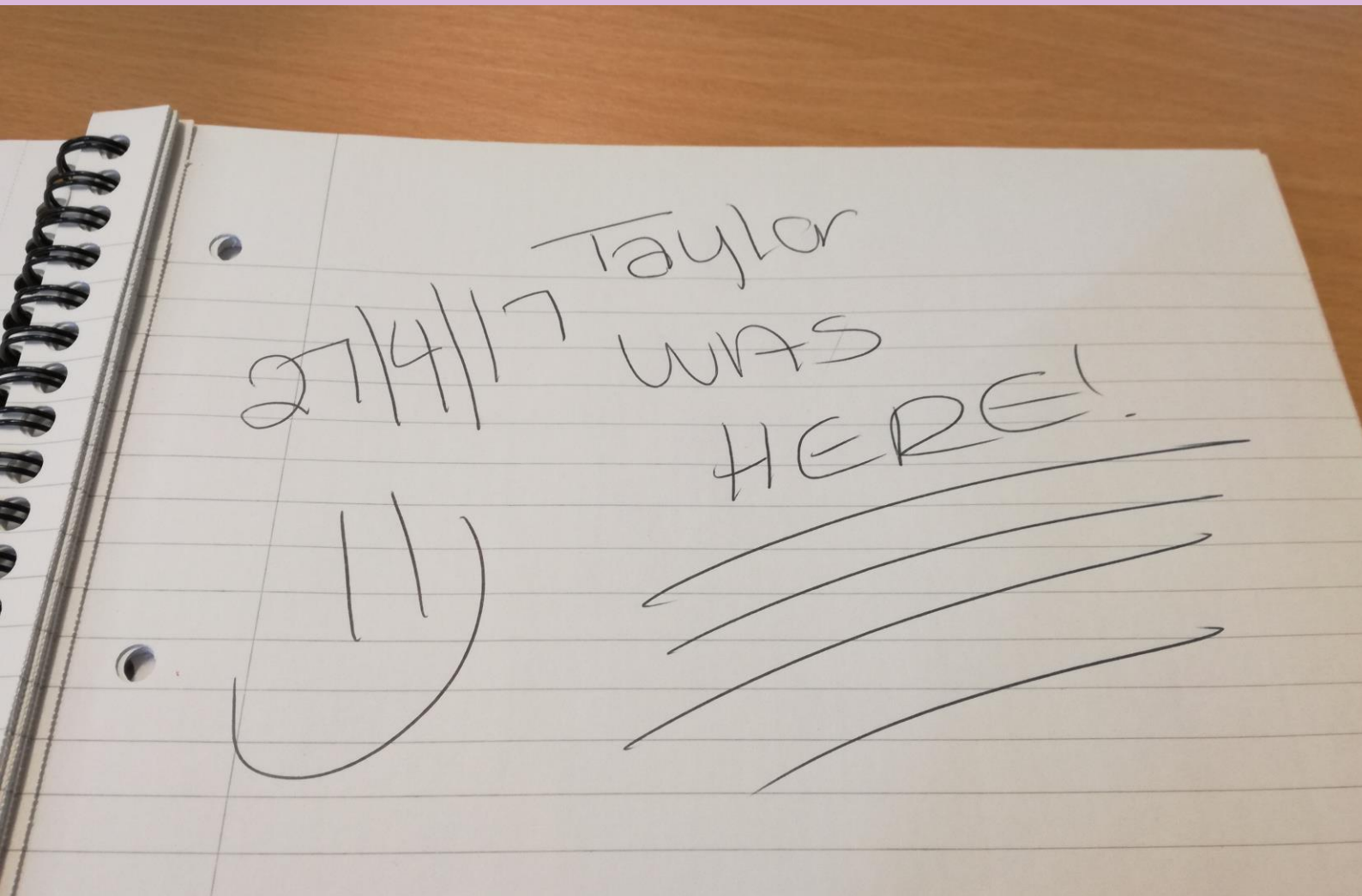


# Strengthening the Voices of Young People Project

Forth Valley – Looked After Children

December 2017





© Healthcare Improvement Scotland 2017

Published December 2017

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)**

## Contents

1	Background	4
2	Introduction	5
3	Our approach	6
4	Our findings from the events	9
5	Our findings from the interviews and questionnaires	13
6	Evaluation of the test site approach and engagement approaches	16
7	Next steps and acknowledgements	17

# 1 Background

1.1 The Strengthening the Voices of Young People Project was a 12-month joint initiative between the Scottish Health Council and Includem. The Scottish Health Council works in a variety of ways to improve the involvement of people and communities in health and social care services in Scotland. Includem is a specialist Scottish charity which supports vulnerable young people who are often excluded from mainstream services.

1.2 The aims of the project were to use the learning from four engagement test sites where we:

- provided an opportunity for young people to share what mattered to them when using and accessing health and social care services
- created an environment for support staff, health and social care practitioners and organisations to effectively engage with young people in a meaningful way, and
- explored how the voices of young people could be used to improve services in partnership with health and social care service providers.

1.3 The four test sites were in:

- Fife, which focussed on how to improve physical and emotional support services for students at St Andrews University
- Highland, where we engaged with secondary school students and focussed on mental health and sexual health services
- Forth Valley, where we engaged with looked after children to gather their views on health and wellbeing needs and support services, and
- Greater Glasgow & Clyde, where we worked with Includem to gather views on transitional support services for young people.

1.4 The Scottish Health Council is a key delivery partner for Our Voice which is a framework that operates at three levels (individual, local and national) and aims to strengthen public involvement so that people's views are listened to so they improve health and social care services. The Strengthening Voices of Young People Project fits with the aspirations of Our Voice.

1.5 This report describes the work we did for the Forth Valley test site.

## 2 Introduction

- 2.1 The Scottish Health Council's Forth Valley office has established links and worked with a number of local organisations and people who work with children and young people, hence the reason for this being one of the test sites. To support this project, we worked closely with a number of key partners such as NHS Forth Valley (Children and Young Persons Strategy Group), young peoples' support workers and other organisations such as Stirling Council, Falkirk Council, Clackmannanshire Council, Quarriers, Barnardo's Scotland and Who Cares? Scotland.
- 2.2 For this test site, we agreed to concentrate on hearing the voices of young people who were either looked after and/or accommodated by one of the three local authorities in the Forth Valley area. 'Looked after' is a term which refers to children who are subject to a supervision order and live at home or in 'kinship care' (kinship care means the care of children by relatives or, in some cases, close family friends). It includes children who live in foster care, residential units, residential schools and secure units. It also includes young people who are no longer in care but may continue to be supported by the local authority and a variety of other agencies and people up to the age of 26.
- 2.3 The Centre for Excellence for looked after children in Scotland (CELCIS) states that:
- "Looked after children and young people are among the most disadvantaged children in society. The specific reasons why a child becomes looked after varies. But in every case children will have been through a traumatic or difficult life experience which can result in instability, distress, poor emotional and physical health, or lack of social and educational development. Overall, looked after children do not enjoy the same positive advantages, experiences and outcomes as other children. These are children in need of society's most conscientious support and understanding." More details about the Centre for Excellence can be found on its website: <https://www.celcis.org/our-work/looked-after-children/>
- 2.4 The focus of the engagement in Forth Valley was to gather the views of young people and the support they receive such as from the NHS including their health assessments when they first went into care.

### **3 Our approach**

- 3.1 During the course of the Forth Valley project, the Scottish Health Council interacted with a total of 43 young people aged from 14 to 24. From the outset, we agreed with local organisations who were involved with us as our key partners that we needed to ensure our engagement approach was flexible, open and accommodating, and that anonymity and confidentiality was respected by all. It was also important that all engagement with young people was carefully planned using the advice and expertise of partners to ensure that the sessions were co-designed with the particular needs of the young people in mind. In particular we were keen for the engagement to take place at a time and a venue that would be best suited to the participants themselves.
- 3.2 We were also keen to test out some engagement approaches with the young people involved so that we could share any learning about what works well in practice and improve our own skills and experience for future engagement.
- 3.3 From the outset, the Scottish Health Council engaged widely with representatives from NHS Forth Valley, the three local authorities in the area and third sector partner organisations to arrange two early evening engagement events in Forth Valley for young people. We aimed to ensure that:
- young people felt listened to and taken seriously
  - service providers had increased awareness of the issues that were important to young people, and
  - participants had an opportunity to share their experiences of interacting with healthcare service providers and other supporting agencies.

#### **Falkirk engagement event**

- 3.4 The first event took place on 22 March 2017 in Falkirk where 16 young people shared their views and experiences. To accommodate their needs, the session was split into two smaller groups.

The first group comprised 12 participants who used an engagement technique called the Road Map Exercise. This approach is taken from the Chest Heart & Stroke Scotland's Voices Scotland programme which builds the capacity of people to be involved by providing them with knowledge, skills and confidence to share their views and offer feedback. The technique is a visualisation

exercise which encourages people to self reflect and explore their lives for example what parts help make them healthy and happy, what parts cause them stress and to explore what helps them recover from any difficulties they face.

First of all, we asked young people to identify issues that made them happy, sad or stressed and asked them for examples of what helped them cope with those feelings. The group also spent time sharing their experiences and stories using a technique called Emotional Touchpoints. Emotional Touchpoints is also a visual tool that empowers people to explore the emotions they are feeling about a situation or experience of using a service.

Participants are asked to pick two cards from a menu of illustrated emotions, one positive and one negative. For this exercise we changed the typical illustrations to emojis as we thought it would lend itself better to young people. In practice, the tool gives participants the chance to share and discuss how situations and experiences of services and professionals made them feel. The session focussed on their own stories and experiences and enabled young people to say what mattered most to them on a wide range of topics.

- 3.5 The second group comprised four participants who did not make use of the Road Map Exercise but instead shared experiences and stories using Emotional Touchpoints. They also provided an insight into how they thought health and social care professionals saw them and how potentially their experiences could be used to improve services etc. Finally, the participants also discussed and shared some “top tips” for professionals.

### **Stirling consultation event**

- 3.6 The second engagement event took place on 27 April 2017 in Stirling and eight young people took part. It had a more specific focus which was on the support provided by the NHS and the health needs assessment that is undertaken at the point when a young person enters into care.
- 3.7 Whilst the engagement approaches we used in Falkirk were helpful in stimulating discussion, it became clear to us prior to the Stirling event that using Emotional Touchpoints may be too sensitive for the participants. The approach we used was a simpler facilitated discussion which all participants felt comfortable with using and engaged with the process. Based on our learning, the use of Emotional Touchpoints (and even those adapted for use with children and young people) should be very carefully considered.

- 3.8 At the end of the sessions, young people who participated in both events were given what we called a “Young Voices Ambassadors’ Certificate”. This was designed by the Scottish Health Council and aimed to give some recognition of their involvement and a token of appreciation of their commitment to engagement.

### **Interviews and questionnaires**

- 3.9 In addition to the engagement events, we also provided young people with an opportunity to share their views either through an interview or by completing a questionnaire. The questions were specifically designed to gather their views about the support and information provided by local health services.

A total of 19 individuals completed the survey either themselves or via an interview with one of our partner organisations.



## 4 Our findings from the events

- 4.1 The views shared by young people in Forth Valley across the two consultation events fell into two broad categories of (i) their experience of interacting with services and providers and (ii) the quality of life of young people.

It was clear from many of those who participated that their experience of interacting with services had a significant influence on their quality of life. This was particularly highlighted by one participant who spoke about the experience of being in foster care for 10 years following their parents' separation.

The experience of one participant is highlighted below.

“Initially the young person spoke about the positive experience of being in a single stable foster placement for 10 years; unlike many other young people who experience several different foster placements. However upon reaching the age of 18, being moved into rented accommodation was a bit of shock to the system. The young person went on to describe becoming involved in some unhealthy relationships and getting caught up in a chaotic lifestyle, leading to an incident that resulted in arrest and imprisonment.

This experience was a wake-up call to the young person and led to an attempt to try to rebuild life and relationships with the birth family. This turned out to be a very challenging time, with feelings of depression and suicidal thoughts and upon approaching services for support, learned that a waiting time of six months would be normal before receiving a service.

The eventual intervention of a support worker was a fundamental change – this support worker was described as a life saver. It was of key importance to have a trusting relationship with a professional who cared, who was reliable and non judgmental. The support worker was able to help steer the young person to access the right support services at the right time and this relationship with the support worker helped to transform their life.”

### 4.2 Relationships with staff

Based on their personal experience, all participants highlighted the importance of having a positive relationship with staff involved in their care and across all services. Many had experienced good support from teachers,

social workers, support workers and NHS staff that made them feel listened to and involved. However, there were also individual stories of cases where relationships had not worked well and this had led to difficult situations for the young people involved. For example, one young person spoke about an experience in school where the class register was projected on a large whiteboard for everyone to see with an asterisk beside their name indicating that they were a looked after child.

At the Stirling event, participants specifically highlighted that they did not value the health assessment they had when they first entered into care. Some could not remember the assessment taking place and others felt that it was not relevant. Participants agreed that it would be more helpful to have an up-to-date healthcare assessment which focussed on their current needs and support requirements instead.

The majority of participants at the Stirling event said they did not feel confident about accessing health services by themselves – this included for example primary care services (including GPs), dentists, mental health services and sexual health advice. They said they would be much more confident about accessing such services if additional support was available.

#### **4.3 Mental health**

The majority of the young people involved in the Falkirk event highlighted that mental health was the most important issue for them. In several cases, individuals said they had experienced lengthy delays in accessing support which had meant that initial mental health problems had escalated, for example into self harming behaviours. Some participants shared with us that they also had had suicidal thoughts during the time they were waiting for support. They all felt that earlier intervention from mental health services would have helped to prevent them from reaching such a crisis point.

One participant said they felt that the transition from child to adult mental health services was difficult as it felt like having to “start again” rather than it being seamless. Some participants felt strongly that better communication between services and providers would have led to a much better outcome and overall care experience for them.

At the Stirling event, again most participants highlighted mental health as the area that was of greatest concern to them.

One participant asked for a private discussion away from the group setting to share their experience in a more personal way – we accommodated that and the feedback they shared was that they felt that mental health services had not listened to them and that healthcare professionals had been fairly dismissive and unsupportive. They said that consequently this had resulted in

an unscheduled admission to hospital through the Accident and Emergency department. The participant felt that had they been listened to at an earlier stage that admission to hospital would not have been necessary.

#### 4.4 **Not being understood or taken seriously**

Most participants shared experiences of when they had been to see their general practitioner (GP) and said that it had not been a helpful experience for them. Examples shared included the following.

- That the GP did not seem to understand what services were available and the waiting times involved. There were examples of young people being referred by the GP at the age of 17 but by the time the appointment was received they were no longer eligible to use the children's and adolescent service.
- Not enough time to have a full discussion at a GP appointment which often left individuals feeling that they had not been listened to or understood.
- The perception that some GPs did not seem to have an understanding of the care system, the reasons young people were taken into care and the measures that were in place to support them. One participant suggested extra training or information for GPs might be helpful.

Some participants said that they felt that their teachers did not seem to have a good understanding of the care system either, although a few highlighted that there were some guidance teachers who had received specialist training and they had been an enormous source of support.

#### 4.5 **Relationships and healthy wellbeing**

There was a significant number of comments made during the discussions about the importance of relationships to the participants. Most mentioned that spending time with family, friends and colleagues were the things that made them most happy and able to cope on a day-to-day basis; although some also said that relationships could also be a source of stress when things were not going well.

Many also commented on the importance of engaging in healthy and meaningful activities. A wide variety of recreational, sporting and other interests featured strongly in helping the participants feel happier, healthier and valued. They also said it was important to have those sort of activities structured into their daily routine as a means of support as it then helped them to avoid unhealthy behaviours and unhappiness.

#### 4.6 **Education**

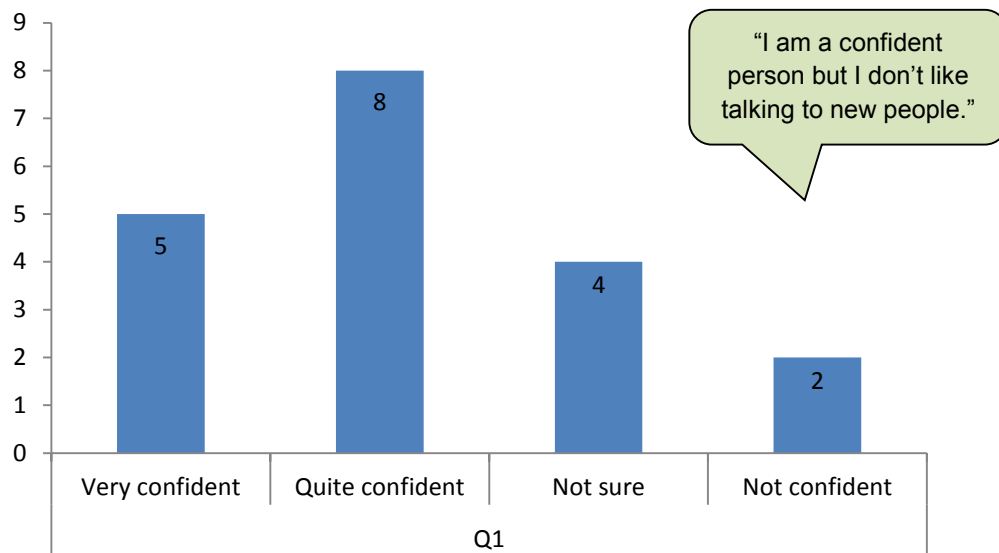
At the Falkirk event, there were detailed discussions around the important role that schools have in supporting looked after children. A number of participants spoke about difficulties in school which had led to them being bullied which had resulted in low mood, depression and self harming. Some of the participants felt as if they were treated differently from other pupils because they were looked after and that this led to being excluded by some of their peers.

There were examples where young people had excellent support from teachers and situations shared where they had been instrumental in helping the young person feel supported. There were very few comments about the education system at the Stirling event as the focus was more on the experience of the participants with health services.

## 5 Our findings from the interviews and questionnaires

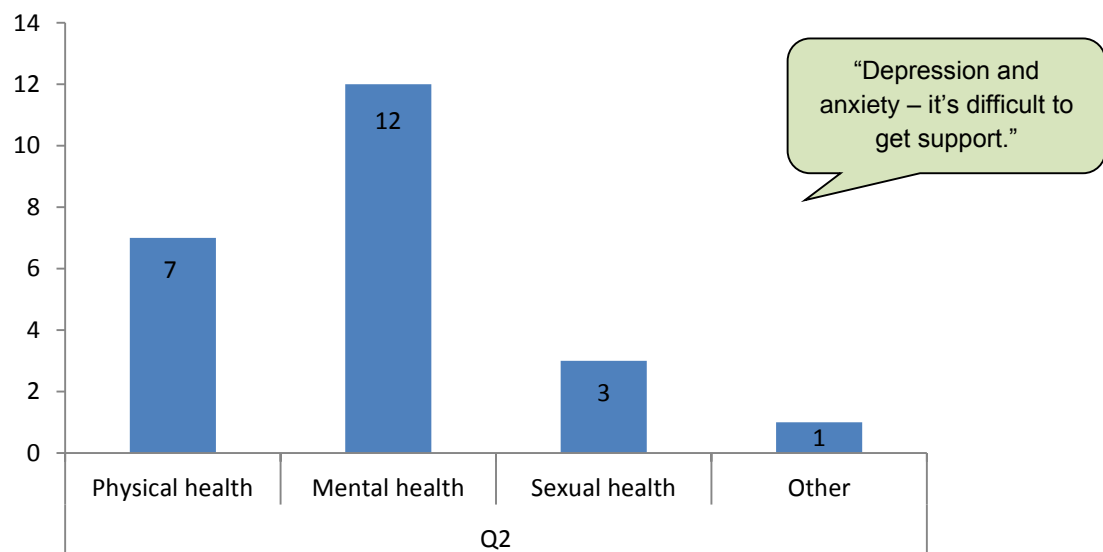
A summary of the views shared by the 19 individuals who either took part in an interview or completed the questionnaire are noted below.

### 5.1 How confident do you feel about how to get the right help from the NHS when you have a worry about your health?



We also received feedback that young people would welcome support to better understand services that were available to them.

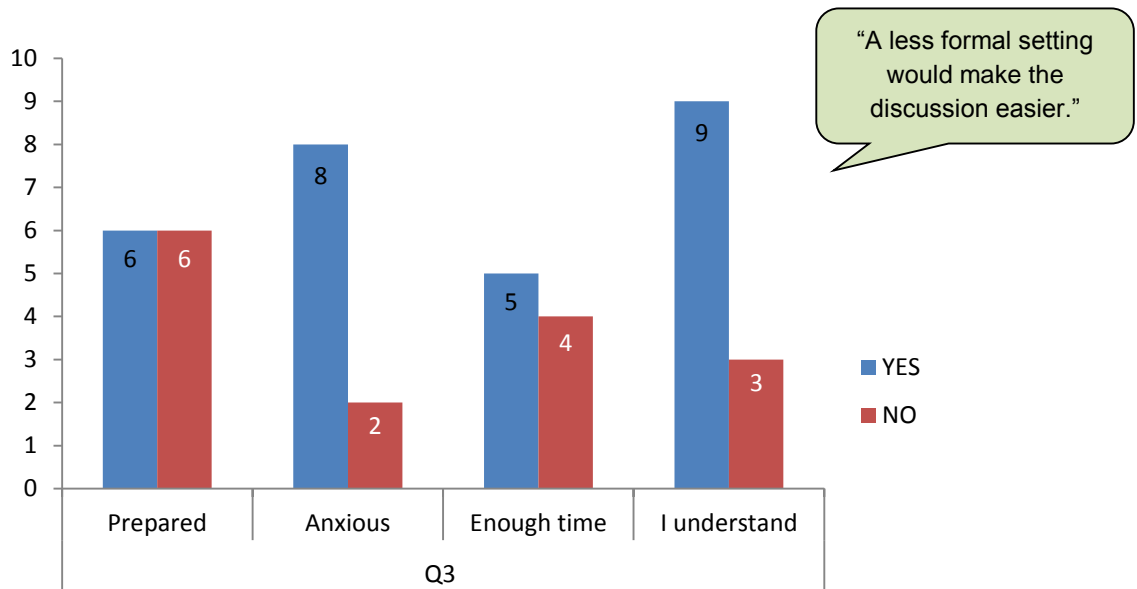
### 5.2 What areas of your own health worry you the most?



In answering this question, some participants highlighted more than one area which worried them most. We also received specific comments from

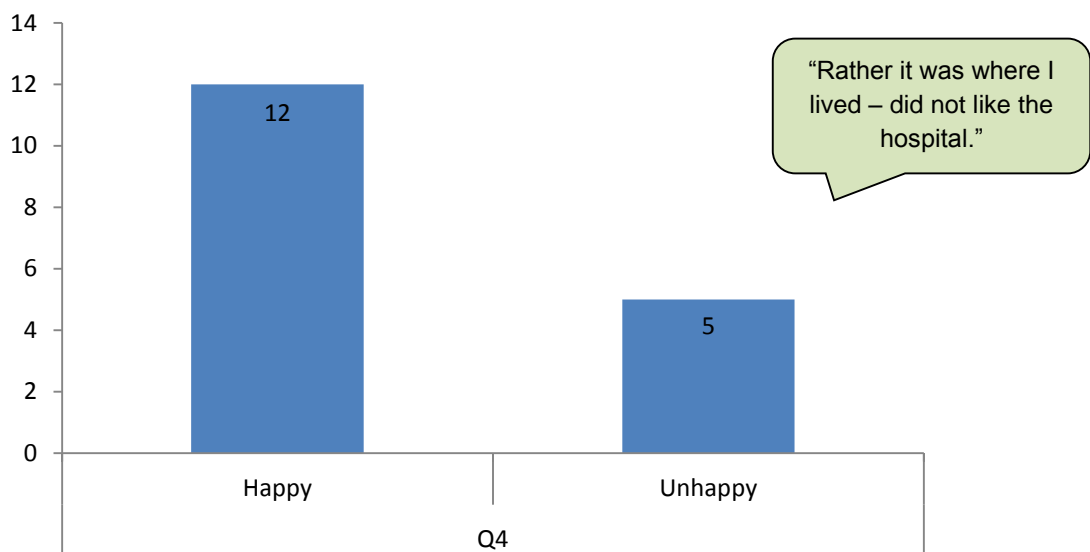
individuals to highlight the importance of mental health wellbeing – this was similar to the feedback received from the events.

### 5.3 When you speak to someone from the NHS, how do you feel?



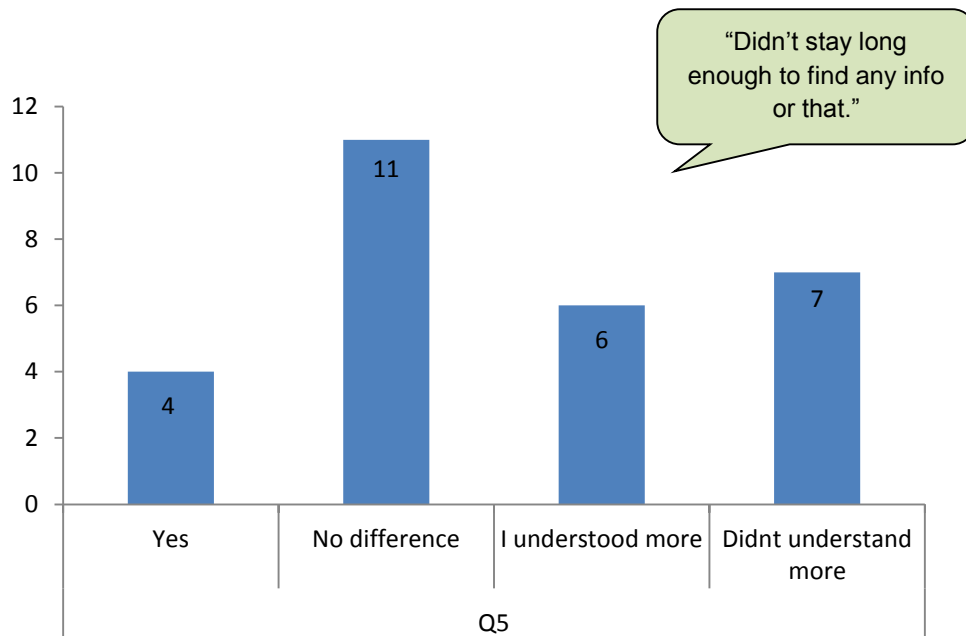
Several participants who responded to this question said that they felt that appointments were a bit rushed and highlighted that they thought it was important to spend time getting to know the healthcare professional as well as understanding the purpose of the appointment.

### 5.4 You had a health assessment when you first came into care, were you happy with where this took place?



Two participants told us that they either did not have a health assessment or could not remember it taking place.

**5.5 Do you think the health assessment helped improve any aspect of your health?**



Some participants answered by saying that the health assessment improved their health as well as it also helped them to understand more (hence showing more than 19 responses). Very few said that the health assessment had been helpful for them when they first entered into care. This was similar to feedback from the Stirling event where most of the participants could not remember having a health assessment. They also felt it was not relevant to their current health and support needs.

## **6 Evaluation of the test site approach and engagement approaches**

- 6.1 A key aim for this particular test site, was to hear the voices of young people who were either looked after and/or accommodated by one of the three local authorities in the Forth Valley area. The focus of the engagement was to gather their views and get an understanding of the support that the NHS provides including their health assessments when they first entered care.
- 6.2 We also wanted to test out some of our existing engagement techniques which had been specifically adapted for use with young people, namely the Road Map Exercise and Emotional Touchpoints (described in section 3), to see how they worked in practice and particularly in relation to young people.
- 6.3 Our evaluation showed that participants welcomed the opportunity to share their views and moreover to take part in the discussions. On the whole they engaged well with the techniques we used to gather feedback. Whilst the materials were helpful in stimulating discussion at both events, it became clear to us prior to the Stirling event that using Emotional Touchpoints may be too sensitive for the participants. We would therefore recommend some caution when using this engagement method with young people.



## **7 Next steps and acknowledgements**

- 7.1 This report will be shared with those organisations and health and social care professionals who were involved in the project including NHS Forth Valley's Children & Young People Strategy Group. We hope that full use will be made of the feedback received in relation to young people accessing services but also specifically in relation to the initial health needs assessment. We also heard through the engagement that young people experienced long waits for appointments for mental health support and we hope that their feedback will lead to improvement.
- 7.2 The Scottish Health Council would like to thank all organisations and individuals who helped us with this project and especially the young people who took part and offered us their feedback and an insight into their experience of using health and social care services. We would also like to thank the participant who gave their permission to use a photograph of a comment which they left for Scottish Health Council staff in the notes of our discussions on the cover of this report.

You can read and download this document from our website. We can also provide this information:

- by email
- in large print
- on audio tape or cd
- in Braille, and
- in other languages

يمكنك قراءة وتنزيل هذا المستند من موقعنا الإلكتروني. ويمكننا أيضاً أن نقدم لك هذه المعلومات:

- بالبريد الإلكتروني
- بخط كبير
- على شريط صوتي أو قرص مدمج ( cd )
- بلغة برايل
- بلغات أخرى

আপনি আমাদের ওয়েবসাইট থেকে এই মসল পড়তে ও ডাউনলোড করতে পারেন, তাছাড়া আমরা এই তথ্য :

- ইমেলে
- বড় হরকে
- অডিও টেপ বা সিডি-তে
- ব্রেইলে, এবং
- অন্যান্য ভাষাতেও জানাতে পারি

Vous pouvez lire et télécharger ce document sur notre site web. Nous pouvons également vous fournir ces informations :

- par courrier électronique
- en gros caractères
- sur cassette ou CD audio
- en Braille
- et dans d'autres langues

**Faodaidh tu am pàipear seo a leughadh agus a luchdachadh a-nuas bhon làrach-lìn againn. Bheir sinn an fhiosrachadh seo seachad cuideachd:**

- **Ann am post-dealain**
- **Ann an sgrìobhadh mòr**
- **Air teap claisneachd no cd**
- **Ann am Braille, agus**
- **Ann an cànanan eile**

**आप इस दस्तावेज़ को हमारी वेबसाइट से पढ़ और डाउनलोड कर सकते हैं। हम इस जानकारी को निम्न माध्यम से भी प्रदान कर सकते हैं:**

- ई-मेल द्वारा
- बड़े प्रिंट में
- ऑडियो टेप अथवा सीडी में
- ब्रेल लिपि में, और
- अन्य भाषाओं में

**Šį dokumentą galite skaityti ir atsisiųsti iš mūsų tinklavietės. Šią informaciją taip pat teikiame:**

- **el. paštu;**
- **stambiu šriftu;**
- **garsajuoste arba kompaktiniu disku;**
- **Brailio raštu ir**
- **kitomis kalbomis.**

**Dostęp do tego dokumentu, a także możliwość jego pobrania, można uzyskać na naszej witrynie internetowej. Informacje można również otrzymać w następujących postaciach:**

- **wiadomość e-mail**
- **wydruk z dużą czcionką**
- **kaseta audio lub płyta CD**
- **zapis alfabetem Braille'a**
- **zapis w innym języku**

Вы можете прочитать и загрузить этот документ с нашего веб-сайта.  
Информация также предоставляется следующим образом:

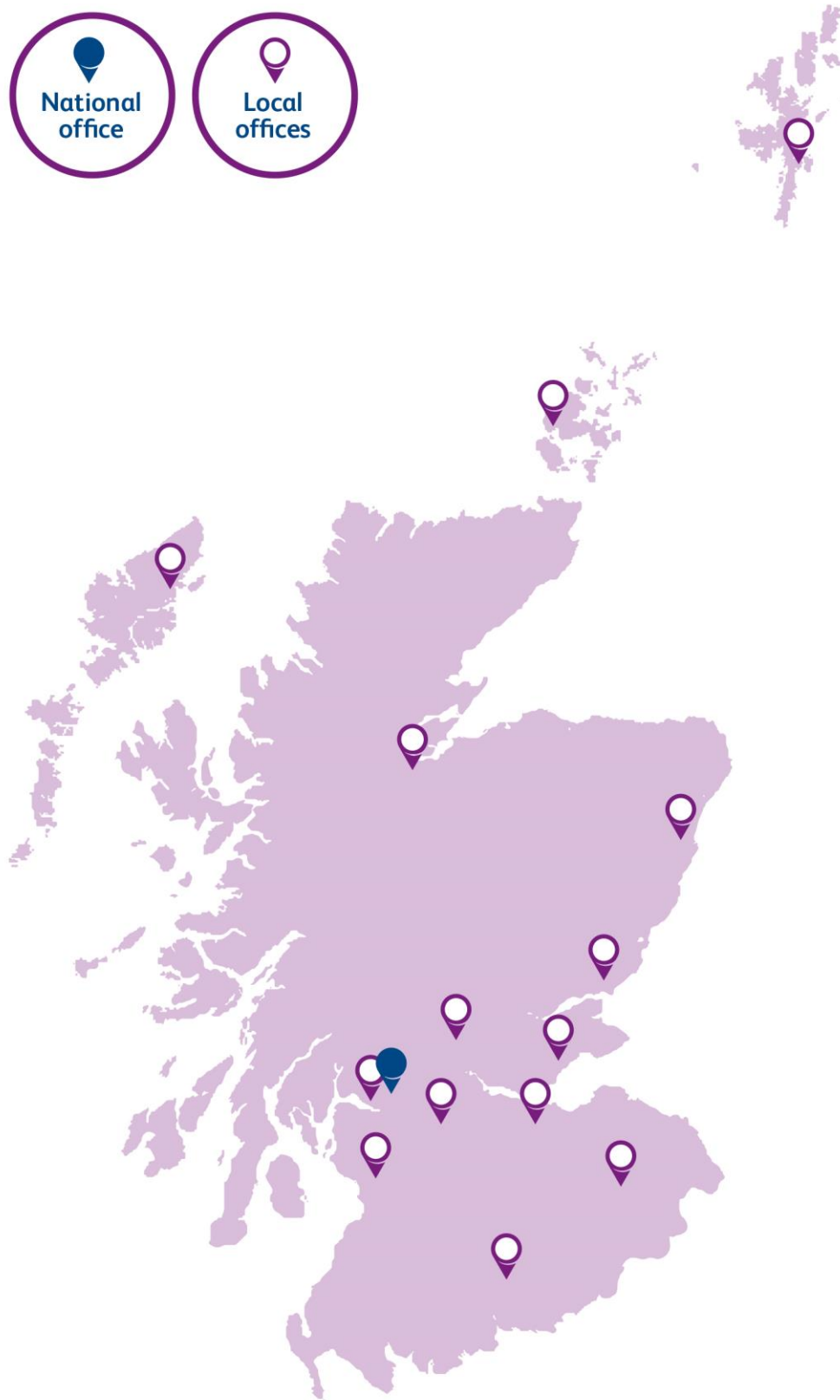
- по электронной почте
- крупным шрифтом
- на аудиокассете и компакт-диске
- шрифтом Брайля и
- на других языках

您可從我們的網站閱讀及下載本文件。我們亦透過以下方式提供此資訊：

- 電子郵件
- 大版面印刷
- 語音磁帶或 cd
- 盲文，以及
- 其他語言版本

آپ ہماری ویب سائٹ پر اس دستاویز کو پڑھ اور ڈاؤن لوڈ کر سکتے ہیں۔ ہم یہ معلومات درج ذیل کے ذریعہ بھی فراہم کر سکتے ہیں:

- بذریعہ ای میل
- چھاپے کے بڑے حروف میں
- آڈیو ٹیپ یا سی ڈی کی شکل میں
- بریل میں ، اور
- دیگر زبانوں میں



The Scottish Health Council has a national office in Glasgow and a local office in each NHS Board area. To find details of your nearest local office, visit our website at: [www.scottishhealthcouncil.org/contact/local\\_offices.aspx](http://www.scottishhealthcouncil.org/contact/local_offices.aspx)

[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)

**Scottish Health Council National Office:** Delta House | 50 West Nile Street | Glasgow | G1 2NP  
**Telephone:** 0141 241 6308 **Email:** [enquiries@scottishhealthcouncil.org](mailto:enquiries@scottishhealthcouncil.org)

The Scottish Health Council is part of Healthcare Improvement Scotland