Introduction

This report has been produced by NHS Health Scotland (NHSHS) on behalf of the Scottish Government’s Looked After Children Health Service Improvement Group.

It is a practical toolkit for corporate parenting partners working in community, health and social care settings and supports them to improve the wellbeing of looked after children through enhancing health-promoting behaviours and encouraging healthy lifestyles.

Adopting a holistic approach to health and wellbeing, it highlights evidence-informed actions which partners can undertake within their own role and remit to address the social and environmental factors that influence the health of looked after children.

The approach has been titled ‘Health-promoting Care’ and the report has been produced to support its implementation across Scotland.

Addressing key issues

Children entering the care system represent one of the most excluded and vulnerable groups in Scotland. They face specific challenges to their health and wellbeing, predominantly around mental health and health-related behaviours such as sexual health, substance misuse and physical activity.

Issues can be exasperated by the poor social and environmental conditions in which they have lived. Adverse family circumstances such as poverty, deprivation, trauma, abuse and neglect can increase the risk of adopting health-harming behaviours which lead to poor health outcomes.

Many looked after children have had limited access to the protective factors associated with good health and wellbeing, such as encouragement, positive relationships, high self-esteem, a sense of permanence, safe and nurturing environments, and equitable access to health services.

Policy response

The policy context for improving the health and wellbeing of looked after children is represented within a number of important documents in Scotland. The policy recognises that addressing health inequalities involves a blend of actions underpinned by equity, children’s rights and social justice with a particular focus on prevention and early intervention, partnership working, empowerment, engagement and equitable access to community resources.

It acknowledges that the health, wellbeing and developmental needs of looked after children are often varied and complex and can be met most effectively through a range of services working collaboratively together across different sectors and settings.
Interventions designed to address issues relating to the health and wellbeing of looked after children should support the implementation of key policy documents.

**The Health-promoting Care approach**

Health-promoting Care seeks to improve the health and wellbeing of those living, working and interacting with a care placement for looked after children. It seeks to encourage health improvement activity and can support parents and carers (including corporate parents) to tackle the underlying causes of poor health and wellbeing.

**Aim**

- To promote and improve the health and wellbeing of looked after children.

**Objectives**

- To protect looked after children from threats to their health and wellbeing.
- To support looked after children to adopt healthier lifestyles and avoid risky health behaviours.
- To mitigate against factors that increase health inequalities and undermine health and wellbeing.

**Achieving quality**

The approach is underpinned by a comprehensive set of ‘quality statements’ which were developed in partnership. The statements reflect the main areas of focus for health promotion identified within the World Health Organization’s Ottawa Charter.

The statements are built around:

- creating supportive and healthy environments
- developing individual skills, knowledge and competencies
- supporting healthy lifestyles and avoiding risky behaviours
- involving looked after children in decisions that affect their health and wellbeing
- supporting better access to high-quality healthcare services
- ensuring equitable access to community resources
- encouraging looked after children to be valued members of their communities.
The logic model

The quality statements were used to inform the development of a logic model for improving health outcomes for looked after children.

The logic model underpins the Health-promoting Care approach and provides a visual tool which helps to illustrate the incremental links between current policy, intended outcomes and suggested actions.

Outcomes

The logic model outcomes can be viewed as the changes expected to address key issues and make the most positive impact on the health and wellbeing of looked after children. They are balanced across health and social care and focus primarily on promoting healthy behaviours and lifestyles, fostering involvement in school and community activities, and ensuring looked after children achieve their potential.

Indicators

The report also contains a series of outcome indicators. These can be viewed as proxy measures to help partners gauge whether or not outcomes have been achieved.

Actions

The logic model actions can be viewed as the ‘outputs’ of the approach. They outline what the approach will actually do in order to meet the outcomes. They are relatively holistic in outlook and balanced equally across health and social care.

Their focus ranges across developing self-esteem, resilience and practical life skills, promoting healthy behaviours and lifestyles, and encouraging participation in school and community activities.

Evidence

NHSHS carried out a review of the literature relating to improving the health and wellbeing of looked after children. It then undertook an exercise linking available evidence to the logic model actions. This was to ensure that, from the best available evidence, the actions proposed as part of the Health-promoting Care approach can be viewed as relevant, appropriate and effective, particularly in helping to achieve the logic model outcomes and improving health and wellbeing.

Delivery

All partners involved in the life of a looked after child can play an active part in delivering the overall approach. Parents and carers, health professionals, youth workers, and community and voluntary organisations can all play a direct role as ‘agents of change’ for health improvement. The codes within the
logic model’s actions boxes identify which partners might be best placed to lead or support a particular activity. Carrying out actions may involve initiating ‘small steps of change’ within practice, procedures and protocols, guided by improvement methodology.

**Implementation**

Stages to support implementation include: identifying a lead agency who understands the values and principles of the approach; securing buy-in from all involved parties; and developing an action plan in partnership. Applying a continual learning cycle can support evaluation and ensure reflective learning takes place, lessons are learned and appropriate changes implemented.

**Case studies**

The report includes case studies supplied by NHS Lothian and NHS Ayrshire and Arran. These illustrate how the settings-based approach to improving health and wellbeing within placement settings for looked after children has been developed at the local level.

**Conclusion**

The report supports parents and carers to improve the health and wellbeing of looked after children. It recognises the wide range of social and environmental factors that influence health and identifies evidence-based actions which partners can undertake within their own role and remit to encourage healthy behaviours, enhance healthy lifestyles and improve the health and wellbeing of looked after children.