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The health and well-being of children and young people who are looked after: Findings from a face-to-face survey in Glasgow

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Abstract

Evidence suggests children and young people who are looked after (LACYP) may have poorer health outcomes than children and young people in the general population, particularly in relation to mental health. This paper discusses findings from a survey of the health and well-being of LACYP in Glasgow. A structured questionnaire used in the 2010 Glasgow Schools Survey (GSS) was adapted and administered in face-to-face interviews with 130 young people aged 11–18 in 2014–2015 to investigate various aspects of health and well-being including physical activity, diet and sleep, smoking, alcohol and drugs, health feelings and worries, behaviours, attitudes and expectations. LACYP were more likely to report that they had tried drugs, slightly more likely to have scores indicating a high level of difficulties on the Strengths and Difficulties Questionnaire (SDQ) and less likely to report that they ate fruit and vegetables, used active transport methods to get to school and expected to go on to further or higher education; however, reported rates of physical activity, smoking and drinking were similar. LACYP were less likely to report that they had engaged in antisocial behaviour, truancy or bullying or been exposed to environmental tobacco smoke, less likely to worry or have low self-esteem, and more likely to rate their health positively. There were some variations according to placement type. The findings of this study present a more positive picture of the health and well-being of LACYP in Glasgow than might have been expected but should be treated with caution due to small sample size. Further research is needed to identify differences in relation to placement type and to determine whether being looked after might be associated with improved health and well-being outcomes for some children and young people.

KEYWORDS

adolescent health, health behaviours, looked after children, Scotland, young people

1 | BACKGROUND

Articles 24, 27 and 33 of the United Nations Convention on the Rights of the Child outline health and well-being responsibilities (UNICEF, 1989). In Scotland, Getting it Right for Every Child (GIRFEC) is the national approach to improving outcomes and supporting the well-being of children and young people (Scottish Government, 2012) and Getting it Right for Looked After Children and Young People (Scottish Government, 2015a), outlines the responsibilities of corporate parents, including health boards, towards LACYP under the provisions of the Children (Scotland) Act 1995.

Children may be "looked after" for a number of reasons including when their parents or the people who have parental responsibilities to look after them are unable to care for them or have abused

or neglected them, or because they have committed an offence. Of LACYP in Scotland, 27% live with kinship carers, 36% with foster carers and 10% are in residential care; 25% are subject to a Supervision Requirement from the Children's Hearings system (the combined justice and welfare system for children and young people) with no condition of residence meaning they are supervised by statutory agencies but continue to live at home; 2% live with prospective adopters or in other community placements (Scottish Government, 2016). More LACYP live at home in Scotland than in other parts of the UK. About 3,410 (3%) of all children and young people, more than twice the national rate, are looked after in Glasgow but a smaller proportion continue to live at home (Scottish Government, 2016). Glasgow has high rates of deprivation, is known for its poor health and health-related behaviours (Scottish Government, 2010) and the overall health of its child population is worse than in other Scottish cities (Understanding Glasgow, 2016).

Evidence from the UK (Ford, Vostanis, Meltzer, & Goodman, 2007; Meltzer, Gatward, Corbin, Goodman, & Ford, 2003; Meltzer et al., 2004), US (Steele & Buchi, 2008) and Australia (Tarren-Sweeney, 2010) suggests LACYP have poorer health outcomes than non-LACYP and mental health outcomes may be particularly poor. Around half of LACYP in the Tarren-Sweeney (2010) study had clinically significant mental health problems and up to a further quarter had difficulties approaching clinical significance. Scott, Hattie, and Tannahill's (2013) systematic search of evidence in high-income western countries concluded placement instability was associated with adverse health outcomes and LACYP living at home were particularly vulnerable. Evidence suggests being looked after is also associated with higher rates of dental, visual and hearing problems, smoking, drug use and sexual risk-taking behaviour (Carpenter, Clyman, Davidson, & Steiner, 2001; Johnson, Rew, & Sternglanz, 2006; Meltzer et al., 2003, 2004; Steele & Buchi, 2008; Williams et al., 2001).

There is a lack of robust evidence on health outcomes for LACYP in Scotland and how they compare to those for non-LACYP. Organisations are required to report on educational outcomes but not health outcomes and there is no comprehensive health and well-being profile of LACYP (Scott et al., 2013). The only previous research study involving a representative sample of LACYP in Scotland (Meltzer et al., 2004) focused solely on mental health. The Glasgow Schools Health and Wellbeing Survey (Traci Leven Research, 2011, 2016) provides useful information on the health and well-being of 11- to 16-year olds in Glasgow but does not allow for the identification of LACYP. Lachlan et al. (2011) examined the needs of LACYP in residential settings and Scott et al. (2013) explored secondary data and undertook a survey of child health commissioners and interviews with key stakeholders but did not collect data from LACYP. This paper presents findings from a study commissioned by NHS Greater Glasgow and Clyde, Glasgow City Council (GCC) Social Work Services (SWS) and The Glasgow Centre for Population Health which examined the health and well-being of LACYP in different placements and compared this with the general population of young people using the 2010 GSS (Traci Leven Research, 2011) as a benchmark (Vincent & Jopling, 2016).

What is known about this topic

- Children and young people who are looked after are at risk of poor health outcomes, particularly in relation to mental health.
- Placement instability may be associated with adverse health outcomes.
- Poorer health outcomes may be associated with different placement types, with those at home likely to be particularly vulnerable.

What this paper adds

- Descriptive data about the health and well-being of young people who are looked after in Glasgow which was not previously known.
- Key baseline data which can be used to meet the health needs of this vulnerable group.
- Tentative findings that being looked after may be associated with positive health and well-being outcomes for some young people who are looked after.

2 | METHODS

The West of Scotland Research Ethics Service advised the study did not require ethical review under the terms of the Governance Arrangements for NHS Research Ethics Committees but ethics approval was obtained from SWS and the University of Wolverhampton ethics committee (where the authors were previously employed).

The structured health and well-being questionnaire used in the GSS was piloted with a small sample of LACYP in a different local authority and adapted for use as a face-to-face questionnaire rather than anonymously in a school setting, due to the vulnerability of the population. It included closed and open-ended questions and answers were inputted immediately on a laptop. To reduce under-reporting for a number of questions young people were asked to select their answer from a series of flashcards.

All young people of secondary age looked after by GCC, living within 30 miles of Glasgow, were invited by SWS to participate in the study by opt-out letter. Carers were also sent a letter but only young people could opt-out. The contact details of 651 young people were passed to the researchers and 130 participated (a 20% response rate, substantially less than the desired 40%). About 143 chose not to participate and in 20 cases carers refused access. More than a quarter could not be contacted despite three or more attempts and over a quarter of contact details were incorrect, probably reflecting the transience of this population. One-to-one interviews were conducted by a team of researchers over a 12-month period in 2014–2015. All interviewers received child protection training. Interviews were conducted in young people's homes, which may have contributed to the low response rate as young people may have felt uncomfortable speaking about sensitive issues at home. All participants spoke English.

Interviewers went over the information sheet and assured participants confidentiality would be maintained unless they indicated they or another child was at risk of significant harm in which case SWSs would be informed. Written consent was obtained before interviews were undertaken and participants were entered into a prize draw.

The data were inputted into SPSS version 22.0, cleaned and coded, including verbatim free text responses, then subjected to descriptive analysis. Differences in age, gender and placement type between LACYP and the general population of young people responding to the 2010 GSS are highlighted in this paper but significance testing of the results was not undertaken due to small sample size. Consequently, the findings may not be generalisable to the wider LACYP population. Participants were not required to answer questions they did not want to and totals for individual survey items were adjusted to take non-responses into account. The terms "more/less likely" are used to describe observations between the GSS and the LACYP survey but these terms do not indicate any statistical differences. Some findings are not compared with the GSS as the LACYP survey included additional questions around physical activity, relationships and diet.

3 | FINDINGS

3.1 | Profile of young people

About 54% (n = 70) of participants were boys, 46% (n = 60) were girls. About 71% (n = 93) were 13–15, 15% (n = 20) were 16 or over and 14% (n = 18) were under 13. About 43% were in foster care, 15% in residential care, 8% lived at home and 33% were in kinship placements. Participants living at home were more likely to be under 13 (Table 1). Two-thirds (n = 86) of participants had lived in their current placement for 25 months or more; only 5% (n = 7) had had three or more moves in the previous year. LACYP living at home and in kinship care had the most stable placements. Ethnicity and reasons for being looked after could not be determined. Only 3% (n = 4) of participants were not attending school; the remainder attended secondary school.

One in three of the participants not in residential care (35%, n = 39) reported that a household member had a disability, long-term illness, drug/alcohol problem or mental health problem compared to one in four in the GSS, but the findings are not directly comparable as the GSS did not ask about mental health problems. One in five of these participants (22%, n = 24) indicated a household member had a disability, 12% (n = 13) a long-term illness, 7% (n = 8) a mental health issue and 4% (n = 4) a drug/alcohol issue. Young people in kinship care were most likely to report a household member had a long-term illness, possibly because kinship carers are often grandparents who may be at higher risk of long-term illness (Nandy, et al. 2011). LACYP living at home were more likely to have a household member with a disability or mental health issue. Evidence suggests there are around 29,000 young carers in Scotland (Scottish Government, 2015b). Of participants, 14% (n = 16) not in residential care reported they had caring responsibilities compared to 17% in the GSS.

3.2 | Physical activity, diet and sleep

Participants were reasonably active. A quarter (n = 32) reported they had been physically active for at least 60 min every day in the previous week; 4% (n = 5) had not been active for 60 min on any day (compared to 3% in the GSS). Boys were more likely to have been active every day (30%, n = 21) than girls (18%, n = 11) and those in foster care were more active (30%, n = 17) than those in other placements, particularly residential (21%, n = 4) and kinship placements (18%, n = 8). LACYP were more likely to report they had 8 or more hours of sleep per night (85%, n = 111, compared to 69%). The rate was slightly higher among boys (90%, n = 63) than girls (80%, n = 48) and among those who lived at home (88%, n = 49).

Almost all participants (n = 129) reported they had participated in at least one sport in the previous week. Swimming was the most common in which half (n = 65) participated, followed by 45% (n = 59) who played football and 38% (n = 49) badminton. Participants living at home were most likely to participate in sport.

LACYP were less likely to walk or cycle to school (39%, n = 51, compared to 48% in the GSS) and less likely to eat five or more portions of fruit or vegetables a day (18%, n = 24, compared to 35%) in line with Scottish health targets (Scottish Government, 2008). Boys were more likely to eat five portions or more. More than one in five did not eat any fruit or vegetables (compared to 12%). Nearly a third of those in kinship placements (n = 14) did not eat any fruit or vegetables compared to 27% at home (n = 3), 21% in residential care (n = 4) and 14% (n = 8) in foster care (Table 2). More than a quarter of participants (n = 36) reported they had not eaten breakfast the previous day. Girls were more likely to be in this category (35% n = 21 compared to 21% n = 15 of boys) as were young people in residential care (53% n = 10, compared to 32% n = 14 of those in kinship care, 27% n = 3 at home, and 16% n = 9 in foster care).

TABLE 1 Age and placement type of sample

	At home		Kinship care		Foster care		Residential care		Total	
Age	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
11–13	4	36.4	12	27.3	27	48.2	5	26.3	48	36.9
14–15	7	63.6	25	56.8	19	33.9	11	57.9	62	47.7
16–18	0	0.0	7	15.9	10	17.9	3	15.8	20	15.4
Total	11	8.5	44	33.9	56	43.1	19	14.6	130	

TABLE 2 Five a day and last visit to dentist by placement type

	At home		Kinship care		Foster care		Residential care		Total	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
How many portions of fruit or vegetables did you eat yesterday?										
5+	4	36.4	2	4.5	13	23.2	5	26.3	24	18.5
1–4	4	36.4	28	63.6	35	62.5	10	52.6	77	59.2
0	3	27.3	14	31.8	8	14.3	4	21.1	29	22.3
Total	11		44		56		19		130	
When did you last go to the dentist?										
Within last 6 months	7	63.6	36	81.8	48	85.7	10	52.6	101	77.7
6–12 months ago	4	36.4	4	9.1	7	12.5	7	36.8	22	16.9
More than 12 months ago	0	0.0	3	6.8	0	0.0	1	5.3	4	3.1
Can't remember	0	0.0	1	2.3	1	1.8	1	5.3	3	2.3
Total	11		44		56		19		130	

3.3 | Smoking, alcohol and drugs

Previous research suggests rates of smoking, drug-taking and drinking are higher among LACYP (Meltzer et al., 2003, 2004; Williams, et al., 2001) and may be higher in Scotland than in England and Wales (Meltzer et al., 2003, 2004). However, in this study similar rates of LACYP and non-LACYP had never smoked (71% [*n* = 91] compared to 75% in the GSS), and a similar proportion were current smokers (9%, *n* = 12, compared to 8%). Girls were more likely never to have smoked (75%, *n* = 45 compared to 67%, *n* = 46). LACYP in residential care were more likely to be current smokers (37% [*n* = 7] compared to none at home or in foster care and 11% [*n* = 5] in kinship care); just 17% in residential care (*n* = 3) had never smoked. A much lower proportion of participants reported exposure to environmental tobacco smoke (46%, *n* = 57, compared to 74% in the GSS). One in five in kinship care were exposed to environmental smoke every day compared to none in foster care, and around 1 in 10 of those at home or in residential care.

Almost three-quarters of participants (*n* = 96) said they never drank alcohol (compared to 61% in the GSS). Just 2% (*n* = 3) said they drank once a week or more (compared to 7%). Young people in residential care were more likely to drink alcohol (Table 3) with less than a third (*n* = 6) stating they never drank compared to all of those at home (*n* = 11), 87% in foster care (*n* = 48) and 71% in kinship care (*n* = 31). In contrast to the findings of the GSS, girls were slightly more likely to say they never drank (80% *n* = 47 compared to 70%, *n* = 49). Unsurprisingly, the proportion of young people who had ever drunk alcohol increased with age: no 11- or 12-year olds had done so compared to just over half of 15- and 16-year olds.

About 17% of participants (*n* = 22) reported that they had tried drugs (compared to 9%) (Table 2): 44% (*n* = 8) of those in residential care had, compared to 18% (*n* = 8) of those in kinship care and living at home and less than 10% in foster placements (Table 3). Boys reported more drug use than girls (20%, *n* = 14 compared to 13%, *n* = 8). Of those who had ever used drugs and gave information about how frequently, only three said they did so at least once a week. Twelve of 21 young people who had taken drugs gave details. The most commonly used drug was cannabis (*n* = 9) followed by legal highs (*n* = 4) and cocaine (*n* = 3). About 43% (*n* = 34) of 80 young people who answered a question about how easy they thought it would be to obtain illegal drugs said it would be easy. Almost half (46%) of the 56 young people who were able to say said it would be easy to get legal highs. Boys were more likely to say it would be easy to get illegal drugs and legal highs. All 11- and 12-year olds felt both would be difficult.

3.4 | Health

One in three participants (*n* = 45) reported they had a long-term illness or disability (compared to 26%). The proportion did not vary greatly by placement type. Asthma (*n* = 13), other emotional/behavioural or learning difficulties (*n* = 10), ADHD (*n* = 7) and mental health/emotional illnesses (*n* = 5) were most common (Table 4). Young people in kinship care were more likely to say they had a mental health/emotional illness. About 62% (*n* = 28) of young people said their illness or disability limited what they could do (compared with 44% in the GSS). Overall, 22% of the sample said they had a limiting illness or disability (compared to 11%).

Steele and Buchi (2008) found higher rates of dental problems among LACYP. In this study, 71% (*n* = 92) of participants said they cleaned their teeth twice a day or more (compared to 80% in the GSS), while 22% brushed them only once (compared to 18%) and 8% not at all (compared to 2%). Those living at home brushed their teeth the least. Girls were much more likely to brush their teeth twice a day or more (88%, *n* = 53 compared to 55%, *n* = 39 of boys). Of participants, 78% (*n* = 101) said they had gone to the dentist within the last 6 months (compared to 70% in the GSS). Young people in foster and kinship care were more likely to have been within the previous 6 months (Table 2).

Young people were asked to select one of seven faces to indicate how they felt about their health over the last year. Overall, 84%

TABLE 3 Alcohol and drug-taking by placement type

	At home		Kinship care		Foster care		Residential care		Total	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
How often do you drink alcohol?										
Never	11	100.0	31	70.5	48	87.3	6	31.6	96	74.4
Monthly or more	0	0.0	5	11.4	0	0.0	6	31.6	11	8.5
Less than monthly	0	0.0	8	18.2	7	12.7	7	36.8	22	17.1
Total	11		44		55		19		129	
Have you ever taken any drugs not prescribed to you by a doctor or available over the pharmacy counter?										
Yes	2	18.2	8	18.2	4	7.3	8	44.4	21	16.4
No	9	81.8	36	81.8	51	92.7	10	55.6	107	83.6
Total	11		44		55		18		128	

TABLE 4 Types of long-term illness/disability

Illness/disability	*n*	%
Asthma	13	28.9
Other emotional/behavioural	10	22.2
ADHD	7	15.6
Mental health/emotional illness	5	11.1
ASD/Asperger's	4	8.9
Sensory impairment (hearing, visual)	3	6.7
Dyslexia	2	4.4
Stomach/digestion problem	2	4.4
Injury	1	2.2
Painful joints	1	2.2
Something else	4	8.9
Total	52	

TABLE 5 Worries

	This survey		GSS survey (Traci Leven Research, 2011)
	n	%	%
Exams	48	37	52
Getting a job	29	22	22
The future	25	19	35
Being bullied	14	11	9
The way they look	10	8	30
School	8	6	20

(*n* = 109) gave a positive response (71% in the GSS), 13% (*n* = 17) were neutral (22% in GSS) and 3% (*n* = 4) slightly negative (8% in the GSS). As in the GSS, boys were slightly more likely than girls to rate their health positively (87%, *n* = 61 compared to 80%, *n* = 48). Those in residential care were the least positive (69% gave a positive response, *n* = 13 compared to 80% in kinship care and 91% at home or in foster care).

Two-thirds (*n* = 86) of participants said they worried about at least one item from a list (compared to 71% in the GSS) (Table 5). Just 8% (*n* = 10) worried about the way they looked and 6% (*n* = 8) about school. As in the GSS, girls were more likely to worry; 40% of boys (*n* = 28) said they had no worries at all compared to 23% (*n* = 14) of girls. Not surprisingly, older participants were more likely to worry about exams, getting a job and the future. There was little variation according to placement type.

3.5 | Relationships

Previous research found young people are most likely to speak to their friends about things that worry them (Vincent and Warden, 2006). Table 6 shows the proportion of LACYP who said it was easy or very easy to talk to a range of different people about things that bothered them. Befriender (volunteers who are trained to provide support and companionship) was the most popular response (94%, *n* = 16), representing all but one of the young people with a befriender, reflecting the importance of this role. This was followed by friends (91%, *n* = 118), the most popular response in the GSS (89%), then foster carers (90%, *n* = 64). About 73% of those who had or saw their mother said they found it easy to talk to her (lower than the 80% in the GSS) but 37% did not have or see their mother. About 64% said they found it easy to talk to their father (the same figure as in the GSS); two-thirds said they did not have or see their father. About 78% found their social worker easy to talk to but some of the young people who chose not to participate in this study indicated they did not have such good relationships with social workers. Considerably higher numbers found their teacher easy to talk to (73% compared with 40%). Two-thirds of those who had or saw staff in a residential unit (67%, *n* = 14) found this person easy to talk to. These rates underlie the importance of professionals in the lives of LACYP.

About 88% (*n* = 104) of 118 participants who responded to a question about sexual health and relationship education said they received this at school (compared to 83% in the GSS). Most (*n* = 109) had someone they could talk to about relationships. The most common were a friend (45%, *n* = 49), carer (33%, *n* = 36),

TABLE 6 How easy is it for you to talk to the following people about things that really bother you? (as a proportion of respondents who had these types of people in their lives)—very easy/easy responses only

Person/people	*n*	%
Befriender	16	94
Friends	118	91
Foster carer	64	90
Social worker	96	78
Mum	60	73
Teacher(s)	93	73
Sister(s)	55	68
Residential unit staff	14	67
Brother(s)	53	67
Doctor or Nurse	77	65
Dad	29	64
Neighbours	41	48

parent (27%, *n* = 29), other family member (22%, *n* = 24), sister/brother (19%, *n* = 21) or teacher (17%, *n* = 18). About 41% (*n* = 37) who had or saw their parent or guardian had talked about sexual health and relationships with them, 45% (*n* = 28) had done this with a foster carer or residential worker.

Just under one-third (*n* = 33) of 109 participants aged 13 or over said they had a boyfriend or girlfriend. Participants of 15 and 16 years were twice as likely to have a boyfriend/girlfriend as 13- and 14-year olds, and girls slightly more likely (33% *n* = 16) than boys (28% *n* = 17). Most young people said their boyfriend/girlfriend was a similar age to them. Some participants were likely to have become looked after as a result of abuse and there is evidence to suggest young people who have been abused are likely to engage in sexual risk-taking as they reach adolescence (Johnson et al., 2006). Carpenter et al. (2001) found higher rates of sexual risk-taking behaviour among LACYP. While only six participants (four boys and two girls) in this study reported that they were currently sexually active, 13 others said they had been sexually active in the past. Asked how often they used contraception 7 said always, 11 never and 1 sometimes.

3.6 | Self-esteem

The mean self-esteem score on the Rosenberg Self-Esteem Scale (Rosenberg, 1965) was 20.0, marginally higher than in the GSS (19.8). Overall, 8% (*n* = 10) had a self-esteem score of less than 15 (considered to indicate low self-esteem), compared with 15% in the GSS. As in the GSS, boys had higher mean self-esteem scores than girls (20.6 for boys; 18.9 for girls) and girls were slightly more likely than boys to have scores indicating low self-esteem (six girls, four boys). Mean self-esteem scores were higher among those at home (21.2) and in foster (20.6) or kinship care (20.1) than in residential care (17.5). Participants in kinship care were over-represented among those with low self-esteem scores (11%, *n* = 5 compared with 7% (*n* = 4) in foster care, 5% (*n* = 1) in residential care and none of those living at home), although it should be emphasised again that these findings are based on small samples.

Tarren-Sweeney (2010) found that around half of LACYP have clinically significant mental health problems and up to a further quarter have difficulties approaching clinical significance. Participants in this study might, therefore, have been expected to exhibit higher scores on the five scales used in the Strengths and Difficulties questionnaire (SDQ) (Goodman, 1997). Mean scores for each scale are shown in Table 7 and compared with those in the GSS. About 29% of LACYP (*n* = 38) scored 16 or more indicating a high level of difficulties (compared to 22%). They had higher scores for conduct problems and hyperactivity but lower scores for emotional symptoms and on the prosocial scale. As in the GSS, girls were more likely than boys to have a total difficulties score indicating a high level of difficulties (38%, *n* = 23 compared to 21%, *n* = 15) and to have a score indicating a high level of difficulty on the emotional symptoms scale (18%, *n* = 11 compared to 9%, *n* = 6). In contrast to the GSS, boys were not more likely than girls to have scores indicating a high level of difficulty on the conduct problems scale (27%, *n* = 18 compared to 30%, *n* = 19); peer problems scale (4%, *n* = 3 compared to 8%, *n* = 5); or prosocial scale (4%, *n* = 3 compared to 5%, *n* = 3).

In terms of mean scores, participants in foster care scored highest on the emotional symptoms scale (3.5), conduct problems scale (3.5), hyperactivity scale (6.3) and total difficulties scale (15.7). Those in residential care scored highest on the peer problems scale (2.8), a little ahead of those in foster care (2.4). Those in kinship care

TABLE 7 Mean scores for Strengths and Difficulties Scales

Scale	Mean score this survey	Mean score for GSS survey
Emotional symptoms scale (0–10) (high score indicates difficulties)	2.7	3.0
Conduct problems scale (0–10) (high score indicates difficulties)	2.6	2.4
Hyperactivity scale (0–10) (high score indicates difficulties)	4.7	4.3
Peer problems scale (0–10) (high score indicates difficulties)	1.9	1.6
Prosocial scale (0–10) (high score indicates strengths)	8.0	7.2
Total difficulties (0–40) sum of all four difficulties scales	11.9	11.2

scored lowest on all scales, followed by those living at home on all scales except emotional symptoms where they scored the same as those in residential care (2.5) and hyperactivity where young people in residential care scored slightly lower than those at home (4.5 compared to 4.6). Young people in foster care had the highest score on the prosocial scale followed by those living at home (8.5). Table 8 shows the proportion of young people with scores suggesting high levels of difficulties for each strength/difficulty scale by placement type. Notable differences included lower levels of conduct problems among participants in kinship care and higher levels of hyperactivity among those in foster care.

3.7 | Behaviours, attitudes and expectations

Evidence suggests there is a link between bullying and anxiety or depression in young people (Bond et al., 2001). About 17% (*n* = 22) of participants reported that they had been a victim of bullying in the preceding year. About 14% (*n* = 18) had been bullied at school (compared to 15% in the GSS) and 3% (*n* = 4) somewhere else (compared to 7%). Participants of 11 and 12 years and those who lived at home (a younger group) were more likely to have been bullied. Just 7% (*n* = 9) admitted to having bullied or frightened someone in the last year (compared to 20% in the GSS). As in the GSS, boys were more likely to admit to bullying.

Young people were also asked whether they had been treated in a way that they felt was offensive in the last year. A quarter (*n* = 32) said they had (similar to the 23% in the GSS) with little variation according to placement. Nine young people reported that schools had treated them offensively. No LACYP reported that the police had treated them in a way they felt was offensive, while the corresponding figure in the GSS was 18%.

One in five (*n* = 26) participants indicated they had engaged in at least one form of antisocial behaviour from a list of nine in the previous year (compared to 3 in 10 in the GSS). Rates were similar for girls and boys. The most common was fighting (*n* = 23). Only six participants said they had carried a weapon out of school, two had carried a weapon in school and six had shoplifted. Those living in residential placements were most likely to say they engaged in antisocial behaviours but these findings should be treated with caution.

Educational outcomes for LACYP have been found to be poor in comparison with non-LACYP (Tarren-Sweeney, 2010; Denecheau, 2013). Almost a quarter of participants (*n* = 27) admitted to truanting from school in the last year (compared to a third in the GSS). Those in residential care were most likely to truant. One hundred and twenty-six participants who were still at school had lower educational aspirations than their peers (Table 9). About 59% (*n* = 74) thought they would go on to further or higher education when they left school (compared to 70%). As in the GSS, girls were more likely than boys to expect to continue their education (69%, *n* = 40 compared to 50%, *n* = 34). Young people in kinship placements were the least likely to expect to do so (52%, *n* = 23 compared to 58% in residential care, 64% at home and two-thirds in foster care).

4 | DISCUSSION AND CONCLUSION

The findings of this study are perhaps more positive than might have been expected considering the negative findings of previous research,

TABLE 8 Proportion of young people with scores suggesting high levels of difficulties for each strength/difficulty scale by placement type

	At home		Kinship care		Foster care		Residential care		All	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Emotional symptoms (6+)	1	9	7	16	6	11	3	16	17	13
Conduct problems (4+)	5	45	7	16	18	32	7	37	37	28
Hyperactivity (7+)	1	9	8	18	17	30	3	16	29	22
Peer problems (5+)	0	0	1	2	4	7	3	16	8	6
Prosocial scale (4 or less)	0	0	3	7	3	5	0	0	6	5
Total difficulties (16+)	3	27	12	27	17	30	6	32	38	29

TABLE 9 Aspirations for the future by placement

	At home		Kinship care		Foster care		Residential care		Total	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Work/trade/youth training/skill seekers/apprenticeship	1	9.1	16	36.4	7	12.5	6	35.3	30	23.4
FE college	4	36.4	16	36.4	20	35.7	6	35.3	46	35.9
University	3	27.3	7	15.9	17	30.4	1	5.9	28	21.9
Other	1	9.1	2	4.5	5	8.9	2	11.8	10	7.8
Don't know	2	18.2	3	6.8	7	12.5	2	11.8	14	10.9
Total	11		44		56		17		128	

especially those relating to mental health (Ford et al., 2007; Meltzer et al., 2003, 2004; Steele & Buchi, 2008; Tarren-Sweeney, 2010). Recent research suggests, however, that care can have a positive impact on children and young people's lives (Wade, Biehal, Farrelly, & Sinclair, 2011). Studies which have sought the views of LACYP confirm it can be a positive experience (Bazalgette, 2014; Morgan, 2007) and such findings have led Thoburn (2014) to argue we need to move away from negative views of care.

Just five participants in this study reported that they had a mental health or emotional illness. They were more likely to have a score indicating a high level of difficulties on the SDQ but while they had higher scores for conduct problems and hyperactivity they had lower scores for emotional symptoms and on the prosocial scale and were less likely to have scores indicating low self-esteem on the Rosenberg Scale. Mental and emotional well-being problems have been found to be associated with children's pre-care experiences as well as with the impact of being looked after (Sempik, Ward, & Darker, 2008; Vostanis, 2010) and the findings of this study suggest further research needs to be undertaken to determine whether care might be associated with improved health outcomes, including mental health outcomes, for some children and young people.

Previous research has demonstrated that children with higher levels of emotional and behavioural difficulties when they enter care are at greater risk of experiencing unstable placements which have a negative impact on their mental health and well-being (Hannon, Wood, & Bazalgette, 2010). Placement breakdown can have a detrimental impact on emotional well-being and mental health and if placement instability is associated with adverse health outcomes as Scott et al.'s (2013) evidence review indicated, then the relatively stable placements experienced by some of the participants in this study may explain some of the more positive findings. More research is, therefore, needed to investigate health outcomes for LACYP with less stable placements.

Educational outcomes for LACYP have been found internationally to be poor in comparison with non-LACYP (Tarren-Sweeney, 2010; Denecheau, 2013) but the findings of this study were mixed. Participants were less likely to expect to go on to further or higher education than their counterparts in the GSS, indicating lower aspirations, but were less likely to admit to truanting. A high proportion reported they would confide in their teacher suggesting many had positive school experiences. Scottish policy initiatives such as GIRFEC which have required schools to take on more responsibilities for health and well-being may have contributed to this finding.

The findings indicate lower levels of risk-taking and antisocial behaviour among LACYP than might have been expected. Young people were less likely to drink alcohol than their peers but, reflecting the findings of Williams et al. (2001) and Meltzer et al. (2003, 2004), were more likely to take drugs. Very small numbers indicated they took drugs on a regular basis but high rates were reported among those in residential care. In contrast to previous research (Carpenter et al., 2001), a small proportion of young people in this study admitted to being sexually active. They were also less likely to admit to bullying or engagement in antisocial behaviour than non-LACYP but more research needs to be undertaken to corroborate these findings. Face-to-face interviews were deemed to be a more appropriate way of undertaking research with this vulnerable group than an anonymous survey or focus groups, primarily because this method would, if necessary, enable researchers to identify any concerns and refer participants on to appropriate support. However, participants may not have answered sensitive questions truthfully and future studies should consider how to balance the need to minimise under-reporting with the need to protect vulnerable participants. The low response rate was a significant limitation and we were unlikely to have reached the most vulnerable LACYP. The under-representation of particular groups within the LACYP population, including those living at home, was another limitation and future research should consider ways of maximising their inclusion.

This study provided descriptive data about the health and well-being of 130 secondary school aged LACYP in Glasgow. Despite the low response rate, it provides important baseline data for policy makers and practitioners. The scope of the study was restricted by the need to use the GSS survey tool and future research should consider ways of collecting additional information to further improve our understanding, for example, data relating to LACYP's access to health services and their views of these services. More creative methods for obtaining young people's views, such as involving young people as co-researchers might be considered.

While the findings should be treated with caution due to small sample size they point to notable differences between placements. Of particular note are higher rates of smoking, alcohol use, drug-taking and truanting among LACYP in residential placements. Young people in residential care were also less likely to eat breakfast and less likely to rate their health positively. These findings may highlight a need for more targeted work to promote the health and well-being of LACYP in residential placements. While the findings contribute to providing a health and well-being profile of LACYP in Scotland, as Scott et al. (2013) argued, a requirement for agencies to report on health outcome data would be particularly beneficial.

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