



Creating a Healthier Scotland

What Matters to you?

A consultation with care experienced young people in Scotland

January 2016

Who Cares? Scotland [WC?S] supports young people who have care experience up to 26 years of age, by providing independent advocacy and opportunities for participation. WC?S aims to provide looked-after young people in Scotland with knowledge of their rights. We strive to empower them to positively participate in the formal structures they are often subject to solely as a result of their care experience. At WC?S we utilise the voice of the care experienced population of Scotland to inform everything we do as an organisation.

Who did we speak to?

For this consultation we spoke to 5 care experienced young people from Glasgow and the surrounding area. All participants were between the ages of 19 and 27, 4 identified as female and one as male. The participants had all lived in residential homes, before leaving care, and therefore reflected on life in their placements and after, as care leavers. One participant also discussed issues associated with homelessness.

The consultation process

In order to ascertain how the three broad questions asked by the Scottish Government would be understood by care experienced young people, we initially went through facilitation pack with a care experienced trainee. The trainee unpacked the three questions as she felt relevant into smaller, more direct questions and answered them with examples of her own experiences. This helped establish where the conversation was likely go during the main focus group, and allowed us to develop five key areas to explore:

- 1. What does being healthy mean to you?**
- 2. Do you think care experienced young people face specific health issues?**
- 3. What health services do you know about?**
- 4. What barriers may prevent you from using these services?**
- 5. What would a healthy life for a care experienced young person look like in an ideal world?**

We recognised that the conversations could potentially expose sensitive and private information, which could have a triggering effect on the young people. The focus group was therefore led by an experienced development officer who utilised well tested creative methods in her facilitation.

Photographs of this can be found in appendix 1.

What we already know

There are many reasons why a child or young person might have to be looked after, such as neglect, parental substance misuse and cases of emotional or physical abuse. These experiences, coupled with the trauma of entering care, can cause ongoing problems and affect every aspect of a young person's life. Statistics show us that care experienced young people face some of the worst outcomes of any group in society:



Nearly half of 5-17 year olds in care were diagnosed with a mental health disorder.

(Office of National Statistics, 2004)



4% of people who leave care go on to higher education compared with 36% of the rest of the population.

(Scottish Government, 2014)



50% of the Scottish adult prison population and 1/3 of young offenders are care experienced.

(HM Inspector of Prisons for Scotland, 2009)



Young people who are looked after are **7 times** more likely to be excluded from school than their non-looked after peers.

(Scottish Government, 2014)

There are significant gaps in information available on the health needs of care experienced young people. Even though the statistics show us that half of young people in care have a diagnosable mental health disorder, our advocacy work across Scotland has revealed that the amount of young people facing mental health difficulties is probably much greater. Reasons for this may include the child's experience in terms of poor parenting, trauma, bereavement or serious illness, including mental health difficulties in one or both parents, and the impact on the child of the environment such as deprivation, social exclusion and poverty.¹ The Rees Centre conducted a piece of research in 2014 entitled 'What works in preventing and treating poor mental health in looked after children?' which considers mental health issues and their correlation to care settings across England.² WC?S recommends that a similar piece of research is commissioned in Scotland to establish clear recommendations to inform services.

In Scotland, many children who become looked after are born into families from lower socio-economic groups with characteristics that may impact adversely on their health. Health inequalities such as high fat and sodium diets, smoking, high consumption of alcohol and early pregnancy can be detrimental to a child's wellbeing.³ Prenatal effects on a child's development should also be taken into consideration such as foetal alcohol spectrum disorders, which is currently estimated to affect 1/100 children.⁴ However this number is likely to be significantly higher when considering the amount of children on the spectrum who

¹ Scott, J., and Hill, M. (2006) The health of looked after and accommodated children and young people in Scotland. Edinburgh: Social Work Inspection Agency

² Luke, N., Sinclair, I., and Woolgare, M., and Sebba, J. (2014) What works in preventing and treating poor mental health in looked after children? Available at <<http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2014/09/onlinePoorMentalHealthfullreport.pdf>> [Accessed 28/01/2016].

³ Ibid.

⁴ Watts, M. (2015) Progress in addressing FASD in Scotland. *Adoption and Fostering*, 49 (3), p.256.

are in care when the majority of children enter care due to neglect and abuse and a considerable number of these will come from homes where alcohol plays a significant part.

Mental health disorders often disrupt other areas of a young person's life, particularly their education. A study in Scotland found that children with emotional and conduct disorders often miss more days at school than their peers without a mental health problem and 18% of those with a persistent mental health disorder were permanently or temporarily excluded from school.⁵ The study also found that young people aged 16 and over with persistent mental health problems were twice as likely to have no qualifications as those without a mental health disorder.⁶ It is clear that unresolved health issues can distinctly hold an individual back in life, forgoing their educational success, and often leading to negative life outcomes.

Understanding the concept of health



What support do we need in Scotland to live healthier lives?

We began the focus group with a general discussion about health. To gather an understanding about the group's use of health services we discussed why a health service might be needed in the first place.

The group were asked to consider what makes a person healthy, and in contrast what they believe can make a person unhealthy. The healthy list that was compiled includes behaviours such as exercise, sleeping well, having a good diet and sticking to a good routine. Interestingly the group quickly moved on from considering behaviour to discuss the type of relationships and support that are needed to be healthy. This included happiness and the link to good company, stability and love.

On the unhealthy side, negative relationships were discussed, as well as bullying. Substance abuse was mentioned, and the effects certain drugs can have on personality. There was a debate about medication, a couple of members of the group claimed they had friends who successfully self-medicated with cannabis, which they viewed as preferential compared to prescribed drugs. Young people we spoke to expressed several reasons why they felt this from poor relationships with, and mistrust of doctors as well as easy access to cannabis and a belief that they understand the effects cannabis may have on them while they may not know and trust prescribed medication.

[Please refer to appendix 1]

⁵ Meltzer, H., Gatward, R., Corbin, T., Goodman, R. and Ford, T. (2003) Persistent, Onset, Risk Factors and Outcomes of Childhood Mental Disorders. Edinburgh: The Stationery Office

⁶ Ibid.

The care system and health

We asked the group whether they believe care experienced young people face specific health issues. The group suggested that being looked after exacerbates any health condition. It was also recognised that negative experiences in care coupled with a lack of positive support often leads to substance abuse issues, which in turn can lead to other serious health concerns.

Again, the importance of strong, stable and consistent relationships overpowered the conversation. The group discussed feelings of being unsupported, alone and isolated from their non-looked after peers, the surrounding community and often each other.

The group also discussed being looked after in the technical sense. They recognised that their basic needs were being met by the system. The participants felt however, that they were lacking a family, and the support and knowledge their non-looked after counterparts gain from parents. Some members of the group described being so well looked after by others that they had no idea how to do basic things for themselves, leaving them ill equipped for life after care and likely to feel vulnerable to failure.

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.

They don't prepare you for living by yourself, which makes you feel down about yourself as you don't get the preparation before you leave. When you are in care you do get a lot of privileges, which you don't get once you are by yourself.

You aren't shown how to budget your money, which means when you leave care you don't have these life skills.

It feels as if you can't escape your past. They have control of my life.

What support is needed?



What support do we need in Scotland to live healthier lives?

Everyone in my life should care about my future

Relationships that matter and last



Someone to teach me life skills



Don't make me wait for appointments

Professionals need to understand life in care

No Judgment

Staff to recognise my problems

Information I can find easily and understand

All the time that I need

role models



I should have regular check-ups throughout my care journey

Don't make me register with a new GP every time I move

Less forms

Relationships

Every member of the group agreed that the main support they needed in care, and need now as a care leaver to live a healthier life is a **strong, consistent relationship** with at least one worker. The group agreed that they would benefit from a worker with knowledge of life in care, the difficulties associated with this, and common mental and physical health issues young people experience.

The group was asked to consider how looked after young people could be informed about health issues, and who they would want to talk to about them. The group spoke about the variety of professionals they may be expected to work with, yet agreed that discussions about personal matters and health could be best had with staff members they already trust.



Professional practise

Children and young people in the care system often face turbulent lives, being moved from one placement to the next often with little notice given. Statistics show us that 68% of looked after children face three or more placement moves.⁷ Moving between different homes can mean that issues get overlooked or failed to be followed through. Routine medical checks and health promotion initiatives within school are also more likely to be missed. The moves can sometimes take them away from the locality they know, their school, their friends and extended family. The young people in the group discussed the negative effects this can have on mental health, and the difficulties they may face when needing to engage with health services. Having to register with a new GP and health centre after each move is unsurprisingly not a priority for young people in the midst of change. Some members of the group felt that this should automatically be done for them if necessary although ideally they agreed that they would rather remain with the same doctor.

Changing doctors can be more hassle than just filling out forms. The young people discussed how they felt that health professionals seem to judge them because they are in care, and do not understand the realities of their lives. The group concurred that all health professionals should have additional training about life in care in order to meet their needs, and have an awareness of the pressures they face.

⁷ Scottish Government, 2014.?



Some members of group appeared to have a more knowledgeable understanding of the variety of services available to them than others. This was picked up on by an individual in the group who remarked that although she lived in the same local authority as another group member she was not told about the services the other participant listed as being made aware of. The general disparity of knowledge between young people about their entitlement to services reveals to us the lack of inclusivity of support Scotland provides.

We asked the participants to name services they are aware of and think are valuable to care experienced young people:

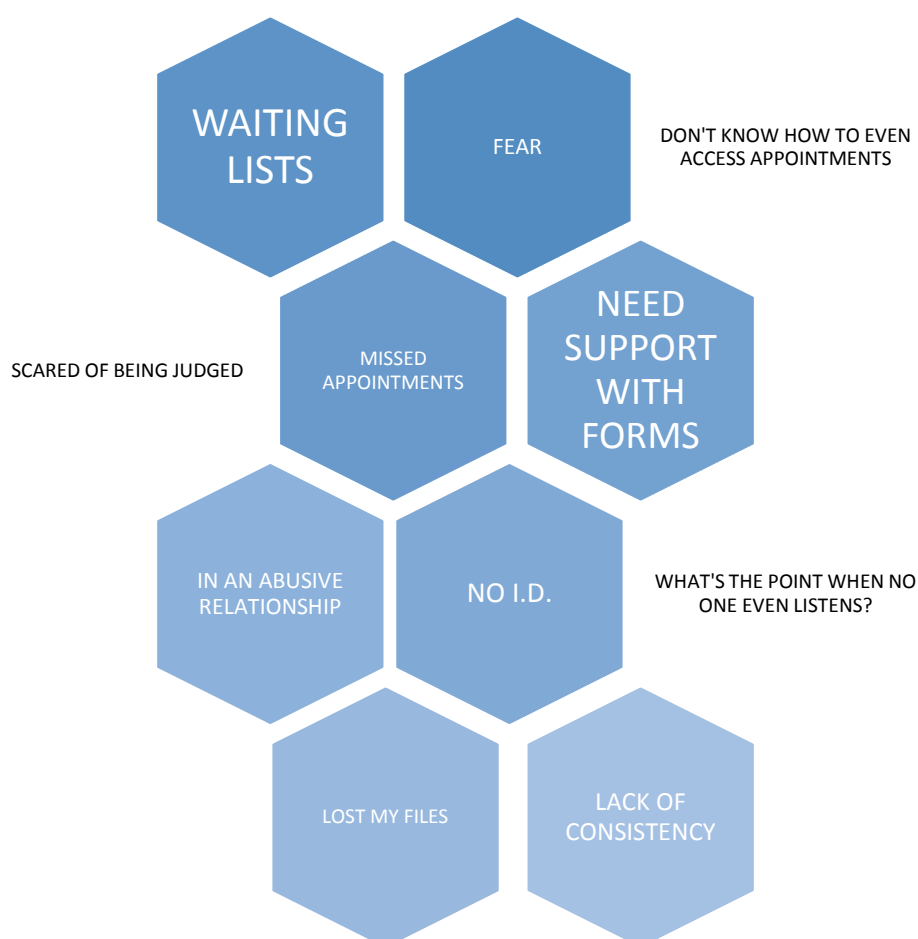
GP	Smoking Cessation
Dentist	Antenatal Classes
Sexual Health – Sandyford	Physiotherapy
Mental Health (SAMH, Notre Dame, CPN)	
NHS 24	Dietician
Women's Aid	LAAC nurse

The group listed a variety of services and recognised that they might need to access any of them at any time. Again, there was a lot of focus on mental health services, especially those for young people.

Barriers preventing access to services



We asked the group to consider what barriers may prevent them from accessing any of the services mentioned above



Such barriers to health services and social inclusion work to strengthen the stigma that young people in care face, in turn making it even harder to get help. 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 2014 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.



Thinking about the future of health and social care services, where should our focus be?

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 when planning the future of health and social care services in Scotland.

- **Greater and more consistent attention should be given to the health and mental health of children and young people throughout their care journey**
- **Stable and dependable relationships are integral to a positive care experience and have the power to link the young person, care provider and health service**
- **Permanence and stability in placements allows such relationships and trust to develop**
- **Staff and carers must be well trained in health matters and promote a healthy living environment**
- **Listening and consistently engaging with young people is essential**
- **Health care staff should fully understand the care experience to promote empathy and prevent judgment and discrimination**
- **Care leavers should be fully prepared for independent living, and have a trusted worker available to contact 24/7**
- **Medical notes should be promptly transferred upon registration at a new medical practise so a young person is not made to explain their situation**
- **Health service information should be easy to access and understand**
- **Assistance should always be offered with filling out forms**

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

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HEALTHIER LIVES... 1

HEALTHY LIFE

UNHEALTHY LIFE

Getting things in Sleep

Not Getting enough sleep

Good Coping - Stress & Emotions

Bad Coping

Happiness

Working/ Learning activities

Bottling things up

HABITUATING UP OUR LIVES - BEHAVIOUR, FEELING & COGNITION

Exercise & yoga

Substance misuse - Cannabis, Alcohol, Drugs

Love/ And Animals

F. Drinking

Eating healthy/ good diet

Risky behaviour

Gym

Having someone to talk to

