

# Health, health behaviours health promoting services for care leavers: Perspectives of young people and LAC nurses

**Sarah Morgan-Trimmer, Suzanne Spooner & Suzanne Audrey**

## CASCADE

## Research Briefing

Number 4: June 2015



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#### Key messages for policy and practice

- Care leavers feel 'Health' is a combination of physical health, mental health and emotional wellbeing, with most aware of how these different aspects of health can affect each other. Care leavers tended to identify 'good health' most closely with emotional well-being.
- Emotional well-being and mental health were a problem for most care leavers, who talked of stress, self-harm and loneliness as key issues. Most also reported mental health problems, with depression most commonly mentioned.
- LAC\* nurses supported these concerns, citing low self-esteem, and inadequate access to mental health support as particular concerns. Nurses also identified a need for better mental health support, services and training at clinical, sub-clinical and wider service levels.
- Care leavers generally viewed themselves as responsible for their health but often found service access hard because of personal resources and features of how services are organised.
- Leaving care often made it difficult to have a healthy lifestyle. Care leavers experienced difficulties with money, housing, education and employment, which all impacted on health. Half of the participants said a lack of money caused significant stress, and 14 said it made healthy eating more difficult.
- Health promotion services in the voluntary sector had higher levels of satisfaction among care leavers overall, when compared to statutory services.
- According to care leavers features of health promotion services included: staff who were consistent, long-term, caring and had good listening skills; services that could be contacted in flexible ways (e.g. by telephone, internet or face-to-face) and which had long opening hours.
- Given pressures on public services and the immediacy of care leavers' other needs, health promotion is not often a priority for care leaver services. Nonetheless, health promotion to improve psychological and physical health delivered by holistic, accessible and consistent services could help improve health for care leavers would reduce short and long-term disadvantage for this group.

\*LAC = Looked After Children



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## Background

Looked after children and adults with a prior history of being looked after tend to have poorer health and social outcomes, even when compared to populations with similar socio-economic backgrounds. Health behaviours of care leavers have received less attention than other health or social problems for this group, but have significant long-term impacts on health. There has been little research on how the challenges of leaving care affect health issues, or how care leavers' health might be promoted. There has also been little research on how LAC and care leavers view their own health or on the perspectives of LAC nurses, who have a role in promoting the health of looked after children and care leavers.

## The research study

This was a qualitative study. Sixteen young people leaving care in the south Wales area were interviewed. We also carried out a focus group with 14 looked after children's (LAC) nurses, from south, west and mid Wales.

## Key findings: Young people's perspectives

Emotional well-being was a primary health concern for the young people interviewed:

*...being healthy is being happy. Like when I think of 'healthy' I don't necessarily think of like fruit and veg and stuff like that first, I normally think "Oh, am I happy?" first and then I look at like different bits of it. (Participant 6)*

Mental health problems were experienced by most interviewees; depression was the most common illness mentioned (10 participants). Poor mental health had significant impacts on some interviewees' lives, for example contributing to exam failure in one instance. Stress was also mentioned as a problem by 10 participants and 13 mentioned social isolation.

Several participants also commented on how health was linked to self-esteem, for example

two participants talked about how sexual promiscuity and sex with strangers could be a form of self harm and could be linked to low self-esteem and loneliness.

When asked what a healthy lifestyle looked like, 13 of the 16 participants identified diet as an important element of a healthy lifestyle, while 14 identified exercise. However, lack of money was a major barrier: nine participants felt that lack of money made it harder for them to exercise and 14 participants felt that it made it harder for them to eat a healthy diet:

*I am on benefits because I haven't got a job and [pause], the doctors and that tell you to like eat healthy and there is programmes on TV where you are eating healthy. How can you do it? How can you afford to eat healthy because all the healthy foods are so expensive and all the junk food is so cheap and people go for the junk food because that is all that they can afford. (Participant 9)*

Weight (both over and underweight) was seen as a marker of health by about half the participants and excessive alcohol consumption tended to be viewed as having a negative impact on health. Poor personal hygiene was also identified by 10 participants as a marker of poor health.

Only two participants (both male) regarded themselves as being healthy. With respect to leaving care, a minority of participants felt that their health had improved when they began to live independently because they had more control over their lifestyles. However, most young people felt that the transition to independence had a negative impact on health:

*[Leaving care] can make [care leavers] really unhealthy because they just, they will go from being around loads of people and having lots of people around them and encouragement and talking with lots of different people all the time who want to see them do well, to not really having anyone around you at all. (Participant 1)*



Participants had a strong sense of personal responsibility for their own health, but most also discussed how they lacked resources - including information, skills, confidence and finances - to live healthily or to fully access health promoting services:

*It was a big shock for me because I was used to getting all the help and getting told what to do. Well, not getting told what to do but just being pointed in the right direction for... When you live on your own, you are in the big wide world on your own then, and you have to find your way and that is a big impact. And trying to think how do I keep healthy then, how do I get to the doctors now and who do I see, what do I say, and just stuff like that, doing the services on your own, that is a big one. (Participant 7)*

Some participants struggled with knowing how to make appointments, at the dentist for example, and also lacked organisational skills (such as keeping a diary) to attend them.

Participants reported more positive experiences of voluntary services compared to statutory services, overall. Experiences of CAMHS\* were mixed with respect to how positive they were. Three main aspects of service quality were identified as being important for care leavers: consistent and long-term staff; staff they could develop relationships with, who were caring and had good listening skills; and services that could be contacted in flexible ways (e.g. by telephone, internet or face-to-face) and which had long opening hours.

### **Key findings: Professionals' perspectives**

LAC nurses mentioned that the priority in their work with young people was usually emotional and social care issues which meant health behaviours such as smoking were not a priority. LAC nurses also identified that self-esteem was a particular issue for care leavers:

*They feel so low about themselves, don't they? Their self-esteem is so low. I think that they just don't care what they do to themselves sometimes. No they don't. They don't.*

LAC nurses thought the lack of personal resources and life skills was challenging for young people after leaving highly structured residential care environments.

LAC nurses reflected that their role had developed over time to address health promotion to a greater degree. However most felt that resource limitations, high caseloads and time pressures were reducing their ability either to carry out health promotion work or to further expand this aspect of their role.

LAC nurses commented that the area of emotional and mental health was one which could be improved and that those working directly with looked after children, such as carers, teachers, social workers would benefit from training and support from mental health professions to enable them to recognise and respond to emotional and mental health problems. Nurses also commented that more therapeutic services, including long-term input, which could be accessed by LAC and care leavers were needed. They thought there was increasing need for therapeutic intervention in residential care but there were insufficient good quality services in this area. LAC nurses also pointed out that some young people needed therapeutic services at a lower threshold than CAMHS; they described being heavily reliant on third sector organisations such as Barnardos and NSPCC.

Barriers to services identified by LAC nurses included residential instability, long waiting lists, difficulties in transitioning to adult mental health services and the reluctance of some young people to engage in services.

\*CAMHS = Child and Adolescent Mental Health Service

## Further Details

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