The need for national leadership, partnerships and programmes to promote the health and well-being of looked-after children in Scotland

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Introduction

Looked-after children and young people are a group whose backgrounds and care experiences have led them to be described as one of the most socially excluded and disadvantaged groups in society. Despite the fact that looked-after children are identified as having a range of complex and unmet health needs, the evidence presented suggests these young people are disadvantaged in accessing universal and specialist health services. Evidence further indicates that social exclusion, disaffection and powerlessness are shared features of the lives of looked-after children, due to institutional and interpersonal dependence upon socially constructed and adult-controlled systems of care and protection.

A three stage Policy Delphi study was undertaken to facilitate a group communication process harnessing the collective knowledge, opinions, insights and subjective judgements of a widely dispersed multi-disciplinary group of informed professionals, operating within the Scottish health and children's services policy context. The study aimed to investigate options, solutions and priorities for promoting the health and well-being of looked-after children at the policy, planning and service-delivery level within the Scottish policy context.

The Delphi panel generated a broad range of views, priorities and solutions to inform future development in relation to many key areas. This paper discusses the findings in relation to three of these key areas, namely national leadership, partnerships and programmes.

The Health Needs and Issues of Young People in 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 increasing young people's vulnerability to developing mental health problems (Bebbington and Miles, 1989; MacMillan and Munn, 2001; National Children's Bureau, 2005). The traumatic upheaval of being estranged from families and peers and entering an unknown environment is likely to exacerbate children and young people's emotional trauma and feelings of loss and confusion (Broad, 2005). Moreover, health risk behaviours and the effects of neglect and abuse in childhood are often related to poor health outcomes in later life (Shucksmith and Hendry, 1998; Tisdall, 2003).

As previously stated, looked-after children have a range of unmet health needs and the evidence suggests that they are disadvantaged when accessing health services (Warner, 1992; Dixon and Stein, 2002; Allen, 2003; Ridley and McCluskey, 2003). Furthermore, there exists a growing acceptance that the care system itself has the potential of working against the best interests of the child and the promotion of their health and well-being:

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 (House of Commons, 1998, para. 263).

Research has emphasised the importance of stability and continuity of care as prerequisites for positive outcomes for children in care (Jackson and Thomas, 1999; Morris, 2000; Berridge, 2002). The evidence suggests that transitions can exacerbate the many difficulties that children and young people 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 (Acheson, 1998, p. 34).

The disruptive nature of children and young people's care experience may affect continuity of health care in a number of key ways. Jackson (2002) refers to the comparative study of Williams et al. (2001), which 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 health care needs. The Residential Care Health Project highlights that 'one of the greatest difficulties in managing the health care of looked after children and young people is the organisation and tracking of health information' (Residential Health Care Project, 2004, p. 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' (Residential Health Care Project, 2004, p. 27).

This research evidence clearly sets out a challenge for all those working to promote the health and well-being of looked after children and young people in and leaving care in Scotland.

Research Design and Methods

The conventional Delphi method is a research tool which has a breadth of applications in exploring issues, forecasting, planning, evaluation and policy development and is considered to be a valuable tool for the exploration and

assessment of issues in social policy and public health (Adler and Ziglio, 1996; De Meyrick, 2003). A modified version of the conventional Delphi method was utilised for the study and is commonly referred to as the Policy Delphi. The Policy Delphi has been described as a forum for ideas and is concerned with exposing the widest possible range of views, options and priorities in relation to a policy problem (Linstone and Turoff, 1975; Rauch, 1979; De Loe, 1995).

The Delphi approach consists of forming a panel of informed individuals who have knowledge of the issues being investigated (McKenna, 1994; Hasson, Keeney and McKenna, 2000). The Delphi panel takes part in a multi-stage group facilitation process which is designed to refine views on the topic under investigation. Each stage (or round) of the multi-stage group facilitation process involves a sequence of structured questionnaires, with each round building on the outcome of the preceding round. This is achieved through the summary and presentation of submissions from the preceding rounds, to form the material for consideration in the next round (Sumsion 1998). The objective of repetitive opportunities to react to the outcome of the previous questionnaire is to 'provide panel members with the opportunity to reflect on their judgements, gather any required information, and alter their responses on the basis of feedback from other panellists' (Crisp, Pelletier and Duffield, 1999, p.36). It is the role of the facilitator to analyse and summarise responses from round one and to provide controlled feedback in the form of a second stage questionnaire for participants' evaluation.

An open-ended questionnaire design was utilised as the main research tool. Items received from round one were organised under key themes and fed back to the Delphi panel with further instruction for round two of the process. The process of analysing and organising qualitative data was repeated for second round responses. This included highlighting areas of agreement/disagreement as expressed by participants. This aggregated and summarised data was fed back to participants with a revised questionnaire and instructions for the third and final round.

The constitution of a Delphi panel is dependent upon the purpose of the investigation, and the optimum number of participants required to capture the breadth of opinions under investigation. For this study it was considered important to reflect the 'corporate' parenting imperative within the membership of the panel by including representation from across the health, social work and voluntary sectors. A total of twenty potential participants was initially identified. Of the twenty individuals initially approached, seventeen individuals agreed to participate as Delphi panel members.

Findings

Delphi participants identified a wide range of areas in which to improve service level responses and hopefully 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 results of some of their deliberations are outlined below.

1. What works in promoting the health and well-being of looked-after children

This investigation identified the need to audit and evaluate models of good practice and service delivery to establish an evidence base of effective policy and practice. This could help to determine what works and would establish baseline data for the development of national and local health targets and standards. These solutions relate closely to the need identified within this study, for greater political leadership in promoting the health of looked-after children at a Scottish policy level.

2. National and political leadership

The absence of national and political leadership in terms of policy, strategy and guidance for promoting the health of looked-after children was identified as particularly problematic. Priorities and solutions pointed towards the need for a broad and strategic programme of action to support local children's services planning and practice. These actions included a need for the health of looked-after children to be afforded an improved policy status and priority within Scottish Executive departments. Furthermore, this study also identified the lack of joined-up Scottish Executive policy in relation to children and young people as problematic.

Identified solutions and actions included the need for particular types of national health programmes, activities and guidance. Two notable national developments were highlighted as useful models of good practice. Within the Scottish policy context, the national *Learning with Care* (Connelly, Mackay and O'Hagan, 2003) training programme was highlighted as a model of good practice, and within the English policy context the Department of Health guidance *Promoting the Health of Looked-After Children* (Department of Health, 2002) was also highlighted as a good practice framework for the delivery of local services. It provided a useful template for advancing proposals for the development of similar government health guidance and programmes within the Scottish policy context. Furthermore, the value of such national guidance in stimulating national and local actions has been demonstrated in recent years by the development of the Healthy Care Programme (National Children's Bureau, 2005). Developed in direct response to the *Promoting the Health of Looked-After Children* guidance, the Healthy Care Programme has included the development of a national Healthy Care standard, the piloting of local Healthy Care Partnerships and a package of materials to support local services to work in partnership.

Developed by a Scottish consortium of national education, social work and childcare agencies, the *Learning with Care* training programme exists as a package of material to support carers, social workers and teachers in working together to raise educational attainment and outcomes for looked after children and young

people. It is interesting to note that the impetus for the commissioning of the Learning with Care materials related to the identification of similar professional support and training needs to those identified within this study in relation to health (Furnivall and Hudson, 2003). In this respect, it is suggested that a similar 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. This could potentially lead to the development of Scottish Healthy Care materials.

3. Partnership Working and Integrated Healthcare

Central to these examples of national and local programmes are the practice and principles of partnership working and integrated healthcare. Scotland's health white paper Partnership for Care (NHS Scotland, 2003) sets out a new and radical programme for the redesign of community health services in Scotland. This programme includes new proposals for integrated healthcare and the strengthening of partnerships with local authority services through the formation of local Community Health Partnerships. This programme of change presents new opportunities and challenges for the delivery of public services for children and young people in Scotland. The Delphi study identified partnership working and the greater integration of local authority services as central to meeting the health and social care needs of looked-after children and young people. In this respect, a role for a wide range of partners and partnerships at a local policy, planning and operational case level is identified. The current redesign and formation of new health and social care partnerships throughout Scotland provides new opportunities for the promotion of looked-after children's health and well-being. Key stakeholders in health and children's services should be actively engaging with these newly emerging partnerships to ensure that the health needs of looked-after children and young people are placed at the centre of these new services.

Furthermore, it is suggested that closer partnerships between local authority children's health and social care services should provide the basis for improved multi-agency healthcare planning and information sharing, which was identified as problematic. One study asserts that 'seamless care is difficult to achieve without seamless information' (Rigby et al., 1998, p. 579). In this respect, the Delphi study identified the new Scottish Executive integrated assessment and action-planning framework as a potentially valuable tool for improved integrated responses to the health and social care needs of looked-after children. Whilst research participants highlighted particular difficulties with agencies' commitment to, and understanding of, the benefits of the integrated framework, the core principles that underpin the approach were supported. At a national level, the Scottish Healthy Care Network (McCluskey et al., 2004) was cited by participants as an important example of a national special interest group, set up to facilitate action for promoting the health and well-being of looked-after children and young people. Participants recommended that the Scottish Healthy Care Network should receive increased levels of support from Scottish government and national health and childcare agencies to enable it to establish itself as a central lobby group and resource for stimulating new Scottish policy and programmes concerned with the promotion of looked-after children's health.

Conclusion

It is clear that a broad range of strategies and solutions are required at a national and local policy, planning and service level to improve the health and well-being of looked-after children and young people throughout Scotland. In this respect, the Delphi investigation has been successful in identifying many views for the development of improved services. The findings undoubtedly provide a solid basis from which to explore further solutions and strategies for improving the health and well-being of looked-after children and young people in Scotland.

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