

The Health & Well-being of Children and Young People in and Leaving Care in Scotland

Scottish Healthy Care Network - BRIEFING PAPER

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This briefing is intended for all those with an interest or active involvement in improving health outcomes for looked after children in Scotland.

The Scottish Healthy Care Network has been set up to build upon and contribute to ongoing improvements in health standards and services for children and young people in and leaving care in Scotland and the UK. The Network will be active in raising the profile of health as it relates to looked after children and in doing so will provide a strong voice in influencing health policy, planning and practice.

Scottish Healthy Care Network will achieve this by:

- Developing a broad based and active membership of individuals and key health and children's agencies
- Disseminating relevant material on good practice, innovation, policy, research and resources.
- Creating opportunities for debates and facilitation of ideas, good practice and information.
- Providing direct advice and assistance in the field of health and residential childcare & throughcare & aftercare
- Publishing relevant health information, resources and guidance.
- Publishing a Network Newsletter and disseminating regular information bulletins
- Promote, conduct and disseminate research in the in the field of health in residential childcare and throughcare and aftercare.
- Actively promote links and partnership working between different professional groups across all key settings such as health, education, social work, and the voluntary sector.
- Actively promote links between relevant Scottish (and UK) agencies, health networks and forums concerned with improving the health of children and young people.

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The health of looked after children and young people in and leaving care has received increased attention at a political and practice level in Scotland in recent years. A growing body of Scottish research is also contributing to our understanding of the health and well-being needs and issues of this vulnerable group of young people.

At a local practice level there have been many positive developments throughout Scotland. However, available evidence would suggest that the health outcomes of looked after children in Scotland remain comparatively and significantly poorer than children and young people without a history of care.

It is therefore imperative that the health needs of this particularly vulnerable group of children and young people continues to be driven forward, at a local and national level, as a key priority area for children's policy and service planning.

Factors affecting the health of looked after children and young people

Children and young people looked after away from home are particularly vulnerable to systematic and personal barriers to good health. Some authors have gone as far as to suggest that they constitute some of the most vulnerable young people in society. Their health status is influenced by a range of factors relating to their social and family backgrounds and by the very nature of being in and moving from care.

Many children and young people entering care will display various behavioural and emotional problems as a consequence of previous traumatic experiences that may include sexual, physical and emotional abuse, neglect and family breakdown (MacMillan and Munn 2001), increasing young people's vulnerability to developing mental health problems (Bebbington and Miles 1989): *"the mental health problems for looked after and accommodated children and young people are markedly greater than that of their peers in the community"* (Scott and Hill 2006). About two-thirds of young people living in residential care can be described as having a clinically diagnosed 'emotional disorder' ranging from anxiety, conduct and hyperkinetic disorders to depression, with as many as a third having a history of sexual abuse.

The traumatic upheaval of being estranged from families and peers and entering an unknown and unfamiliar environment is likely to exacerbate children and young people's emotional trauma and feelings of uncertainty, confusion, loss, isolation and loneliness (Broad 2005).

The importance of good peer relationships and social networks in the form of connectedness and attachment to school, friends, family and communities have been proven to be powerful protective factors against unhealthy lifestyle behaviours and risk-taking amongst young people (Blum *et al* 2002) and are necessary prerequisites for healthy mental and emotional development and the promotion of resilience.

It is evident that children and young people, at the point of entering local authority care, will be disadvantaged in terms of their current and future social, health and emotional development, unless appropriate services and supports are put in place to identify and address these multiple and complex issues.

Whilst it is acknowledged that poor health outcomes of looked after children are due in part to their social backgrounds and experiences prior to entering care, there also exists a growing acceptance that the care system itself has the potential to work against the best interests of the child and the promotion of their health and well-being. This has been expressed by a House of Commons Select Committee: *"Once they have entered care, these problems are compounded by frequent moves between placements, combined with poor record-keeping and transmission of records, over-reliance on formal medical examinations, lack of health education and confidential advice, and failures of co-operation between social services and the NHS"* (1998 par:263).

The transient and disruptive nature of children and young people's care experience may affect continuity of healthcare in a number of key areas. The instability of being in care, being separated from parental care and support coupled with irregular or non-school attendance, often results in young people missing continuity in health care and health education that other young people would encounter.

Stability and continuity of care are prerequisites for positive outcomes in health, education and the development of positive interpersonal skills. The evidence suggests that these transitions will often compound and exacerbate the many difficulties that looked after children experience, particularly in relation to the promotion of health and access to health care services: *"Their increased mobility may result in fragmentation of, and delay in, service delivery, including assessment of, and provision for, their educational and health needs, including health promotion"*.

Williams' (2001) comparative study found that those in care were significantly more likely than their peers living with their own families, to have changed general practitioners and often had no-one with a comprehensive view of their health history and healthcare needs. The Residential Care Health Project in Lothian highlights that *"one of the greatest difficulties in managing the health care of looked after children and young people are the organisation and tracking of health information"* (2004:27). Moreover, broken connections with birth parents, school and community are likely to result in *"health information becoming progressively less complete with each subsequent move"* (2004:27).

Risk Taking - Lifestyles and Behaviours

Barriers to young people accessing sexual health and contraceptive services and information whilst in care are known to exist. Many children and young people have histories of sexual, physical and emotional abuse, contributing to distorted views and understandings of sex and personal relationships. Young people may also lack the essential inter-personal skills and self-confidence to access services and information and manage healthy personal relationships (Patel-Kanwal and Lenderyou 1998). Disrupted schooling is a particular feature of looked after children (Allen 2003) and is likely to lead to significant gaps in schools-based sexual health and relationships education (National Children's Bureau 2005). Moreover, children and young people looked after away from home, are less likely than their peers to acquire support and guidance from parents and carers. Young people who feel unloved and insecure may also view sex as a way of receiving love and affection (Patel-Kanwal and Lenderyou 1998). Research has highlighted high numbers of young women who are pregnant, or have a child, shortly after leaving care (Garnett 1992, Biehal *et al* 1992, Biehal *et al*, 1995). Furthermore, young men in care are also more likely to become young fathers than their peers who are not in care (National Children's Bureau 2005).

There is growing evidence that children and young people looked after are at a greater risk of developing drug, alcohol and tobacco related problems and dependencies than their peers who are not in care (Ward *et al* 2003) *"Looked after children and young people tend to start using drugs at an earlier age, at higher levels and more regularly than their peers who are not in care, leading to concerns that their drug use may become more established and dangerous"* (NCB 2005:1). Furthermore, many children and young people in care report to using drugs and alcohol as a form of 'self-medication' (Ridley and McCluskey 2003) to 'forget the bad things' and as a means of coping with the stresses associated with their lives in care (Broad 2005).

The rate of smoking amongst Meltzer's survey (2004) of looked after children was almost four times the rate found amongst those of the same age in the Great Britain household survey (Meltzer *et al* 2000). However, of significance to health promotion services is the Glasgow survey finding (Scottish Health Feedback 2001) that reported over half (52%) of young people wanted to stop smoking and more information on how to quit.

Evidence would suggest that children and young people may have restricted control and choice of their food, including limited access to healthy and nutritious food out-with set meal times, as well as limited information on healthy eating and food preparation (Caroline Walker Trust 2001, the big step 2001). A Glasgow health study (Scottish Health Feedback 2001) found that the majority of young people surveyed in residential care homes were consuming less than the national recommended daily levels of fruit and vegetables necessary for a healthy diet and development. Moreover, although a majority of young people had opportunities to cook for themselves, it was reported that having the opportunity to cook and the choice of what to eat, did not guarantee that young people would choose healthy options.

The Glasgow health study also reported that the overall level of physical activity was low across the whole sample and that there was evidence that being in care was a barrier to being more active. Indeed, many young people reported that they had been more physically active before entering care and those barriers to accessing leisure facilities whilst in care, combined with a lack of encouragement from care staff and their peers were significant factors in not adopting more active and healthy lifestyles.

Throughcare & AfterCare

The transition from care to independence for many young people is likely to be fraught with numerous obstacles and difficulties. Evidence suggests that young people leaving local authority care are less likely than their peers to be adequately prepared, equipped and resourced for such a transition (Biehal *et al* 1995, Broad 1998, Ward 2003) and that they will be ill-equipped to manage the range of practical, interpersonal and self-care tasks for the transition to, and maintenance of, positive and meaningful independence and the management of their healthcare. Furthermore, many young people will not have access to the same social support, family and community resources and networks as their peers, to which they can turn if they meet social, health or emotional problems (Broad 1998, Stein and Wade 2001). West's (1995) study of leaving care, reported that just under half of young people surveyed felt that the process of leaving care had affected their health negatively and only a few suggested that the experience had been positive.

Health Responses

There have been many positive policy and practice developments throughout Scotland in recent years specifically designed to improve the health of looked after children. Most notably, these include:

- **Care Commission - National Care Standards in health for care homes (eating well and keeping well)**
- **Scottish Executive - 'We Can & Must Do Better' – Health in education response**
- **Specialist mental and emotional health services**
- **Specialist drug/alcohol and tobacco/smoking cessation services and programmes**
- **'Fast-track' health services for looked after and accommodated children**
- **Integrated health and social care services and approaches**
- **Specialist designated nurses for looked after children**
- **Improved multi-agency and integrated healthcare assessments, planning and information sharing**
- **A shift from a health care system based on annual 'medical' towards a more holistic assessment of an individual child and young person's health care needs**
- **Holistic and broad based health promoting 'care settings' approaches**
- **Health promotion and education approaches, resources and information**
- **Social work post-graduate and continuing professional development training and support for staff and carers in health**
- **Competence & Capacity building within the broad health improvement workforce for looked after children**
- **Local sexual health and relationships policy for looked after and accommodated children**
- **Scottish local authority arrangements and duties for young people leaving care which include new assessment and planning materials with a significant focus on health**
- **Local and national networks and forums to exchange ideas, information and examples of good practice**
- **Peer support and education (buddying, mentoring, befriending) support programmes**
- **Interventions that promote and support children's rights and participation in health**
- **Local and national research and evidence**

Whilst these initiatives are considered to be welcome steps in improving health and social outcomes for looked after children and young people in Scotland, it should be noted that many of these initiatives are in the early stages of development; practice and standards are reported to be variable across Scotland; many services and good practice are not universally found across all local authorities and services are often dependent upon temporary funding arrangements.

Furthermore, available evidence would still suggest that health outcomes remain comparatively and significantly poorer than children and young people without a history of care. There clearly remain many areas where significant improvements in health standards and services will be necessary if we are to witness marked improvements in health outcomes for this particularly disadvantaged group of young people: *"the failure of local authorities to secure good health outcomes for the children and young people they look after is a failure of corporate parenting"* (House of Commons Select Committee, para. 265).

The challenge for local authorities to fulfil their statutory corporate parenting duties to secure good health outcomes for children and young people, presents one of the biggest challenges for a modern and progressive Scottish society that seeks to place the protection of children and young people at the heart of its public services.

Pointing the Way Forward

A recent Scottish research study (McCluskey 2005) involving an expert panel of 'informed advocates', from across national and local services concerned with looked after children in Scotland, was formed to capture and expose a breadth of differing interests and opinions in relation to the health of looked after children. The study investigated options, solutions and priorities at the policy, planning and service delivery level to bring about the change within the care system required to meet the complex and diverse health issues and needs of looked after children in Scotland. The study recommended:

- Improved national leadership, policy, strategy and guidance for promoting the health of looked after children and young people in Scotland. Priorities and solutions pointed towards the need for a broad and strategic programme of action to support, resource and guide local children's services planning and practice.
- A need for the health of looked after children to be afforded a greater and improved policy status and priority, within and across relevant Scottish Executive departments and national and local health and children's services agencies. Including improvements in joining-up and integrating health and social policy for looked after children across SE departments and national agencies.
- A need to audit and evaluate models of good practice and service delivery to 'establish an evidence base of effective policy and practice' to determine what works and to establish baseline and benchmarking data for the development of health targets, standards, guidance and the monitoring of services.

- Improved professional development and health training for residential care and social work staff, carers and particular groups of healthcare staff to develop capacity, competencies and skills within the care system to support children and young people's healthcare. Including training for dealing with more specialist and complex health problems and issues in areas such as mental health and sexual health and relationships;
- That a similar national professional development and training approach to 'Learning with Care' could be applied to the design and delivery of appropriate and relevant multi-agency and inter-disciplinary training in health that could potentially lead to the development of national 'Healthy Care' training materials.
- Improved partnerships between, and integration of, local authority children's health and social care services, to provide the basis for improved multi-agency and integrated healthcare assessments, planning and information sharing.
- Improved and additional specialist nursing supports for Throughcare and Aftercare services and residential schools across Scotland.
- Improved focus within local and national policy and local children's services planning of the healthcare needs of particular vulnerable groups, who require particular health service responses whilst in and leaving care, such as unaccompanied asylum-seeking and refugee children, young parents and young people with disabilities.
- That stakeholders in health and children's services should be actively engaging with new community health (and social care) partnerships throughout Scotland to ensure that the health needs of looked after children and young people are placed at the centre of these new public services.
- More effective interventions that promote and support children's rights and participation in health and that children's advocates, across services, require to adopt a more active role in the promotion of looked after children's rights to health services and healthcare. Including a requirement for approaches that utilise more creative and engaging methods of listening to and involving children and young people where decisions are being taken about their health and where health services for, or used by, children are being provided or developed.

In addition to the above study, there exists other useful and notable Scottish and UK policy and programme developments, which provide a useful basis and starting point for determining a direction of travel for improved health outcomes for looked after children in Scotland.

The recently published Scottish Manifesto for children and young people looked after away from home (No Time to Lose) sets out various recommendations for improving the health of looked after children in Scotland. These include recommendations for: the development of a national health action plan for looked after children; annual NHS health board performance reviews reporting on how the health needs of looked after and accommodated children have been addressed; the introduction of fast-tracking systems for linking looked after children with universal health services; improved collection of national statistics on the health of looked after children; mandatory training on health for those working with young people who are looked after and accommodated and provision of LAC Nurses for all young people in Scotland.

Department of Health (DOH) guidance 'Promoting the Health of Looked After Children' (2002) provides a useful national (England) framework for multi-agency responses to the delivery of services intended to improve the health of looked after children and young people. Concerned with key areas such as joint planning; health assessments; health promotion and issues relating to confidentiality, information sharing and consent. The value of such national guidance in stimulating national and local actions has been demonstrated by the development of the National Children's Bureau-led national Healthy Care Programme for England. The Healthy Care Programme has included the development of a national Healthy Care standard, the piloting of local Healthy Care Partnerships and a broad package of materials to support local services to work in partnership to fulfil their duties to promote the health and well-being of looked after children and young people.

More recently, the 'Care Matters: time for change' government white paper (June 2007) designed to improve outcomes of children and young people in care sets out a package of measures designed to support the health and well being of looked after children in England. Measures include: clear roles and responsibilities for promoting the health and well-being of children in care as well as specific measures to promote positive health in key areas such as mental health, sexual health and relationships and play / physical activity.

Looked After Children in Scotland -

- **About 13,000 children and young people aged under 18 are looked after by Scottish local authorities – just over 1% of all children and young people of this age. Numbers have increased annually since 2000, and are now at their highest level for 25 years.**
- **Almost 55% are boys, and around 35% are in the age group 12 to 15.**
- **40% receive social work supervision while continuing to live at home with their parents. An increasing number, around 13% of the total, live with relatives in 'kinship care' placements, as they are now known.**
- **About 3,700 (29%) are looked after by foster carers.**
- **About 1,650 (13%) live in residential care settings, managed by local authorities, voluntary or private organisations.**
- **Residential establishments include children's homes, typically providing accommodation for about six to eight children, residential schools and secure units.**
- **A small number of looked after children and young people (about 400) live in other settings, including flats or lodgings or with prospective adopters.**
- **There were over 2,800 young people reported to be entitled to aftercare during 2005-06, of which local authorities had lost touch with 15 per cent.**
- **Some estimates suggest that between 20% and 50% of young homeless people have been in the care of a local authority.**
- **Up to 75% of looked after young people leave school with no qualifications and less than 1% go to university.**

Thanks to SIRCC