



Health Promoting Care Placements

A consultation with care experienced young people in Scotland

February 2015

Who Cares? Scotland has provided independent advocacy to looked-after young people in Scotland for 35 years. We know the importance of listening to young people who have experience of the care system and we work hard to ensure their voices are heard. This is important for improving individual care journeys but as a national organisation we also have a responsibility to ensure that young people and their experiences are able to influence the development of policy and practice.

Influencing and engagement are major elements of our work and we encourage participation from young people with care experience across Scotland. We do this through a variety of methods including: one to one relationships between advocacy workers and young people; local groups where young people can come together; formal consultation groups looking at live issues and in offering Trainee roles to young people to ensure that their opinions are at the heart of everything we do.

Who we spoke to and why

For this consultation we spoke to 2 care experienced Trainees and 15 care experienced young people across Scotland. Our intention was to establish their experiences of accessing health services and their understanding of relevant health issues while growing up in a variety of placements. We used this information to reflect on the content of the *Health Promoting Care Placements: Quality Statements and Logic Model*. Recommendations for this logic model can be found at the end of this report.

There were 8 female participants and 9 male. All participants were between the ages of 13 and 23, of which 8 were still currently living in care. We ensured there was variety of care placements covered within the consultation which included kinship care, residential home, looked-after at home, supported care placement and foster care. For those who had now left care, we asked them to reflect on their longest placement.

In order to reflect the experiences of looked-after young people across Scotland we spoke to participants from a range of local authority areas. Areas included Renfrewshire, South Lanarkshire, Inverclyde, North Lanarkshire, East Lothian, Dundee and Highland.

The consultation process

Due to the complex nature of the logic model we initially consulted with 2 care experienced trainees. The trainees analysed the activities and outcomes within the logic model and helped develop a creative method of exploring the concepts with young people. This method grouped the activities and outcomes into four areas to explore: understanding health behaviours, stability and relationships, being listened to and local community connection.

Within each focus group, we used creative techniques to help the young people explore how health is supported and explained in their care settings. Young people were asked to reflect on the following areas:

- Healthy house
- Health promoting staff

- Healthy communities
- Knowledge of risky health behaviours
- Knowledge of health services
- Accessing information on health

Visual examples of this can be found in appendix 1.

This method of using creative means to explore potentially sensitive or complex areas worked extremely well in helping the participants explain what their current and past care placements should be doing to promote their health and wellbeing.

Logic model interpretation

In using the information drawn from the focus groups, we were able to apply the learnings to the statements within the logic model. While the activities and outcomes within the logic model were found to be relevant and important to care placements, the Trainee members of staff recognised that the information gathered from young people will be essential to using the model in practice. The following provides information for practical interpretation.

Understanding health behaviours

Prior to discussing positive health promotion in care placements, we were keen to understand what care experienced young people view to be risky health behaviours. In better understanding their view of negative and risky behaviours, we can begin to reflect on their expectations of local health services – important to the interpretation of **all logic model activities A1-36**.

The young people we spoke to were asked to list risky health behaviours that young people might choose to take part in. The list of behaviours identified was vast and varied from drinking too many energy drinks to drug misuse. Examples of the identified behaviours can be found in appendix 1.

Interestingly a number of behaviours that were identified as being risky included self harm and eating disorders. Through further discussion it was agreed that these behaviours are not necessarily active choices that young people make, but rather actions resulting from mental health issues and trauma. Despite this, there was a feeling that such behaviours are sometimes viewed negatively by staff in care placements and dealt with in a punitive way. The young people we spoke to want their care placement staff or carers to be understanding of mental health related behaviours and well trained in methods of supporting such needs.

Stability and relationships

Stability and relationships were extremely important to this group and were key to interpreting the full logic model. However it was clear that having a stable base and genuine relationships were particularly important for **activities A1-A6**.

The young people we spoke to identified that health topics can often be sensitive in nature. For this reason they felt that it was even more paramount that permanence and stability are promoted as early as possible in a care journey, to allow them to form positive relationships with staff or carers which would in turn encourage them to discuss sensitive health topics. In the focus groups it was identified that not only a lack of relationships can hinder positive health discussions, but also

untrained or misinformed staff and carers can lead a young person to avoid dialogue around similar issues. The young people identified the following attributes which should be associated with an effective health promoting staff or carer:

Professional	Role Model	Patient	
Loyal	Trustworthy	Good Listener	Thoughtful
Supportive	Approachable	Non Judgemental	
Consistent	Kind	Discreet	Astute
Safe	Fully Trained	Caring	Affectionate

The type of staff or carer identified above is also relevant in ensuring the care environment is one which promotes effective health and wellbeing development. The young people we spoke to recognised that effective care placements will provide opportunities to promote learning, whether that learning is social or educational. Again it was agreed that good relationships with staff or carers can be the best way to ensure this experience.

In explaining how the physical environment could encourage development and learning, the young people we spoke to highlighted a range of ideas that could contribute to this:

Clean	Privacy	Rules/regulations	Time
alone	Loving	Nicely decorated	Safe
Wifi that works	Personal space	Quiet	
areas	Nurturing	Available information	
Lessons from staff (cooking, self care, etc)	Living skills		

While the young people felt the physical environment was important, they also strongly believed that if the staff or carers were caring, trusting and emotionally intelligent, then they would understand how to create this type of placement regardless of where it was.

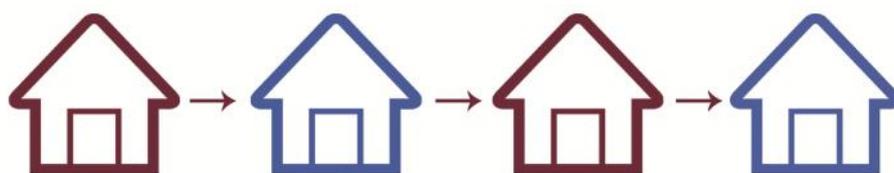
Being listened to

We know that for care experienced young people, being listened to is vital. It became apparent in the consultation however, that for young people to have their health and wellbeing assessed and dealt with appropriately, being listened to by staff or carers must also lead young people to understand where to go for their own information on health promotion. We believe this is particularly relevant to **activities A7 to A18**.

We asked the young people to identify where they are most likely to receive health related information from. The response was mixed. Family, friends, the internet and professionals were identified as being the most important for accessing knowledge. However regardless of where they go to seek out this information, the young people agreed that the information they gather must be correct and well informed. For this reason, it is paramount that professionals involved in the lives of those in care are well trained and take the time to listen to what young people are asking them. Similarly, while not all participants felt they could approach staff or carers for health related information, those who did recognised that this was because they had a good relationship with them and so felt comfortable enough to discuss sensitive issues.

The young people we spoke to generally felt that they are expected to engage with more health professionals than their non care peers. While this can be a result of the complex, individual needs of young people in the care system, there was also a feeling that poor communication between young people and care providers can mean excessive and poor allocation of health services. Several young people spoke about being expected to work with health professionals on areas such as drug and alcohol misuse. While they agreed that this will be important for some, they felt that the same discussions and work could have been undertaken by staff members in their placements who they already trusted. In doing so, positive existing relationships can be used to work on sensitive issues and the number of professionals involved with young people can be reduced. A range of the services accessed by care experienced young people can be found in appendix 1.

Importantly, it was identified that living in care can result in poor engagement with general health services. One young person involved in the focus groups spoke about the number of care placements a young person can experience in a short space of time. They explained what it was like to continually move around and spoke about having to build new relationships with staff and other young people, as well as settle in new schools and communities. It is no surprise that during this time, registering with a new local GP is not a priority. They also identified that having to reregister and connect with new health centres can be off putting and cause embarrassment.



68% of looked after children experience 3 or more placement moves.
(Scottish Government, 2014)

By ensuring that professionals actively listen to young people and understand their needs, allocation of specialist health resources and engagement with general health services can be more effective.

Local community connection

Each young person involved in this consultation felt that developing a connection to the local community is important to the wellbeing of looked after children and young people. These discussions are relevant to interpreting **activities A19 to A36**.

We asked the participants to identify facilities in their communities that they are likely to use. A variety of services were listed including: shops, leisure club, sports club, church, park, organised groups, school, friends' houses and, interestingly, the police station. Out of these, leisure clubs, friends' houses and shops were used the most. However it was widely agreed that for young people living in care placements, there are too many barriers which can prevent a young person from using such spaces effectively:

Barriers to community connection:

- | | |
|-----------------------------------|--|
| • Age restriction | • No identification |
| • Money | • Peer pressure |
| • Reputation/ stigma | • Lack of interest or knowledge |
| • Who you hang around with | • Confidence |
| • Travel | • Lack of free time |

Such barriers to social inclusion and opportunities can only act to strengthen the stigma that young people in care face. Professionals must ensure that they source as many opportunities as possible to allow young people in care to engage with their communities as would their non care peers. The Children and Young People (Scotland) Act 2014¹ now places duties on corporate parents to work together to support looked after young people and to include them in their service planning. This legislation provides Scotland with ample opportunity to ensure that young people in care are effectively connected to their communities during and after care.

Who Cares? Scotland recently carried out research which sought the views of care experienced young people across Scotland. We wanted to find out what they thought of the new provisions within the Children and Young People (Scotland) Act and understand what they thought this meant for young people growing up in care. We would recommend that this research is used to better understand what young people want from this legislation and their corporate parents. This research can be accessed here: <http://www.whocarescotland.org/professionals/publications-briefings-research/>.

¹ Scottish Government. 2014. The Children and Young People (Scotland) Act. <http://www.legislation.gov.uk/asp/2014/8/contents/enacted>. Edinburgh.

Concluding recommendations

The information gathered from this consultation provides insight into the topic of health as it is experienced by looked after young people. Due to the complex needs and often marginalised status of this particular group of young people, it is essential that their experiences are taken into account. It is suggested that the following recommendations are incorporated into the *Health-Promoting Care Placements: Quality Statements and Logic Model*, to reflect the opinions of those who have experienced the care system:

- Health related discussions in care placements should promote a progressive understanding of risky behaviours and must not treat issues such as self harm, safe sex and eating disorders in a punitive way. Discussions must not falsely construct a young person's understanding of risk health behaviours.
- Permanence and stability within placements will ensure connection between young person, care placement and health services is a positive one.
- Staff and carers must ensure they are well trained and well informed in health and wellbeing, including where to go for advice if needed.
- Staff and carers must be aware of the importance of a healthy environment and must recognise their ability to create this for young people in their care.
- Stable, loving and dependable relationships continue to be integral to a positive care experience. This should be reflected more throughout the logic model 'activities'.
- Listening to and engagement with young people are essential in encouraging a positive care experience. The logic model should reflect the need to meaningfully listen and engage with young people in care placements.
- The logic model should link clearly with the new provisions found in the Children and Young People (Scotland) Act 2014. In particular it should reflect the duties now placed upon corporate parents.

If you wish to discuss this consultation any further, please get in touch.

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