

Annual Participation Programme

Mental Health Findings from our Annual Participation Programme



'Tend our Light'



**WHO
CARES?**
SCOTLAND



Mental Health
February 2022

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Highlights

We spoke to

61

Care Experienced people across Scotland

We have

7

clear asks for change

Care Experienced people need

CHOICE

over **how to engage with therapy** including having the ability to

Almost

7/10

of participants had been unable to access mental health support

Training for

professionals

was identified as an important area for **change**

CHOOSE

a therapist and type of therapy

We need to have targeted services which explicitly support the mental health of Care Experienced children, young people and adults

ALL PARTICIPANTS

felt their **care experience** had impacted upon their mental health

Trauma can affect Care Experienced people

THROUGHOUT LIFE

and manifest in different ways as people grow older

A message from our members



SHANNON BOSTON

Who Cares? Scotland National
Representative Body¹



Mental Health is important to me as it is a big issue for Care Experienced people on Shetland. As a small island, and similar to other parts of the country, we struggle to get the appropriate support.

For me, one of the biggest issues is ensuring people who are suicidal get the support they need immediately and for as long as they need it, especially in the aftercare. Early intervention must also be a priority, to reduce the chance of suicide and support all people with their mental health at an earlier stage.

I hope this report can make the right impact for change.



LYNDA GREIG

Who Cares? Scotland National
Representative Body



My hope is that mental health is normalised and talking about it is seen as important and positive. The relationships and support systems are vital. Care Experienced people need to know they are not alone, that it is not their fault and that the right people at the right time are there for them.

I believe lifelong support is so important for Care Experienced people. For me, in my 40s, I am only now beginning to deal with my own mental health and childhood trauma, as when I was younger, I had to block it out and didn't want to open up my trauma in fear of having my children taken away from me. I am now in a place where I can start dealing with this and am hopeful the right support can be available for myself and others.

Mental health support was never put in place for me, and in part this is because you only got support if you had already reached breaking point and if I had received better support back then, maybe my life would have turned out differently.

For those reading this report, we can see that Care Experienced mental health is endemic and we feel we have taken too many steps backwards, now is the time to move forward, and my hope is that this report, and all the current work and services can truly make positive change.

¹ The National Representative Body is a group of 14 care experienced people who represent the wider membership of Who Cares? Scotland. You can find more out about the NRB here.

Why talk about mental health?

We all want to lead happy, healthy lives and to have the support we need for our mental health whenever we need it. This is the world our members want to see for all Care Experienced people, who can face greater need for mental health support.

For several years, Care Experienced members of our organisation have been calling for changes to how their mental health is supported. Members also told us through our National Membership Survey and Members' Assembly in 2021 that they want to influence change around mental health. As a provider of independent advocacy, we also know that Care Experienced people raise advocacy issues related to mental health, showing rights are not always being fulfilled:

- Between August 2020 - July 2021, 139 Care Experienced people across 28 local authorities raised 231 issues with their Who Cares? Scotland advocacy worker related to mental health.¹
- Two thirds of these issues related to experiencing mental health challenges, with the remaining third relating to a direct request to see a wellbeing professional.
- The most common supports mentioned were counselling, medication, support from CAMHS, and life story work.²

To build on this knowledge, we have developed a national picture by offering different participation opportunities for Care Experienced people to share their views and experiences on mental health. This was delivered as part of our Annual Participation Programme in 2021. By sharing these findings with Corporate Parents³, the Scottish Government and other key decision-makers, we ask that they use their power to make the changes Care Experienced people want to see. If you would like to work with us and our National Representative Body on any of our calls to action from this report, please get in touch at: policy@whocaresscotland.org

Content note: some views and experiences shared in this report are sensitive and may be difficult to read, including references to self-harm and suicidal feelings. Please be conscious of how you feel before reading the report and step away when you need to. There are details of specialist organisations who can provide support at the end of the report.

¹ Data from Who Cares? Scotland's organisational database (DRIVE), accessed September 2021.

² Life story work is a way to help Care Experienced people to make sense of their past and understand the journey of their identity. [A blog from February 2021 on the CELCIS website explains this further.](#)

³ Corporate Parents are public bodies named in Part 9 of the Children and Young People (Scotland) Act 2014 and have duties to deliver on for Care Experienced people. [More information is available here.](#)



What could the future look like?

Every person should receive the love, care and support they need to thrive in life and realise their rights. In Scotland, we have a unique opportunity to create long-lasting change to the way mental health is supported for Care Experienced people of all ages. [The Promise Scotland](#) has created national momentum to change how children are cared for and the Scottish Government has committed to a range of changes to how mental health is delivered in Scotland.

From views that have been shared with us about the changes Care Experienced people want to see, we have shaped recommendations alongside members of [our National Representative Body](#). These asks will be shared publicly for the first time at our [Festival of Care in 2022](#). We offer seven tangible ways for Scotland to understand how to ‘Tend the Light’⁴ for Care Experienced people.

1. Dedicated mental health services for Care Experienced people

The Scottish Government, local authorities and NHS health boards must create targeted, trauma-responsive mental health services with dedicated resources and services available for Care Experienced people. These should be available by at least by 2024, as part of realising [Change Programme ONE of The Promise \(p.26\)](#) that: ‘Every child that is “in care” in Scotland will have access to intensive support that ensures their educational and health needs are fully met.’

2. Lifelong mental health support for Care Experienced people

Mental health support for Care Experienced people should be available throughout their lifetime, without automatic end dates. The length of time support is in place should be based on need. Development of clear pathways and services for Care Experienced adults should be visible by the end of this Parliamentary term, by 2026.

3. Every child in care proactively offered mental health support

Investment in early intervention approaches must be prioritised, with specialist mental health support offered as soon as a child enters care and remaining available throughout their care journey. This targeted approach should be implemented by the Scottish Government as part of their [Programme for Government 2021-22 \(p.25\)](#) commitment to increase mental health spending

⁴ [The Festival of Care](#) is hosted from Shetland and is themed the brilliance of Care Experienced people across Scotland and the ways we can create lighthouses and beacons for them. ‘Tending the light’ specifically refers to a task historically carried out by lighthouse keepers across Scotland, who kept the lights burning brightly across dark waters, all through every night, to ensure the safety of folks trying to reach the protection of the harbour.



by 25% over this Parliament, to shift the focus to prevention and early intervention and to Keep The Promise.

4. Supporting loving relationships for Care Experienced people

Relationships are powerful in supporting positive mental health for Care Experienced people. We need to support Care Experienced people to keep the loving relationships already in their lives and to form new support networks throughout life. This aligns with the [Promise Change Programme ONE](#) focus on Relationships as part of creating 'A Good Childhood' and the '[One Good Adult' model](#), which shows positive social relationships are a strong predictor of good mental health.

5. Tailored and specialist mental health training about care experience

Adults and professionals in Care Experienced people's lives need to be supported to understand how to best support mental health needs. NHS Education for Scotland should work with Who Cares? Scotland and Care Experienced people to create training for mental health professionals about the potential impact of care experience. Mandatory mental health training should also be available for carers, frontline social care staff and Corporate Parents. This should be delivered as part of Public Health Scotland and [NHS Education for Scotland's mental health training](#) already underway. This should be supported by the Scottish Government as part of the [Mental Health Strategy 2017-27](#) refresh and the new [Suicide Prevention Strategy](#).

6. Mental health education for Care Experienced people

Local authorities must create specific opportunities for Care Experienced people of all ages to learn about mental health and raise awareness of support available. This should be delivered as part of existing work to build community-based mental wellbeing services for children and young people, which the Scottish Government has committed £30 million to in the [Programme for Government 2021-22 \(p.26\)](#). This could also be delivered through the [Suicide Prevention Strategy](#).

7. The right to choose mental health support and access it quickly

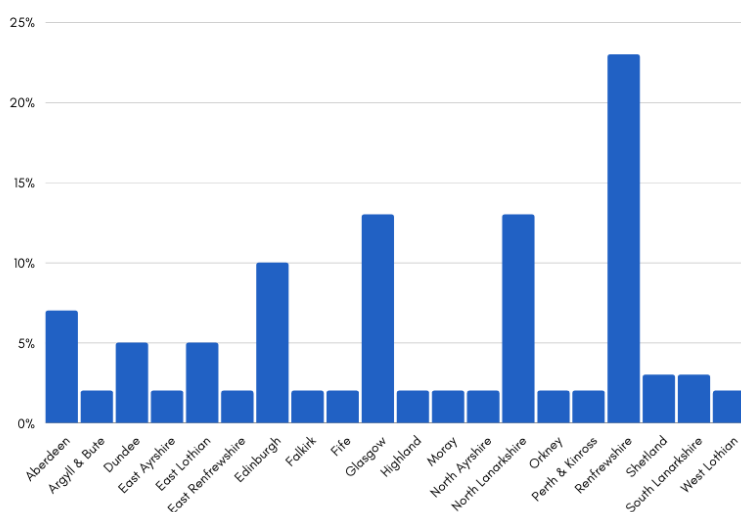
In the next four years, the Scottish Government must support NHS Health boards to provide rights-based and person-centred approaches to mental health support, which empower Care Experienced people to choose from a greater range of support and therapies that work for them. This must include reducing waiting times for mental health support and services, realising existing commitments by the Scottish Government's [Programme for Government 2021-22 \(p.25\)](#).



How do we know this?

Care Experienced people spoke to us about how they describe and understand mental health, how and if their care experience has impacted their mental health and what their views are about the different services and supports out there. Importantly, we asked what would make things better and where should we focus on calling for change. This was delivered as part of [our Annual Participation Programme in 2021](#), which creates clear ways for Care Experienced people to drive our influencing work and how we change policy and practice.

Responses by Local Authority

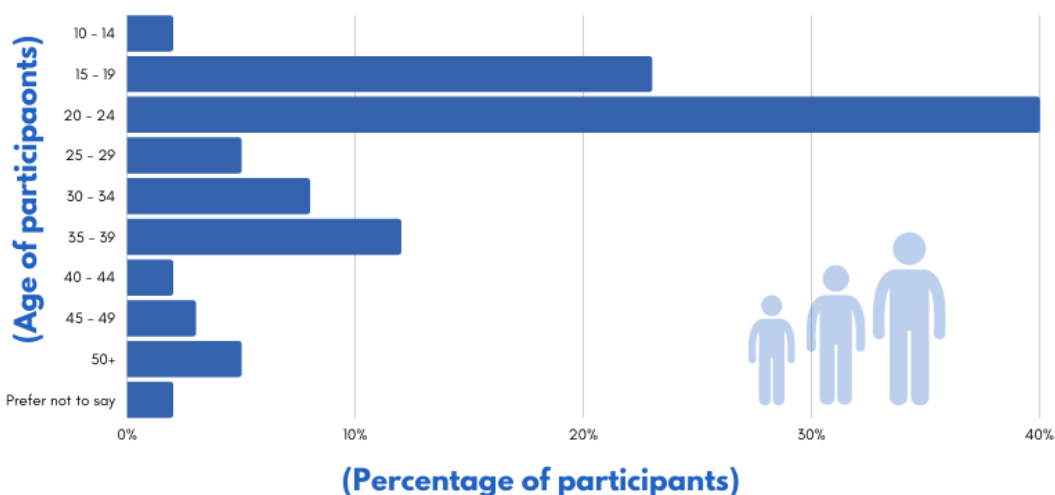


To understand what needs to change, we spoke to 61 Care Experienced people across Scotland.

Around half shared views through an online survey and the other half spoke to us in groups sessions or in interviews.

Almost two thirds of the people we spoke to were aged between 15 – 24 years old and twenty local authority areas in Scotland were represented.

All Responses by Age



Building solutions

Care experienced people spoke to us about the changes they want to see, to make sure mental health improves. This supported us to shape the seven actions for change we are calling for.

What should we change about mental health services and support?

We heard that Care Experienced people need choice over how to engage with therapy, including having the ability to choose a therapist and the type of therapy. This should include active therapy, drop-in counselling services and being able to meet with practitioners in non-traditional settings.

In addition to clinical services, Care Experienced people we engaged with want to see specific community and youth groups created with a mental wellbeing focus, to support people to learn about their brains and mental health. This was linked to people having better access to trained professionals who know the options available locally and who can show Care Experienced people how to access types of mental health support – which might not always need to be formal mental health services.

‘I’m a care leaver and there’s not much support. I’ve been ignored by helplines. Young people should be supported to look after their own mental health too. It would be good to have someone I trust (not a stranger) to help keep my mind steady, to know where my own mind is at and what works.’

We heard there is a lack of targeted services which explicitly support the mental health of Care Experienced children, young people and adults. It was identified that we need better trauma-responsive mental health services tailored to needs of Care Experienced people.

‘Seems to be a gap for support. A dedicated service for Care Experienced people with poor mental health would be the ideal.’

Care Experienced people also told us they want there to be continuity in the professionals supporting them with their health. For example, one GP working with an individual who is familiar with them and has the right details and information.



We also heard about the impact of being left without support when turning 26 years old⁵, how trauma can affect Care Experienced people throughout life and manifest in different ways as people grow older. People we engaged with shared there is a lack of dedicated mental health support for Care Experienced people across their lifetime.

‘Support needs to be there continuously throughout life, I have just turned 26 and lost all my support. Being Care Experienced doesn’t leave you and won’t just go away after a few months of support.’

‘We sometimes don’t deal with our trauma until later – so support needs to be offered for older age group.’

What should professionals and other supportive adults know?

Training for professionals was identified as an important area for change, it was suggested this could include workshops where Care Experienced people and practitioners can come together to discuss approaches. For example, focusing on the tone and body language used. Any training should also actively address what stigma for Care Experienced people feels like, how to recognise and address it.

Care Experienced people told us that they wished the professionals in their life could be truly trauma-informed and acknowledge the effect that past traumas can have on someone’s mental health and, therefore, their behaviour or actions.

‘...even with good carers, care experience can be inherently traumatising. Separation from family, moving homes, changing schools, feelings of rejection and instability are very stressful for vulnerable young people and can shape their self-belief and relationships to come.’

‘Better acknowledgment of past trauma. A more accurate view of the living experiences such as the children’s home living accommodation including the routines and sleeping environments of the Care Experienced individual.’

Stigma around being Care Experienced can impact the treatment that Care Experienced people receive when interacting with services and support. This is because of how care experience is depicted in our society and our media, which affects how professionals respond to people with care experience.

⁵ Various forms of statutory support for Care Experienced people have an upper age-limit of 26 years old. For example, [Section 57, Part 9 of the Children and Young People \(Scotland\) Act 2014](#), describes that Corporate Parenting duties are applicable children and young people ‘under the age of 26’.



Care Experienced people told us that they want professionals to try to see the person underneath, rather than make assumptions based on their behaviour or history.

‘See the person inside, not their behaviour. Ask them how they REALLY are - not in a tokenistic way as often we will say I’m fine but inside we are deeply hurting longing for love, nurture and connection.’

Current training for universal services was felt to inadequately recognise the experiences of care and the trauma that can be linked to this. An example given by one person was that attachment issues from childhood could make a change in health professional feel much worse for a Care Experienced person. Another shared that they felt like professionals expected them to be resilient, due to the individual’s background.

‘Understand the trauma that being Care Experienced can bring, not just in childhood but throughout life, unpick the trigger for the person, not just what the professional thinks.’

Care Experienced people told us that professionals should have an understanding of the impact that being in care has on their mental health, and that this can be far-reaching and permeate into many other areas of life.

‘It is a life changing experience not just a temporary status. We are different from placement to placement and even the pathway into care has been different and difficult.’

‘It can affect you throughout your life in (work, education and in relationships) not just as a child/teen - even if you appear well adjusted you can find it difficult to trust people or seek support and often don’t have a support network to rely upon.’

A strong theme was the uniqueness of individual care journeys. There was strong pushback against treating all Care Experienced people in a similar way, without understanding an individual’s complexity, as this may affect the way someone responds to professional interaction, to asking for help and to receiving treatment.

‘Not all of us are the same. Just because we fall under the “Care Experienced” umbrella, we don’t respond to situations all the same. We all have individual personalities and feelings.’

Care Experienced people also shared with us the importance of relationships and trust with professionals that were supporting them. This included the importance of relationships between family members, with their carers, and professionals who are acting as Corporate Parents.



'We aren't trying to waste your time when phoning to explain our thoughts and feelings. We don't have families to talk to, so you are our first point of contact. Please be kind and don't push us away, because that is more rejection and then we have nobody else.'

'I want them to understand the importance of relationships and trust. There has to be a better understanding of the family situation and relationships within it.'

'That even if you have been kept within family (kinship) that it is still disruptive and there isn't always a "bond" already there. So for some it is just being placed in a strangers care too.'

Many shared how important feeling accepted, understood and listened to was in creating trusting, healing relationships that could support their mental health. They want professionals and other supportive adults in their lives to take time to listen and check-in.

'Things take time. We need you to be patient. We need loving, supportive friends who will hold us in our time of need.'

'Safety in relationships is so important so creating space for authentic supporting relationships that are trusting, are fundamental in helping individuals heal from trauma.'

'People who help me are those who understand me and take the time to listen instead of judging or immediately telling what I 'MUST' do to get better.'

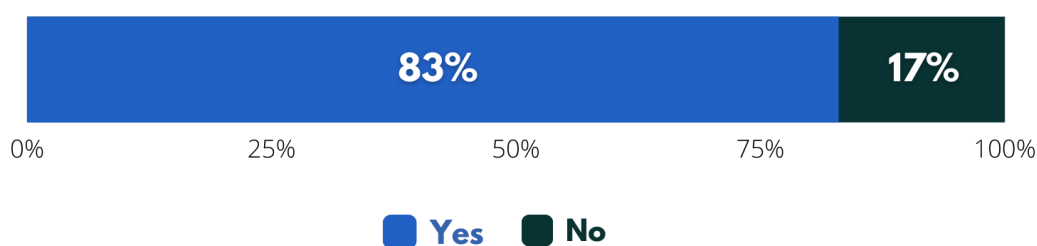
Outside of relationships, many people shared how being outdoors, having hobbies and interests and creating opportunities to have fun, all could help and support their mental health. The importance of pets and animals were also identified as having a positive impact when they were experiencing mental health challenges.



Experiences of services

A majority of those who responded to the online survey said they had accessed professional support about a mental health issue. When asked what those experiences had been like, there were a variety of issues and barriers described, which had made accessing appropriate support difficult.

Have you ever seen a professional (e.g. doctor, nurse, therapist) about a mental health issue?



Many Care Experienced people described how professionals could appear to be dismissive and could display an apparent lack of concern or care.

'I asked for help recently and felt so angry and raging about the way my phone call was dismissive and the lack of understanding, knowledge, concern or empathy was shocking.'

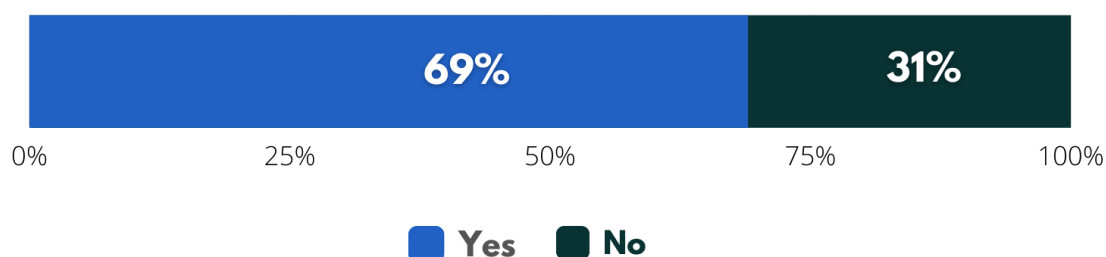
'I've reached out a few times for help over the years and always been told I'm fine. My symptoms are consistent with ADHD yet no one wants to help or change things.'

'Mental health experiences were being put down to being moved around a lot, 'he's just feeling unsettled'.'

Almost 7 in 10 respondents to our online survey said they had previously tried to access mental health support and been unable to.



Have you ever tried to get help for your mental health but been unable?



This links to experiences shared of services lacking capacity and that many Care Experienced people have been on long waiting lists or been referred for inappropriate support that did not address their specific needs.

'I was on a waiting list for CAMHS but did not get seen until my social worker reported that I had made a suicide attempt, almost 18 months later.'

'I spoke to a doctor (my GP) who was not a mental health expert and who simply told me to reduce my alcohol consumption.'

'We sometimes need to wait 18 months to get an appointment, we need to have more options.'

The use of restrictive or inflexible eligibility criteria when accessing services was also spoken about, leading to individuals being rejected for much-needed support.

'Turned away from trauma treatment as was "too complex".'

'I moved to [current location] and it was only after 6 admissions for self harm and suicide attempts (including drinking cleaning products, swallowing glass) that I began to get help from CAMHS...'

Care Experienced people also told us that there could be fear in asking for or receiving support from professionals for their mental health. Some felt that asking for help would in some way be used against them, that they would not be believed, or that they would get into trouble. This is linked to the stigma which comes from how care experience is depicted in our society and our media, which can shape how people respond to people with care experience.



'Social work used the fact I was on anti-depressants to keep my son from me. I came off them so it couldn't be used against me. Now I hide the fact I struggle and don't ask for help so they think I'm doing great.'

'Always felt I needed to say more to prove it's not circumstantial – the need to explain, feeling like a burden, like you won't be believed – because of being in care.'

'The group expressed that frontline staff need better understanding of mental health and sometimes they will be "given into trouble" when they are self-harming.'

We also know that when experiences of support for mental health are positive, this can be life changing. During the pandemic, Who Cares? Scotland was funded by the Scottish Government to work with professional counsellors to create a temporary counselling referral service for Care Experienced people. A service that was initially identified as a 3 month stopgap during a pandemic quickly became a core service that ran for 18 months, supported 224 people and became a lifeline for many Care Experienced individuals. An evaluation of this temporary counselling service will be available soon.



Experiences of mental health

Care Experienced people told us that mental health could describe how someone feels and reacts in terms of 'how we cope with stressful situations.' We heard that while mental health has become more acceptable to talk about, it feels like the stigma around it has remained. There was recognition that while many relate to mental health in a similar way, an individual's needs in terms of support and treatment are unique. As one person put it: 'we are all wired up differently.'

What does good mental health look and feel like?

Care Experienced people told us that good mental health looked like being able to cope with the everyday demands of their lives, completing basic tasks or asking for help.

'Good mental health means I am able to cope with basic tasks, such as personal care and attending appointments. I feel able to recognise when I am struggling, and I feel comfortable to ask for help when I need it.'

We also heard that good mental health for some means being happy in the moment and feeling content with life. Others described being calm, relaxed and feeling freedom.

'Being happy and relaxed, free without the weight of the world on your shoulders.'

Having high self-esteem and taking time for self-care was another sign of positive mental health. This included having confidence in themselves, their worth and abilities, and practicing self-care, as well as looking for support when required.

'Able to have fun and feel good about yourself. Practising self-care and looking for support if things aren't going well.'

What impact can mental health issues have?

We asked Care Experienced people about how often they experienced different mental health issues and the impact this has had on their lives. From a survey question about the physical, psychological and social mental health issues they had experienced, we found out that:

- 100% of respondents said they had experienced trouble sleeping and anxious thoughts and feelings.



- More than 9 in 10 said they had problems with lack of energy and fear of being criticised or embarrassed.
- More than three quarters of survey respondents had experienced at least 12 out of the 17 problems we asked them about.⁶

Impact on social relationships

When asked about the impact different mental health issues have had on their lives, over 80% of responses mentioned the impact on social relationships. This included how people felt able to new make friends and maintain existing relationships.

'You lose friends and you push away people you need.'

'I found myself pushing friends away as I didn't really want things to be normal. I felt when I got to a place where I was happy, something bad would happen again.'

Poor mental health meant individuals felt misunderstood or rejected by the general public or close family members and friends.

'I people please to the point of putting stress on my relationships. I am too sensitive to criticism and perceived rejections from those I care about. I let it control my life. When I lose contact, I struggle to build a relationship back even if I really want to.'

'I struggle to keep my friends because I slip into such low places and struggle to keep in touch and they never seem to understand. I have a long time partner who is sometimes great with it and sometimes not but he sometimes struggles to remember I have mental health issues when I'm going through a rough patch.'

The challenges to maintain or create social relationships also linked to comments about an inability to fully commit to or trust the people in their lives.

⁶ 17 problems were: Trouble sleeping, Changes in appetite or weight, Lack of energy, Self-harm, Panic attacks or heart palpitations, Depression, Anxious thoughts and feelings, Eating disorders, Disassociation, Suicidal thoughts, Controlling your emotions, Concentration, Low self-esteem, Getting along with other people, Making and keeping friends, Avoiding social situations, Fear of being criticised or embarrassed.



'Never been able to get married... unable to live with anyone for any length of time. Always had problems with healthy sexual relations and in general find it very difficult to think about myself in a positive light and unable to project my positive attributes.'

'I struggle to trust people and most of the time feel people are against me.'

One participant also told us about how their mental health issues could lead to them becoming attached very quickly to people, whilst also feeling like they were always a problem or burden due to low self-esteem.

'I get attached to people very quickly. I can't cope with being left alone. But sometimes I find it overwhelming to be in someone's company. I always think people are mad at me or hate me for no reason. Which has caused me to leave jobs because I felt so 'in the way'.'

Care Experienced people also spoke about how poor mental health could lead to avoiding social situations entirely, along with feelings of social anxiety, isolation and loneliness.

'When my dad passed I stopped going to a lot of the groups that I was a part of, as I struggled with being around happy and upbeat people.'

'I have struggled with these various issues from a young age. Growing up, I really struggled to make and maintain friendships due to social anxiety. Later in life, I had no friends as my mental health scared people and I was in hospital a lot. I now don't have any friends, people I met in care are generally not a good influence as I engaged in risky behaviours (such as drugs, drinking, illegal activities) with them. My anxiety means I can't attend school, and I live in an isolated area so I have very limited ways to meet others my age.'



Impact of care experience



Every person we spoke to felt their care experience had impacted upon their mental health in some way.

When asked in what way they felt it had affected their mental health, Care Experienced people spoke about trauma and adversity, challenges with feeling loved and belonging, and the impact of being stigmatised due to their care experience. Every child has the right to grow up feeling safe in a family environment, free from discrimination, and in an atmosphere of happiness, love and understanding. The experiences shared with us show there are needs for some individuals with care experience which have not been met, and which prevent them from having their rights fully realised, so that they can thrive with positive mental health.

Trauma and adversity

Experiences of trauma, and the knock-on impacts this can have throughout life, were the most commonly described impact of how being in care had affected people's mental health. This included trauma experienced before coming into care, and while entering or being in care. Trauma also impacted Care Experienced people when they were living with other young people who had their own traumatic experiences. It was described as having a particular impact when being asked to recount their life stories, when experiencing placement moves in care and in instances where they were being bullied.

'Is it traumatising for a child to be ripped away... yes. I think mental health problems before you enter care. It's before you go into care that's when I believe the issues start, when you're older you start to recognise what is going on. Pre-existing mental health issues.'

'There's not just the trauma before care, there's also trauma within care, in different care settings. Like for example, living in residential care....Like for me, school was an escape. Then you get back. The other people around you are traumatised. It's triggering.'



'With being Care Experienced you may experience a lot of trauma. For myself, both my parents were addicts and my step-dad was abusive. I lived in that situation for years which creates mistrust in the system. Throughout my journey I have had too many social workers but professionals remain the people that I can build relationships with because I know they have to support me, but non-professionals will just leave.'

Love and belonging

Care Experienced people told us that a lack of loving relationships and not experiencing feelings of belonging in traditional family settings had significant impact. This was described as resulting in feelings of loneliness, feeling misunderstood and unsupported by those around them.

'I felt unwanted and misunderstood, I felt alone in the world and still do sometimes.'

'Once I left care, I felt like I had nobody to help me when I fell, nobody to celebrate with when I succeeded. The only people I've had is toxic relationships because I think that's what I deserve. I don't have great social skills after moving schools and home so many times whilst in care, so my anxiety soars when working with others. I prefer to be alone but this also makes me feel depressed, isolated, unlovable, incapable of being successful.'

One participant talked about the impact of having to look out for her siblings at a young age, whilst receiving no support herself.

'[It impacted me] negatively - as I felt I had no one to look out for me or my siblings....I had to be mum to them but who was there/here for me, to support me or even just listen. No support into adulthood onto the journey of life.'

Labelling and stigma

We know that because of how care experience is depicted in our society and our media, this can impact how people react to and treat Care Experienced people. Several Care Experienced people told us that they had felt labelled, stigmatised and othered by people in their lives, which had impacted their mental health. This linked with descriptions of feeling fear and anxiety about others finding out about past experiences, negative self-esteem, worries about self-fulfilling prophecies and feelings of discrimination.

'I still feel shame from being in care, even though it was not my fault. I still feel I'm not good enough, as my family abandoned me and my sister when we needed them most. I've tried to work through those feelings but they are deep and I still feel raw.'



'Being Care Experienced has caused anxiety, fear of people finding out I was a looked after child. I've been chucked out of "friends and partners" homes because their parents haven't liked me being Care Experienced. I feel judged. It's also had a positive effect in that no matter how bad I feel I know I can find a solution to almost everything.'

'You constantly have that sense that there's something wrong with you. There's so much stigma about being in care.'

Mental strength

Some people felt that being Care Experienced had impacted their life in a positive way, that coming in to care had helped them to 'escape' from a previous negative situation and come into one which was loving, caring and supportive.

'[Positive impact] - identification of being Care Experienced and being part of a group which have similar albeit different experiences. Helping me understand why it's been so hard and taken so long to achieve my goal. That I can be a voice/person to help/support others who have had similar experiences. Helping them believe anything is achievable with the determination, will and support from others.'

'It was weird to move into an environment where I felt people truly cared, I pushed against this at first but I am so grateful that in the first unit I was put in, staff cared more than my family.'

Some Care Experienced people described how the challenges they had experienced at home or in care had supported them to develop a mental strength and a positive outlook on life.

'Because of difficulties in my childhood I have been driven throughout my life to achieve positive things and help others whenever possible and in any way that I can'.



What happens next?

If Scotland commits to realising the seven recommendations in this report and we secure commitment from those who have power to make change happen, together we will create a world where Care Experienced people can thrive in life.

‘It takes a village to raise a child and Corporate Parents and professionals should take on that mentality going forward when working with Care Experienced people.’

We will be sharing the findings in this report with Corporate Parents, the Scottish Government, the Scottish Parliament’s Health, Social Care and Sport Committee and other key decision-makers who we know have the power to make the changes asked for.

This will include influencing:

- Scottish Government’s refresh of the Mental Health Strategy 2017-27
- Scotland’s new Suicide Prevention Strategy
- The Children and Young People’s Mental Health & Wellbeing: A Knowledge and Skills Framework for the Scottish Workforce by NHS Education for Scotland

If you would like to work with us and our National Representative Body on any of our calls to action, please get in touch by email at: policy@whocaresscotland.org

Thank you!

We would also like to say a huge thank you to every Care Experienced person who shared their view with us and are grateful to our National Representative Body for giving their time and support to shape this work.



EQUALITY | RESPECT | LOVE



Signposting support

If you're a Care Experienced person and you need someone to talk to, we can be contacted by phoning 0330 107 7540 or emailing help@whocaresScotland.org.

The Who Cares? Scotland Helpline is open Monday-Friday, 12pm-4pm.



NHS living Life: Free phone service for those aged 16+ experiencing anxiety, low mood and mild to moderate depression. Guided self-help and cognitive behavioural therapy. (0800 328 9655)



NHS 24 Mental Health Hub on 111
24 hours a day, 365 days a year

Young Minds Parents Help Line: Offers guidance and support to parents concerned about their child's mental health. (0808 802 5544)



Breathing Space on 0800 83 85 87
Weekdays: Monday - Thursday 6pm to 2am
Weekend: Friday 6pm - Monday 6am



Samaritans on 116 123 or email jo@samaritans.org
24 hours a day, 365 days a year

