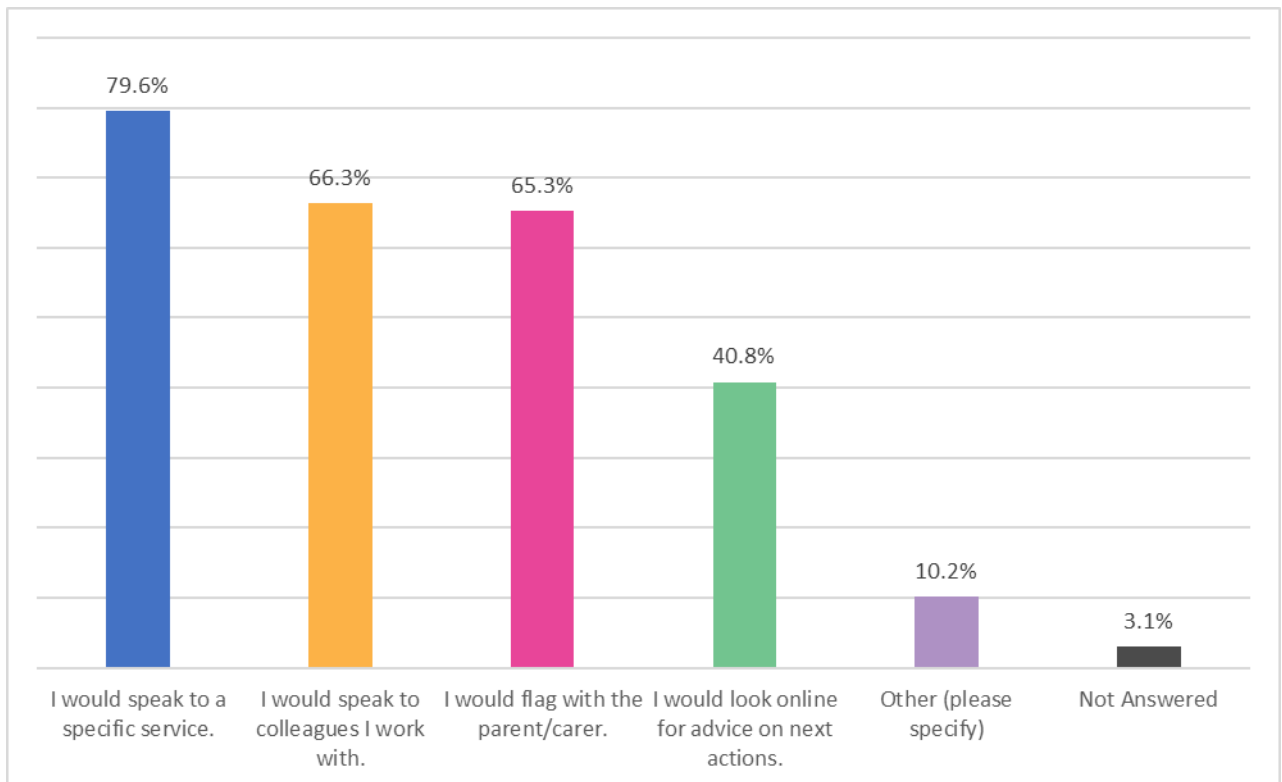
Figure 13 - Could you describe what actions you would normally take if a child or young person's health needs exceeded the support you could offer them?

Respondents were given the opportunity to provide more details, from which several topics emerged. Some topics were mentioned more than once including; Discussion with manager/supervision (n=3), Seeking relevant further support (n=3), 'Connect for health' referral (n=2), and signposting (n=2). Several other topics were also raised including; escalating for school, offering direct support, speaking to the SLT/SENCO, Fraser guidelines and Gillick principles, Referral to specialist service, GP/111, speaking to the social worker, referring to the teacher or TA and speaking to the parent or carer. The table below shows the full detail of the comments added.

It's usually linked to the school so if I had a concern I would escalate it to them. However, I've worked with them in the past to directly seek support such as counselling for children with their families' consent.
discuss with manager - appropriate advice can be decided / discussed
Signpost to other professionals who may be able to offer advice/support.
Joint supervision with social worker and managers, Supervision with line manager
I would suggest referral to connect 2 health
Speak with SLT Senco.
raise in supervision and signpost
Abide by Frasers Guidelines and Gillick Principles and respects the young persons right to confidentiality in line with safeguarding procedures
everything that is relevant
Not applicable to my role
I would make a referral to a specific service, such as connect for health, or advise the parent/carer to make a GP appointment, or call 111 for advice.
Flag with social worker
I would refer to the teacher or TA
It could be a mix of all the options, it would depend on the subject
Speak to the CYPs parent/carer.
We can offer support on health needs but if it were to surpass the advice that we were able to give or became a cause for concern we would then both communicate with the young persons professionals and seek further support for the young person either via: Doctors, dentist, Opticians, hospital or other relevant services.

Question 14: Are there areas of children's physical health that you feel you need to know more about to improve the support you offer?

Respondents were then asked 'Are there areas of children's physical health that you feel you need to know more about to improve the support you offer?'. Nearly half (43.9%, n=43) of the respondents said 'not sure'. A further 38.8% (n=38) said 'yes', whilst 14.3% (n=14) said no. A small minority (3.1%, n=3) did not answer.
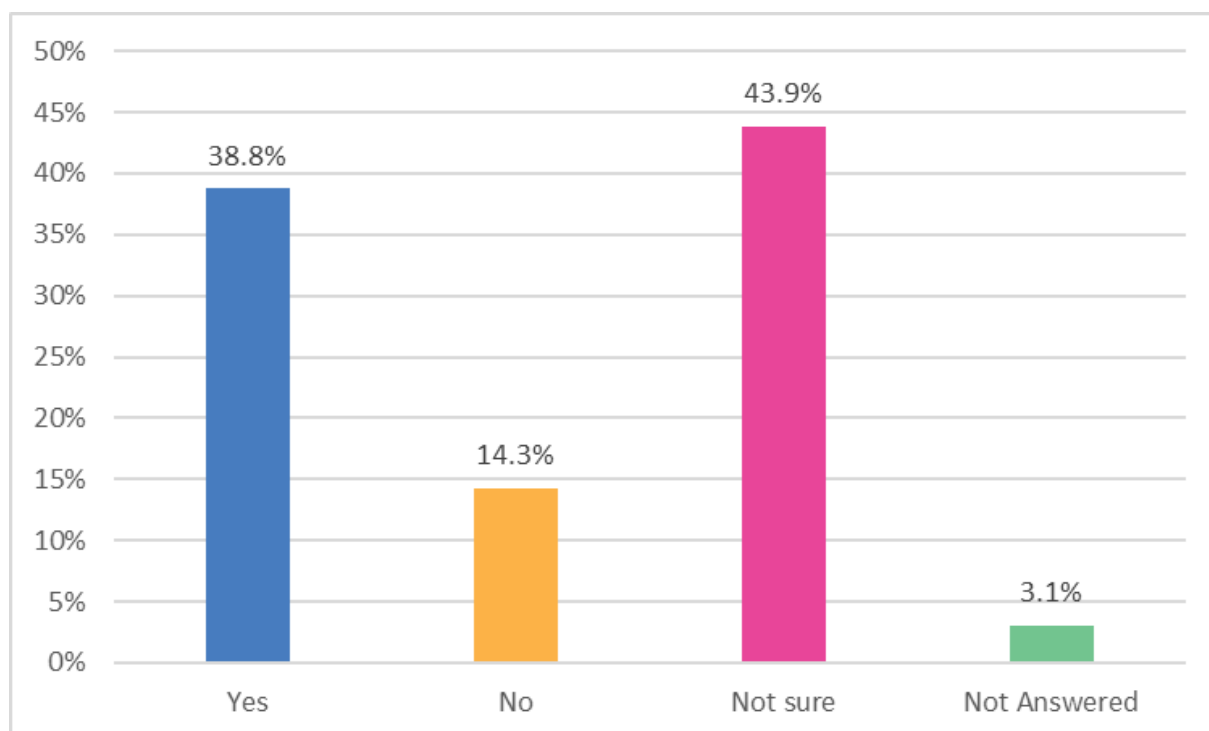
Figure 14 - Are there areas of children's physical health that you feel you need to know more about to improve the support you offer?

Respondents who answered "Yes" to question 14 were asked what areas they would like to know more about. The responses are summarised below.

Theme	Explanation	Examples for Illustration
Physical health conditions or concerns	Respondents highlighted several physical health conditions or concerns that they would like to know more about. These included: • Sexual health • Adolescent health • Long term health conditions • Learning disabilities and difficulties. • Toileting	*"Sexual health is always a big issue that needs to be discussed but can often present a number of barriers. I am also not confident in menstrual cycles and how to discuss those with young ladies so I feel that I would struggle in those situations."*

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|		
	• Sleeping issues • Drugs & alcohol • Eating & nutrition • Oral health • Infections • The impact of long COVID. • Personal hygiene Some respondents said they could do with more knowledge on physical health in general, without mentioning specific areas. There was one response wanting more knowledge on toileting specifically relating to those with autism.	*"An over view of all areas especially around teenagers and adolescents and the struggles they may have."* *"I would like to know more about chronic health issues, however this might be something that would come up as and when we needed for children we look after."* *"More needs to be offered by way of educating people/parents/carers/professionals around children who suffer trauma, attachments difficulties, neurodivergence. Many are not well adverse in understanding children who are, for example ADHD, autistic, dyslexic, or have attachment and trauma. These are huge issues that need to be addressed as the gap is widening and children and young people needs are not be met through a lack of awareness, understanding, insights and services."* *"Toileting – particularly in autism community as they often withhold."* *"I would also like to have more information and training to hold supportive conversations about eating when there are serious concerns (e.g. binge eating, eating disorders).* *"I actually don't know much about oral health other than brush your teeth twice a day."* *"Long term covid and impact on physical health"*
Services & support	Several responses said they would like more information on services and support in the county to help them know where to refer for different physical health issues.	*"An easy guide on how to refer and who to for certain things i.e. sexual health would be really useful as a lot of the time we refer back to the GP which may not always be the most appropriate."*

	One response said they would like to work more with services to provide more activities promoting physical development. One response said they would like more child friendly information on physical health that they can share with children. Respondents identified different areas of services and support they would like to know more about, including: • Healthy lifestyles and weight management • Sexual health • Parenting support • Tics and tourettes • Continence	*"The directory of services that are available and what support they offer."* *"I work in a children's nursery and I wish we would cooperate more with some service to provide and deliver more activities promoting physical development. From my experience it's all up to us and us only even if we do not have enough knowledge or resources. My dream would be to have proper PE lessons for the children, lead by a physical education specialist. Nursery practitioners are not PE teachers, some of us do not even have a basic ability to do any sports with the children."* *"More child friendly info on all topics (resources) to share with children."* *"What support is available for: Healthy lifestyles/weight management* *Risky sexual behaviours* *Parenting support"* *"Tics and Tourette's. Not from the perspective of offering direct support, but where support could be accessed from."* *"Continence support"*
Knowledge of the picture of children's physical health	Some respondents wanted to know more about the picture of children's physical health in the area. This includes information/data relating to the physical health of children, and best practice approaches identified by children to support their physical health, including overcoming barriers.	*"Information about how active children and young people are. How many children are not active but would like to be but to not pursue this due to actual or perceived barriers. This would help us to start breaking down these barriers and look at how the work we do can improve the physical environment to allow them to be more active."* *"Knowing about physical health of children in our village would help us target work we do".*

		"What the 'right' way or best practice way is that children themselves have said they would like improved support on." *"Difficulties (very personalised experiences, to come from service user). Day to day experiences – impacts that are often unheard/unseen barriers."*
Mental health	Some respondents identified the link between mental health and physical health and wanted more knowledge on how to understand this link. One respondent also wanted to know more about mental health.	*"When working in mental health it is important to understand the context in which the symptoms happen, the frequency, intensity and duration – as many symptoms can cross over with physical health needs."* *"Mental health"*

Question 15: Which statement most closely aligns with your view on services and support for these broad areas of children and young people's physical health?

Respondents were then asked 'Which statement most closely aligns with your view on services and support for these broad areas of children and young people's physical health?', the responses are demonstrated in Figure 15.

Nearly a third (29.6%, n=29) of respondents felt that services for toileting, sleeping and eating, were difficult to access and don't meet need, which was more than any other area of health. When looking at support that is easy to access and meets need, the areas of health with the highest levels of agreement were healthy lifestyles and alcohol (22.5%, n=22), drugs, smoking and vaping (22.5%, n=22). A quarter of respondents (25.5%, n=25) felt that services for long term health conditions met need but were difficult to access. This was higher than any other health area.
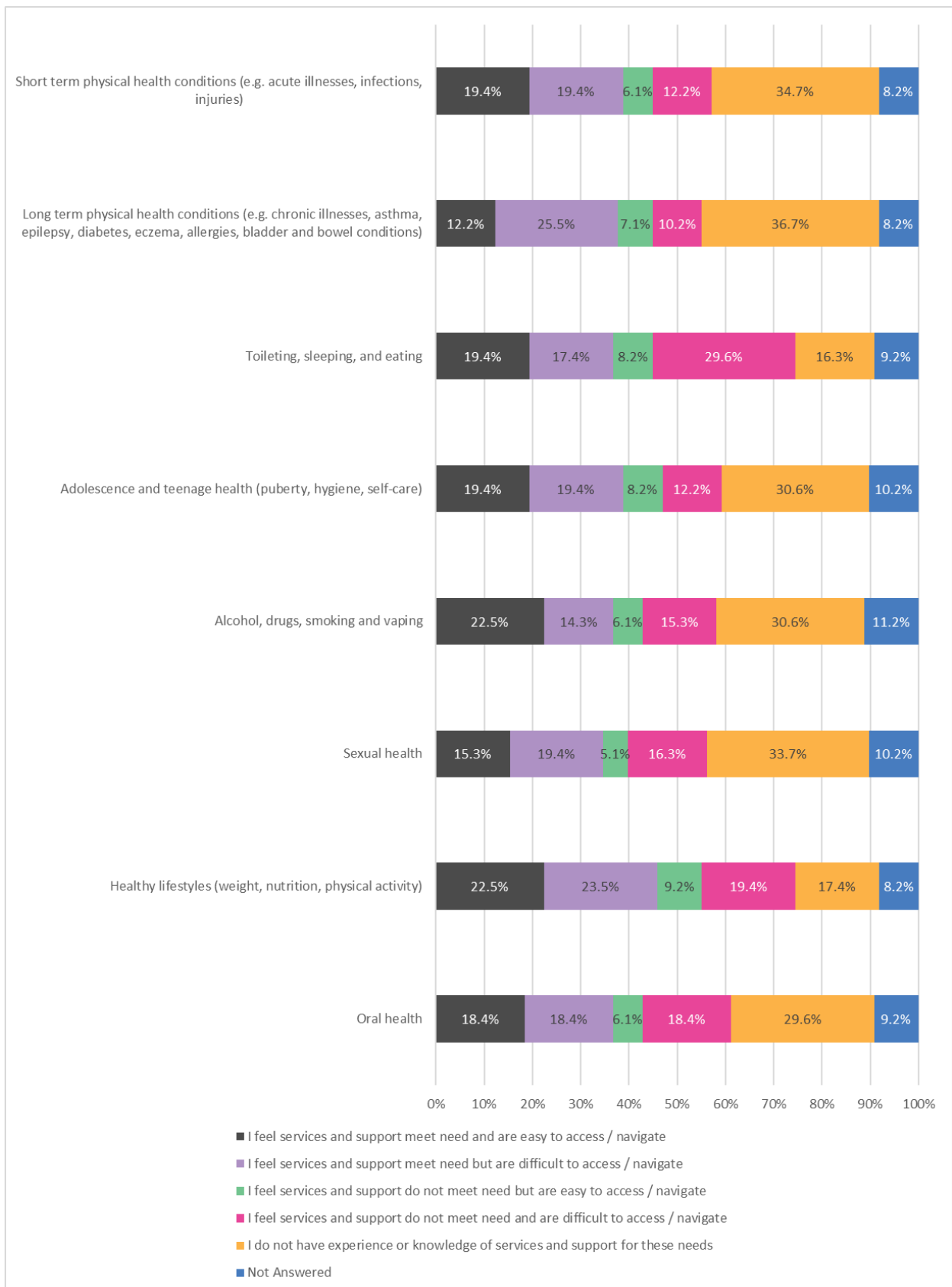
Figure 15 - Which statement most closely aligns with your view on services and support for these broad areas of children and young people's physical health?

There was an option to pick 'other', most respondents did not answer this part of the question, though 10.2% (n=10) responded with the option 'I do not have experience or knowledge of services and support for these needs'. There were 3.1% (n=3) of respondents who felt services were difficult to access and didn't meet need, whilst 4.1% (n=4) felt services met need but were difficult to access. One respondent said services are easy to access but don't meet need. Two respondents said services were both easy to access and met need. Respondents were also given an opportunity to provide more detail in a free text box under question 15. Three comments were provided as below.

Parents sometimes find it difficult to access health needs after 5 years of age and upwards and it is limited eg toileting/soiling if the child has autism in mainstream schools as school staff are reluctant to intervene due to their restrictions etc
Support for children with neurodevelopmental needs such as ADHD and autism is very difficult to access and these children are being failed.
Waiting lists for families to see support around sleep in any age child is ridiculous and many have to wait to see an adult service before getting any useful support. This has a long term impact on parents who may have different views about approaching sleep with young people/kids/infants and as no one may be getting sleep can leave to break up of parental relationships etc

Question 16: If you would like to explain your answers to question 15 please comment below. – is there anything you would like to add about the provision of clinical and preventative/lifestyle services for children's physical health?

Respondents were given an opportunity to expand on their answers to question 15. Answers are captured below.

Theme	Explanation	Examples for Illustration
Access	Respondents highlighted different access concerns, including: - Lack of GP and primary care health appointments. - Knowing how to access support. - Lack of capacity in all services and long waiting lists. - Access to dental care for children with SEND. - Access to services for students. - Barriers to training opportunities. One respondent highlighted that dentists are available throughout Warwickshire.	*"Access to GP and other primary care health appointments is not adequate for need and families do not know where to get support for common health concerns. Inadequate general health education and support for all families to help reduce demand on more specialist support".* *"Lack of GP appointments for short term medical conditions Lack of continence service in Warwickshire Lack of sexual health services accessible in the community for young people".* *"You need the knowledge on how to access the support and it's not always easy."*

|		*"All services are lacking capacity. The impact fluctuates depending on specific needs (sometimes trends) of people accessing services."*
		"Long waiting lists and caseloads".
		"In terms of oral health, I have come across several cases where parents have not been able to access dental care for their child who has SEND. I have worked with families who have struggled to get GP appointments to get a referral to see the paediatrician when their child has ongoing medical needs related to their SEND."
		"There needs to be more services to support student access to "appropriate support". EG: service needs that are listed above are available (GP covers some/dentists etc), but it's getting those students to locations/to access the support when required/before required…before crisis point."
		"As a team we are provided with vast and various training opportunities but often met by barriers in the way due to funding from local councils, especially the CRG who continue to not understand the needs and burden of care that comes with having a child with PMLD requiring 24/7 care. These families are constantly fighting to receive the basic care their child is entitled to."
		"Oral health – dentists are available throughout Warwickshire".
Signposting and referral	Respondents highlighted challenges with knowing where to signpost or difficulty navigating to find signposting opportunities.	*"Other than googling NHS website or asking drs I do not know where to go".* *"As a professional, I occasionally find it challenging to navigate around pages to find the correct*

	There was also a suggestion that lead professionals refer for specialist advice and provide contact details.	*service to support when helping families".* *"Our service is strictly mental health, any concerns of physical health needs we signpost."* *"I would suggest lead professional refer for specialist advice and provide contact details".*
Information	Respondents highlighted that sharing key messages and data would help to provide information that could then prompt further understanding about key challenges and how to support children and young people experiencing them.	*"Advice and conversations about being active could be included more broadly within practice – helping practitioners to understand the benefits to young people of being active, the full breadth of opportunities to be active (formal in informal), supporting young people to work out how they would like to be active in a way which works for them or co design new activities and be able to support young people to access these opportunities."* *"I believe we have a lot of data and evidence surrounding physical health however, I feel we need to use this data positively to bring about change. The data we have childhood obesity is startling and I think would shock a lot of people. Rather than using the data though to shock we should use the data to say this is why its so important we make our streets safer, its why we should factor this information with a lot more weight than we currently do. If we look at nations which have lower rates of obesity they have better access to sports facilities and infrastructure that supports children and young people to travel actively and independently. The impact of doing this is exponential. It would save the NHS millions if not billions, it would decrease levels of diabetes, decrease levels of obesity and, reduce congestion if more people are travelling actively. This in turn also would improve air quality and*

			reduce the health risks posed by poor air quality."
Other	One respondent was concerned about the availability of interpreters and translations in the NHS. Another respondent suggested some families may struggle to get help over certain subjects due to a fear of stigma.		*"NHS services are under a legal obligation to provide interpreters and translations for linguistically diverse groups, but on occasion, I have had to challenge service providers who are failing in their duty. In some cases I have referred medical services to Equip to challenge at NHS Trust level."* *"Often certain subjects such as sexual health a family may not reach out for help with due to stigma."*

Question 17: When supporting children and young people with their health as part of your work, what is the balance between supporting physical health needs and mental health/emotional wellbeing needs?
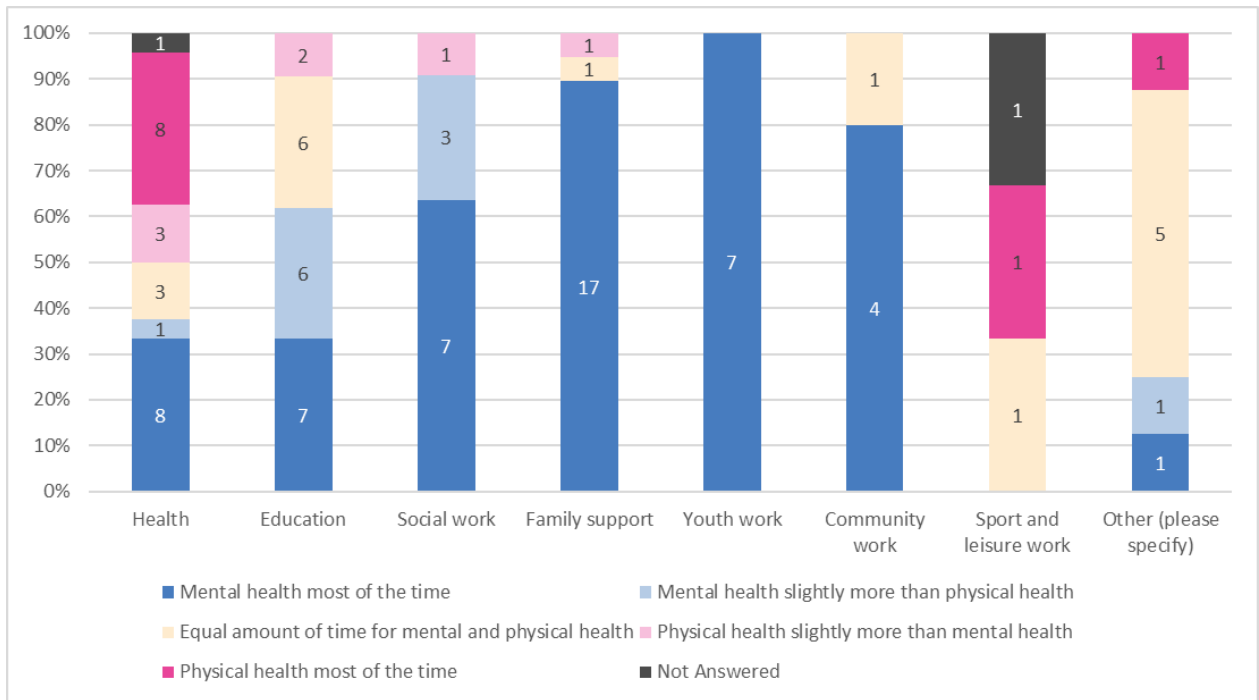
Respondents were then asked 'When supporting children and young people with their health as part of your work, what is the balance between supporting physical health needs and mental health/emotional wellbeing needs?'. Only one response could be given. Just over half (52%, n=51) of respondents said that they supported with mental health most of the time (Figure 16). A further 11.2% (n=11) said they supported with mental health slightly more than physical health. These two figures suggest that professionals responding to the survey tended to support with mental health more than physical health. There were 10.2% (n=10) of respondents who said they supported with physical health most of the time and a further 7.1% (n=7) who said they supported with physical health slightly more than mental health. For 17.4% (n=17) of respondents, the balance between mental and physical health was about the same.
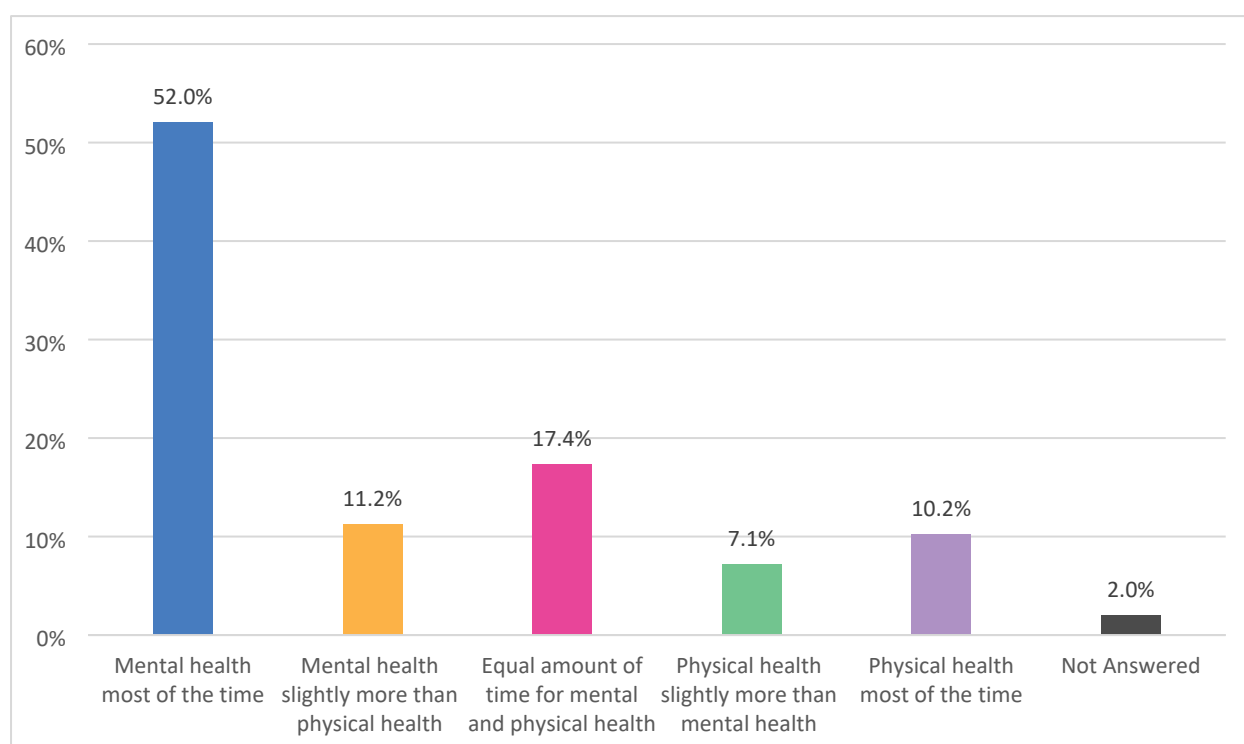
Figure 16 - When supporting children and young people with their health as part of your work, what is the balance between supporting physical health needs and mental health/emotional wellbeing needs?

Figure 17 below shows the responses to this question by professional sector. For youth work, all respondents said 'mental health most of the time'. The majority of professionals from Education, Social Work, Family support, Youth work and Community work, supported with mental health more than physical health. For Health, there were slightly more professionals (n=11) working to support physical health, than those working mostly to support mental health (n=9).

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Figure 17 - When supporting children and young people with their health as part of your work, what is the balance between supporting physical health needs and mental health/emotional wellbeing needs?

Question 18: Have you ever used physical health interventions with the aim to also support mental health and wellbeing? For example, encouraging someone to take part in a sports activity to support their physical activity and their mental wellbeing.

Respondents were asked a follow up question 'Have you ever used physical health interventions with the aim to also support mental health and wellbeing?'. The majority of respondents (81.6%, n=80) responded 'yes'. Just under a fifth (18.4%, n=18) of respondents said 'no' (Figure 17).
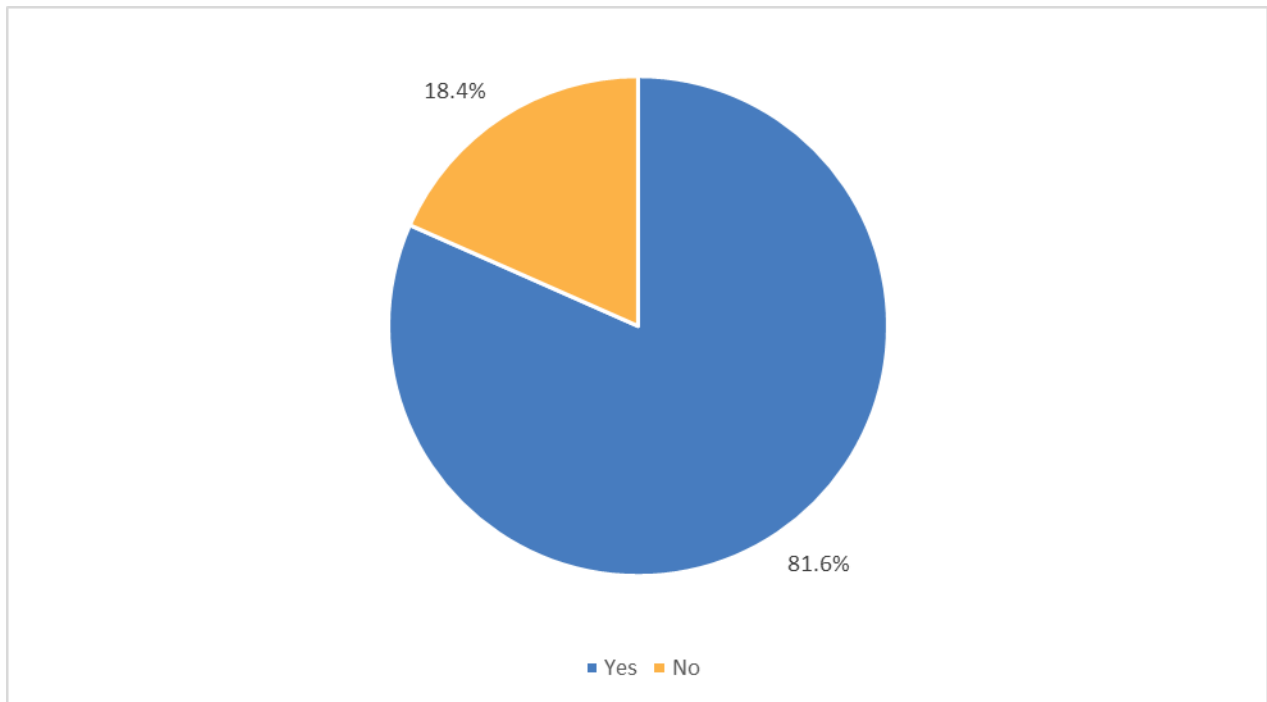
Figure 18 - Have you ever used physical health interventions with the aim to also support mental health and wellbeing? For example, encouraging someone to take part in a sports activity to support their physical activity and their mental wellbeing.
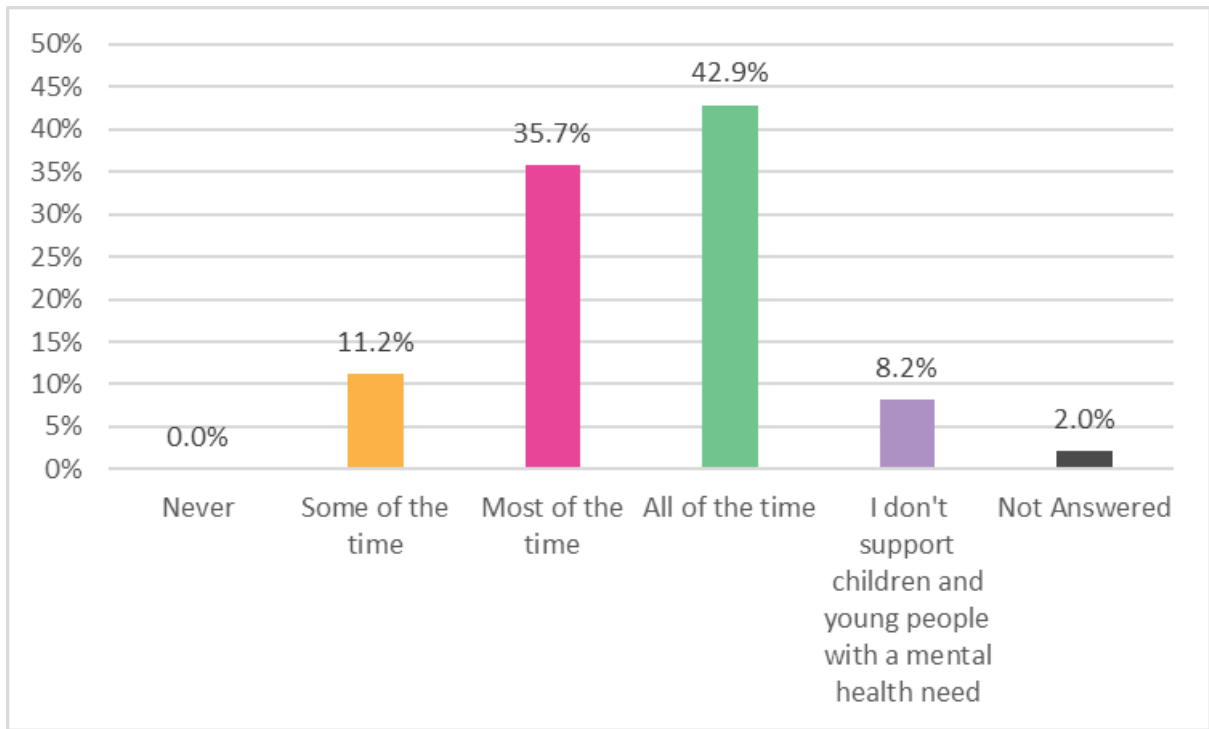
Question 19: If you are supporting a child or young person with mental health needs, how often would you also consider their physical health needs?

Another question was then asked; 'If you are supporting a child or young person with mental health needs, how often would you also consider their physical health needs?'. One response could be given. Nearly half (42.9%, n=42) said they also consider physical health needs 'all the time' (Figure 18). A further 35.7% (n=37) said most of the time, meaning the majority of professionals responding to the survey supported physical health alongside mental health for the majority of the time.

Figure 19 - If you are supporting a child or young person with mental health needs, how often would you also consider their physical health needs?

Question 20: How strongly do you agree or disagree with the following statements?

In response to this question, the majority of respondents strongly agreed or agreed that they felt confident offering general advice and guidance about both mental health (75.5%, n=74) and physical health (69.4%, n=68) (Figure 20). Most respondents also said they had a good knowledge of resources and services to support both mental and physical health. The proportion of respondents who said this about mental health (72.5%, n=71) was higher than physical health (56.1%, n=55). However nearly a quarter (22.5%, n=22) of respondents disagreed or strongly disagreed with the statement 'I have a good knowledge of resources and services available to support children and young people's physical health'.

When responding to the statement 'I feel confident talking to children and young people about their mental health', 77.6% (n=76) of respondents said they agreed or strongly agreed.
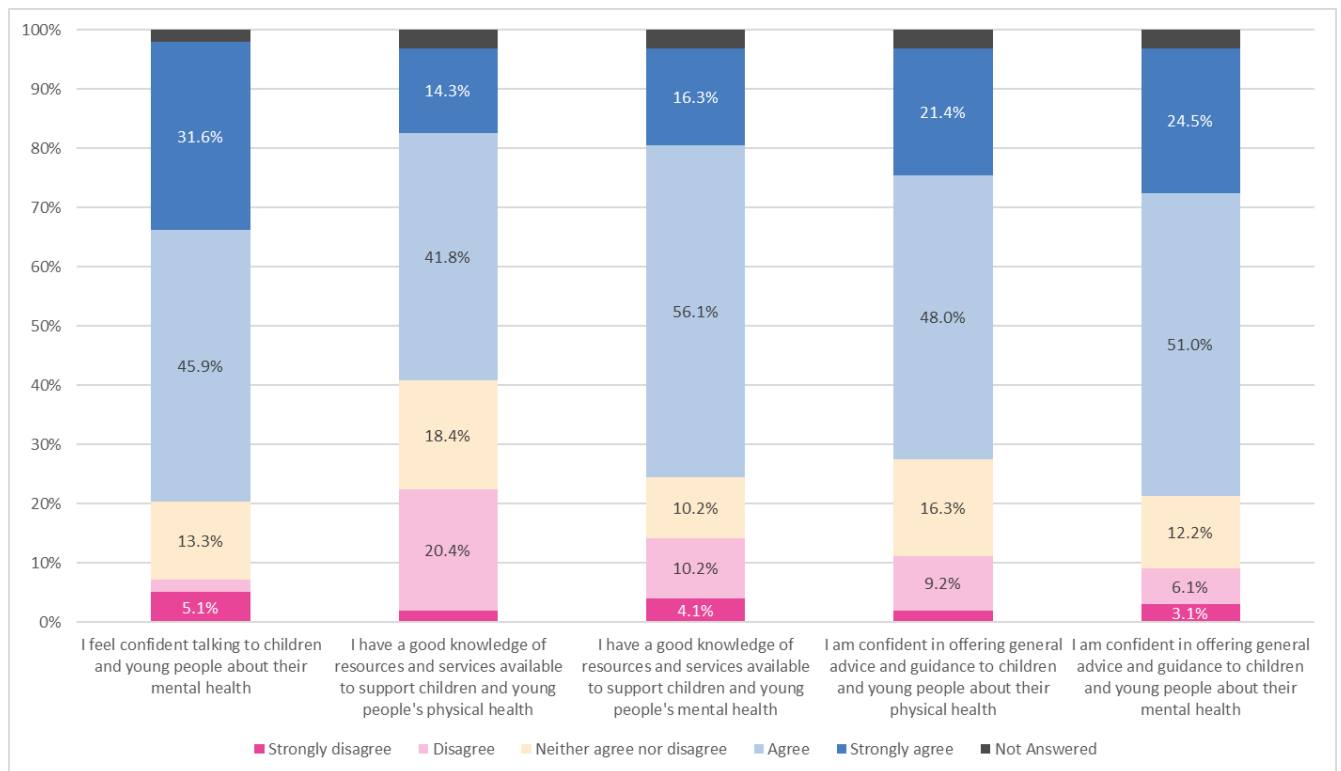
Figure 20 - How strongly do you agree or disagree with the following statements?

Question 21: If you would like to explain your answers to question 20 please comment below. – Would you like to provide any comments to explain your answer to questions 18-20?

Respondents were given the opportunity to expand on their answers to question 20. The answers are summarised below.

Theme	Explanation	Examples for Illustration
Relationship between Mental Health and Physical Health	The majority of the responses which mentioned a relationship between MH and PH discussed how the two are interlinked and overlap, with a few of the responses going into further details/highlighting other themes. A response from a Tier 2 service (working within a children's MH team) highlighted that mental and physical health seem very separate and stated they only felt confident discussing physical health due to a previous role they had had. It was mentioned that the quality of services can directly impact on both mental and physical health.	*"I work predominantly in physical health but this does overlap with mental health."* *"I see a significant amount of children presenting with physical health symptoms secondary to mental health difficulties"* *"I feel confident to talk to children/young people about their physical health, however I think this is only due to my previous role in a health visiting team rather than the role I have within a children's mental health team now. Physical & mental health seem very separate. However, I'm assuming this is*

	Regarding schools, it was mentioned that despite the respondent recognising the link between mental and physical health, they did not feel this was the case within schools	*because it's a tier 2 service therefore needs to be more 'specialist'."* *"Where can they really go to get the help they need whilst they're on the long waiting list? Their mental and physical health declines and then you have a serious issue to resolve. Whereas earlier intervention would make their lives better sooner, not ruin their childhood AND save money on acute services. It's a poorly resourced system and children are being failed."* *"Mental and physical wellbeing are clearly linked, I don't think that message is what schools understand yet and often I deal with the fall out with young people who have struggled with e.g. a long term health concern that school don't seem to consider impacts on their general wellbeing"*
Confidence levels	Part of the question asked respondents to rate their confidence on offering general advice and guidance about children's mental and physical health. There was a mix of responses, with some stating a confidence in just mental health or just physical health and some stating feeling confident in both physical and mental health. Examples of confidence in mental health included feeling able to discuss topics with children and young people and the ability to refer to services where appropriate, with one going into more detail about the mental health specific training/tools they are equipped with which gives them confidence to support children and young people. Some responses stated they felt the need to seek support from a colleague when discussing mental health.	*"It's part of the job - support the service users"* *"I feel confident to talk to children/young people about their physical health, however I think this is only due to my previous role in a health visiting team rather than the role I have within a children's mental health team now. Physical & mental health seem very separate. However, I'm assuming this is because it's a tier 2 service therefore needs to be more 'specialist'."* *"I work predominantly in physical health but this does overlap with mental health. If I feel the mental health aspect is out of my remit I will liaise with colleagues & make referrals where needed."* *"As i work with CYP with mental health needs daily, I feel confident in addressing this topic and providing*

|	One response stated a confidence in knowing what the correct response would be for a mental health referral, but a lack of options available/wait lists make it difficult to support the child	*advice moreso with guidance of supervision for complex cases."* *"I have worked alongside children who suffer with mental health. I have trained in emotional resilience, drawing and talking to support, MH first aid, knowledge of what services are available online and face to face, an able to refer to services and have built up good relationships with services and children to offer them support"* *"For mental health we use cas and mind but waiting lists are long for diagnosis and edpsych are not available. We know what to do but cannot find support easily that is specific to that child's needs"*
Referrals	Some of the responses spoke about making referrals and when this would be – all of the responses which spoke about referrals were related to children and young people and mental health.	*"If I feel the mental health aspect is out of my remit I will liaise with colleagues & make referrals where needed."* *"If I feel that a young person is struggling with their mental health I will advise them to speak to a GP and request counselling services."* *"I have worked alongside children who suffer with mental health. I have trained in emotional resilience, drawing and talking to support, MH first aid, knowledge of what services are available online and face to face, an able to refer to services and have built up good relationships with services and children to offer them support"*
Services	Some of the responses brought up the services which are currently available, again mainly focusing on mental health. None of the responses were positive when speaking about the services, with quite a few being named as being inadequate to support the mental	*"I feel we need more services available to support with this growing need as they are mainly reaching crisis point intervention"* *"The real issue is the delay in camhs and the delay in school counselling"*

	health needs of children and young people. Those named included CAMHS. A few responses identified the long wait times for services as being a problem and spoke about the need to services to be available before it becomes crisis point intervention	*"For mental health we use cas and mind but waiting lists are long for diagnosis and edpsych are not available."* *"I know about the services but the services aren't good enough. The CAMHS waiting lists are disgraceful and no where near meeting young person need. Where can they really go to get the help they need whilst they're on the long waiting list? Their mental and physical health declines and then you have a serious issue to resolve. Whereas earlier intervention would make their lives better sooner, not ruin their childhood AND save money on acute services. It's a poorly resourced system and children are being failed."* *"Cahms service info sometimes sends you around in circles to gain the info needed to support and if this is like this for myself then what is it like for parents especially if the parent has learning needs themselves which is sometimes the case"*
Other	One response recognised the impact of the pandemic on children and young people's wellbeing and mental health and the importance of keeping up to date with the evolving needs of children and young people.	*"I keep myself updated of the mental health needs of children and young people as this is important especially since the pandemic and the impact this has had on our children's everyday wellbeing and mental health."*

Question 22: We know that some children and young people experience health inequalities which can make them more vulnerable to poor health outcomes than others. Do you ever work with any of these groups, and have you ever given them support with their physical health?

Respondents were then asked whether they have worked with or support the health of specific groups of children that may be more vulnerable to poor health outcomes. The groups where the largest proportion of respondents said they worked with and supported their health, were; children and young people open to social care (43.9%, n=43), children and young people in care (40.8% n=40), and children and young people who are care experienced (37.8%, n=37) (Figure 20). In contrast, young carers (36.7%, n=37) were the group for which the highest proportion of respondents said they had worked with but not supported physical health. Most respondents (60.2%, n=59) had not worked with children and young people who are part of military families.
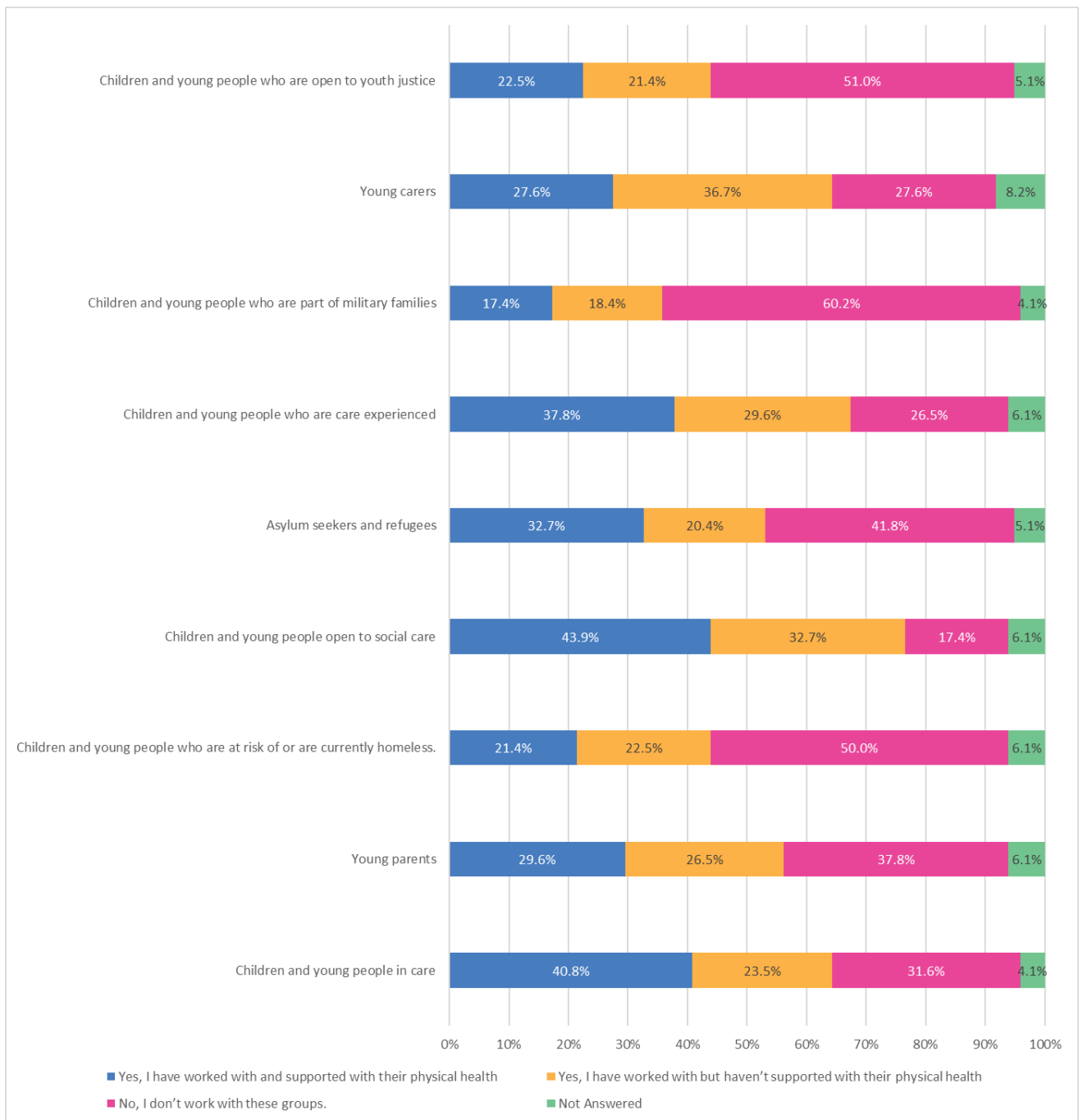
Figure 21 - We know that some children and young people experience health inequalities which can make them more vulnerable to poor health outcomes than others. Do you ever work with any of these groups, and have you ever given them support with their physical health?

There were numerous respondents that added further detail in the free text box, relating to other groups they support within their work. These comments are shown below. There were six mentions of children and young people with disability, SEND or complex needs. Other comments highlighted additional groups.

Disabilities and bereavement
CYP with Special Educational Needs

Children with identified additional needs	
Pupils from GRT communities	
I have put that I don't work with these groups however it is not that I don't work with this group, its that I have not as of yet	
children with disabilities	
I work with families experiencing poverty	
Children with complex needs	
Insight tells us that girls are less likely to be active than boys and that young people from an ethnically diverse community, living in a deprived area or who are living with a disability or long term health condition are less lively to be active. The Active Lives children's survey provides more detail on young peoples attitudes and behaviours to being active: https://activelives.sportengland.org/	
I work with asylum seeking families . A large part of my role is health /medical .	
LGBTQ - mental and physical health.	
SEND	

Question 23: If you would like to share your experiences of supporting these groups with their physical health please comment below (please only talk about general experiences and please do not include any identifiable information about individual children, young people or families).

Respondents were asked if they'd like to share any experiences of supporting these groups with their physical health. Answers are summarised below.

Theme	Explanation	Examples for Illustration
Supporting children and young people	There were few responses to this question, however of those that did answer, majority spoke about the ways they support children and young people and their physical health. Some of the ways in which this is achieved are: - Signposting to improve access - Encouraging children and young people to join physical clubs (such as sports clubs) - Referrals to GP - Referrals to sports centres - Referrals to services One response detailed some examples of work being done to improve children and young people's physical health, such as	*"support all areas - focus is service user. Role is to support (education), but signposting is big part of improving all round access / service user health and well-being"* *"Encouraging young people to join sports clubs e.g. football; rugby; boxing"* *"Referred and supported to local sports centres, GP, other services etc that can help their physical health in the long and short term"* *"We have examples from both our work and from across the Network of Active Partnerships and our partners such as Streetgames of projects which use sport/physical activity to support vulnerable young people. Happy to share these"* *"Streetgames have also developed a CYP social prescribing toolkit which may be of interest https://www.streetgames.org/2023/12/04/toolkit-childrens-social-prescribing/"*

	Streetgames, and had a link to a toolkit which is available	
Access	Access to services was brought up a couple of times, with the following factors being identified as having an impact on access: - Poor knowledge/understanding of services - Not knowing how to access services - Transport - Financial impact Mental health services were mentioned in one response which stated they are underfunded despite seeing a rise in poor mental health amongst children and young people, and stated there is a need to improve this.	*"These families often struggle with poor knowledge or understanding of services, how to access and difficulties with transport/financial impact of attending appointments"* *"Services for children and young people can be difficult to access for example children experiencing mental health issues. We know mental health services are poorly funded and yet the increase of deteriorating mental health in the young is staggering. I feel we need to more within this area to improve quality of life and aspirations for young people by supporting them with education, training, employment and housing options."*
Services	As above, mental health services and their importance were mentioned by one respondent. Another mentioned that families who are experiencing health inequalities may not have the knowledge of what services are available to them and may be held back by other constraints, such as transport or finances	*"Services for children and young people can be difficult to access for example children experiencing mental health issues. We know mental health services are poorly funded and yet the increase of deteriorating mental health in the young is staggering. I feel we need to more within this area to improve quality of life and aspirations for young people by supporting them with education, training, employment and housing options."* *"These families often struggle with poor knowledge or understanding of services, how to access and difficulties with transport/financial impact of attending appointments"*