Facility-Based Tools

The HEADSSS Assessment

Health workers may feel overwhelmed when attending to an adolescent in the health facility because they may feel unprepared or ill-equipped to address the adolescent’s social and emotional needs. Direct communication is a powerful tool. During a clinical encounter, health providers are in the unique position of having one-on-one contact with adolescents. Listening and discussing issues with them may have positive impacts on adolescents’ health and SRH outcomes.

Given the increased risk faced by many adolescents during crises, it is crucial to take the time to carry out individual assessments to identify high-risk adolescents and provide them with immediate counseling or link them to support systems as soon as the situation permits. The HEADSSS (Home, Education/Employment, Activities, Drugs, Sexuality, Self Image and Safety) assessment tool can be used by health providers to identify high-risk adolescents and provide immediate counseling or link them to support systems. The HEADSSS assessment tool is used during a one-on-one encounter with an adolescent and takes a minimum of 15 - 30 minutes to implement. For each category, the provider asks questions that will provide information about protective and risk indicators. If risk indicators are identified, then the provider takes action by offering counseling support or linking the adolescent with the appropriate support or services.
THE HEADSSS ASSESSMENT

This tool is most often used in developed countries and uses the mnemonic Home & relationships, Education & Employment, Activities & hobbies, Drugs, alcohol & tobacco, Sex & relationships, Self harm, depression and self image, Safety & abuse.

For the purposes of this ASRH toolkit, the category headings and the questions have been adapted for an emergency setting, but the theory behind the use of the HEADSSS assessment remains the same.

When implementing this tool, the health provider should use simple language that is tailored to the developmental level of the adolescent. Do not use technical terms that might be confusing or threatening, but at the same time, don’t “talk down to” the client. Start with questions about things that are likely to be less threatening (home, school, activities) and wait to address the more sensitive subjects (drugs, sexuality, self-image, etc.) until the adolescent has become comfortable sharing his/her feelings.

Demonstrate good communications skills with the adolescent client: be respectful, show empathy and never appear judgmental. Listen to the adolescent and allow him or her to talk; don’t cut him or her off, look at the clock repeatedly, or give other signals that might make the client feel rushed, uncomfortable, or inhibited. The adolescent must feel that s/he can trust the health provider and know that his/her responses will be kept confidential. Be prepared to provide some simple counseling “on the spot,” but also be able to provide referrals to mental health and psychosocial support, protection, livelihoods or other services, as required.

The questions and actions in the guide below are examples of how the HEADSSS assessment might look in an emergency context. Because it is time-consuming, the HEADSSS assessment is not appropriate for use in the acute emergency setting and should be considered during individual encounters with adolescents once the situation has stabilized.
HEADSSS Adolescent Assessment

**HOME**

**Suggested Questions:**
- Tell me about where you live.
- With whom do you live?
- Who are the adults who are important to you?
- Do you feel safe in your home? Why or why not?

**Protective Indicators**
- Has positive relationships with adults
- Identifies people who care for her/his safety

**Risk Indicators**
- No adolescent-adult connections
- Head of household
- Cares for younger siblings
- Reports physical abuse
- Feels unsafe

**Possible Actions:**
- Discuss strategies to approach trusted adults in the community.
- If head of household, ask how s/he is meeting daily needs. Explore alternatives to sex work. Ensure that the household is receiving nutritional support.
- If physical abuse is reported, ensure that the adolescent and other members of the household have a safe place to stay.
- Ask about physical injury (including sexual injury) and assist the adolescent to seek medical care.
- Explore reasons for feeling unsafe. Discuss ways to improve safety.
- Link with protection services, if appropriate.

**EDUCATION/EMPLOYMENT**

**Suggested Questions:**
- What do you do during the day on most days? During the evenings?
- What do you do in your spare time?
- How do you get money for the things that you need?
- What do you see yourself doing 10 years from now?

**Protective Indicators**
- In school
- Acquiring new skills
- Fills free time constructively
- Has hope for the future

Continued
**EDUCATION/EMPLOYMENT**

<table>
<thead>
<tr>
<th>Risk Indicators</th>
<th>Possible Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No time for leisure activities</td>
<td>• Discuss how time is spent and discuss ways that time might be set aside for educational opportunities (formal or informal).</td>
</tr>
<tr>
<td>• No time for school or vocational opportunities</td>
<td>• For those reporting “boredom,” discuss links to adolescent-oriented activities or how they can get involved in helping the community.</td>
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<tr>
<td>• No vision or negative vision of the future</td>
<td>• Explore alternatives to transactional sex; discuss family planning options and the importance of protecting against HIV transmission; provide examples of how to negotiate condom use.</td>
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<tr>
<td>• Too much free time and reports being bored</td>
<td>• Provide the adolescent with links to livelihoods sector (vocational or skills training programs).</td>
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<tr>
<td>• Engages in sex work</td>
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<tr>
<td>• Engages in potentially exploitative labor, such being hired as a domestic worker</td>
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<tr>
<td>• Reports fear of exploitation</td>
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**Suggested Questions:**

- What activities, groups, clubs or sports do you participate in?
- Where do you eat your meals?
- What did you have to eat all day yesterday?

**ACTIVITIES**

<table>
<thead>
<tr>
<th>Protective Indicators</th>
<th>Possible Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Involved in supervised activities</td>
<td>• Discuss alternative ways to spend free time; explore his/her interests and provide links to livelihoods sector (skills or vocational training) and to adolescent groups in the community that might be of interest; discuss ways they can “volunteer” to improve life in the community.</td>
</tr>
<tr>
<td>• Involved in community or social activities</td>
<td>• Explore whether the household is receiving nutritional support and link with community services sector, if needed</td>
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<tr>
<td>• Eats within the household</td>
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</table>

<table>
<thead>
<tr>
<th>Risk Indicators</th>
<th>Possible Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spends free time in risky ways</td>
<td></td>
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<tr>
<td>• Not involved in any activities and feels isolated</td>
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<tr>
<td>• Not eating enough</td>
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### DRUGS

#### Suggested Questions:
- How do you feel about smoking? About drinking? About using drugs? (ask about illegal drugs as well as those that might be socially acceptable - khat, for example)
- Do you know people who use these substances? Does anyone in your family use them?
- Have you ever used these substances? When? How? (took pills, smoked, inhaled, injected, etc.) With whom?
- Where would you get cigarettes, alcohol or drugs if you wanted to use them?
- How do you pay for these substances?

#### Protective Indicators
- Does not know adolescents who have tried smoking, drinking or drugs
- Has not tried smoking, drinking or drugs
- Has a negative attitude toward these substances

#### Risk Indicators
- Uses alcohol or drugs
- Has easy access to alcohol or drugs
- Reports substances being used in the home
- Substances available in the community
- Resorts to high-risk behavior (e.g. selling sex, selling drugs, stealing) in order to acquire money to pay for substances

#### Possible Actions:
- Do not be judgmental! Ask about the reasons that s/he uses the substances and how s/he feels about it. Explore whether s/he would be willing to give up the behavior. Link with a mentor or friend who can support the adolescent.
- Evaluate the adolescent’s mental health, since mental health problems and substance abuse are inter-related.
- If substances are available in the home, ask about violence in the home. If violence is reported, ensure that the adolescent has a safe place to stay and that other family members are safe. Refer to protection services, if appropriate.
- Inquire about unsafe sexual practices and offer counseling and testing for HIV, if appropriate.

Continued
SEXUALITY

Suggested Questions:

- For very young adolescents — 10 to 14 years:
  - Have you noticed any changes in your body recently? How do you feel about those changes?

- For all adolescent girls:
  - Have you begun to have your menstrual periods yet? If yes, how has that changed your life? Are you still able to go to school every day? What do you use to keep yourself clean during your menstrual period? If you use something, how do you clean it?

- For all adolescents:
  - Are you attracted to boys? To girls?
  - Do you have a boyfriend or girlfriend?
  - Have you ever had sexual intercourse? If yes, how old were you the first time you had sex? If no, how old would you like to be when you have sex for the first time?
  - Have you ever had sex without using a condom?
  - Have you ever had sex with someone in exchange for money, food, clothing or a place to stay?
  - Have you ever been forced to have sex with anyone against your will? (ask boys as well as girls)
  - Have you ever been pregnant?
  - Have you ever gotten an infection as a result of having sex?
  - Having vaginal intercourse is just one way that adolescents have sex. Other kinds of sex that adolescents have include oral or anal sex. Have you ever had oral sex? Did (or do) you or your partner use a condom when you have oral sex? Have you ever had anal sex? Did (or do) you or your partner use a condom when you have anal sex?

Protective Indicators

- Indicates intentions to abstain from sex
- Is not currently sexually active
- Indicates a sexual debut at greater than 16 years of age

Risk Indicators

- Indicates sexual debut at less than 16 years of age
- Reports unprotected sex
- Reports selling sex or exchanging sex for money, food, etc.
- Reports being uncomfortable with homosexual or bisexual feelings or relationships
- Reports history of sexual violence
- Has had a pregnancy or STI in the past

Possible Actions:

- Discuss menstrual hygiene. Ask menstruating adolescents what they use during their menstrual periods to keep themselves clean. If they use menstrual hygiene supplies, how do they access them? Do they have difficulty accessing them? If applicable, how do they clean these supplies?

- For those who express non-heterosexual sexual feelings or gender identities, do not be judgmental! Promise confidentiality. Assure the adolescent that these feelings are natural. Emphasize the confidential nature of the conversation. If the adolescent feels uncomfortable or frightened by his/her feelings or sexuality, refer for mental health and psychosocial support. Discuss issues of safety and depression.

- For those who are thinking of becoming sexually active, do not be judgmental! Explore the reasons why they want to become sexually active and ask if they have a partner in mind. Discuss prevention of pregnancy, HIV and STIs.

- For those who are already sexually active, do not be judgmental! Discuss prevention of HIV and STIs. Discuss family planning options. Offer counseling and testing for HIV, if available. Demonstrate correct use of condoms.

- For those who report having forced sex, ask if they reported it to anyone or sought medical attention. Ask menstruating girls whether they have missed a period since it happened most recently. Ask about symptoms of STI. Ask whether s/he has felt more sad or tired than usual recently. Refer for medical evaluation and mental health and psychosocial support, if necessary.
### SELF IMAGE

#### Suggested Questions:
- How do you feel about yourself?
- On most days would you say that you feel generally happy, or generally sad?
- What do you do when you feel sad or upset?
- Can you sleep and eat as well as you did before?
- Do you have friends in the community?
- What adult can you go to when you need help?
- Are you important to anyone?

#### Protective Indicators
- Feels valued
- Indicates positive outlook
- Has healthy coping mechanisms
- Has a caring adult who can help her/him

#### Risk Indicators
- Feels marginalized in the community
- Reports a consistent feeling of depression and sadness
- Reports symptoms of depression, such as poor sleeping, poor eating

#### Possible Actions:
- Explore feelings of sadness, anxiety or depression. Are there any things in particular that make him/her feel that way? Ask if s/he has ever had thoughts about hurting himself or herself. Ask if s/he has ever attempted to hurt himself or herself. If the answer to either of these is yes, make a plan for this person to come back to the health center if they ever feel this way, provide a link with an adult mentor and a referral for mental health and psychosocial support services, if available.
- Discuss positive coping mechanisms such as participation in community groups, adolescent clubs or religious activities. Explore other ways that s/he can cope with sadness and integrate with community members.
- Ask about physical abuse (including sexual abuse) and drug use. Refer for medical evaluation and mental health and psychosocial support, if necessary.
SAFETY

Suggested Questions:
• How do you settle disagreements with other people?
• Do you ever feel as if you are in danger? What do you do when you feel this way?
• How do you protect yourself?
• Are there places in the community where you can go to be safe?
• Do you feel safe when you leave the community?

Protective Indicators
• Engages in non-violent conflict resolution
• Shows good problem solving skills related to dangerous situations
• Is aware of safe spaces available in the community

Risk Indicators
• Carries a weapon for protection
• Leaves community boundaries with a feeling of risk
• Worries about violence and personal safety

Possible Actions:
• Explore feelings of danger. Why does s/he feel threatened? Discuss non-violent ways to resolve conflicts.
• Refer to protection or security services, if indicated.
• Discuss the dangers of carrying weapons and the consequences of killing someone - either purposefully or inadvertently.
• Identify safe spaces within the community. Ensure that s/he has a safe place to stay.
• Ask about physical (including sexual) injury. Refer for appropriate medical treatment and counseling, if necessary.
• Discuss community structures that are available to voice concerns of unsafe places.

SUGGESTED READING: