



Centre for excellence
for looked after children in Scotland

RESPONSE TO CONSULTATION ON 'A HEALTHIER FUTURE'

January 2018

We welcome this opportunity to contribute on '*A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight*' consultation and comment where our expertise allows.

CELCIS (Centre for excellence for looked after children in Scotland), based at the University of Strathclyde in Glasgow, exists to make positive and lasting improvement in the wellbeing of Scotland's children living in and on the edges of care. This is a group of children which, while varied in their individual characteristics and histories, have all experienced major difficulties in their lives. We agree that changing food culture is among the biggest public health challenges our society faces, and agree that these have very significant preventable impacts on our health, public services and the Scottish economy. Weight, diet and activity matter for all children and young people; for children who have faced disadvantage it is even more important we address this.

This is because looked-after children, as one of the most excluded and vulnerable groups in Scotland, are most exposed to Adverse Childhood Experiences (ACEs) that have the potential to negatively impact their developmental journey. Indeed, as stated in the Scottish Public Health Network's (2016) '*Polishing the Diamonds*' report, living in care itself has been established as a type of ACE. As the report sets out, these experiences constrain a child's ability to achieve better health outcomes: there is an association between the accumulation of ACEs and an increased likelihood of developing future health risk factors such as physical inactivity and obesity.¹ Other studies have noted that cardiovascular risks identified among adults (who were exposed to ACEs) begin to appear earlier in childhood.² In addition, looked-after children can have limited access to the protective factors associated with good health and wellbeing as well as facing continuing challenges due to the poor social and environmental conditions which they have lived in.³ The report would be

¹ Scottish Public Health Network (ScotPHN) (2016) [Polishing the Diamonds: Addressing Adverse Childhood Experiences in Scotland](#).

² Pretty, C. et al (2013) Adverse childhood experiences and the cardiovascular health of children: a cross-sectional study. *BMC Pediatrics* 13:208

³ NHS Health Scotland (2016) [Health-promoting Care: A toolkit for improving the health of looked after children](#)

enhanced if there was greater acknowledgement of the link between the impact of early adversity and poorer health outcomes.

Furthermore, there needs to be sensitivity in addressing children and young people's relationship with food; for example, for children who have been neglected, the absence of food will have impacted on their physical development. When food is available, children may over eat to compensate or 'save' food for later. This emotional relationship with food must be understood when addressing any concerns around a child's weight. Research undertaken with Scottish children in residential care suggests that the everyday activities around food and eating have meaning and purpose beyond being fed. In this study, food was used in a way of attempting to create familial environments and mark celebrations but it was also used to express, displace and manage feelings.⁴ Food was also used a means of demonstrating a particular sentiment for staff, overtaking other forms of communication such as literal and physical.⁵ As such, food and food practice can be an important but not wholly beneficial medium of communication between adults (staff) and children in residential care homes.⁶ Further exploration of this dynamic should be considered in any attempt to ameliorate food consumption and practice with children in residential care. Furthermore, there may be tensions around different rights with regards to food practice in residential care. Before an intervention is formulated, there may have to be consideration on how to balance welfare rights (eating healthily and regularly) and personal autonomy (the self-determination to decide when, where and what to eat).

At a national level, steps have been taken to understand and address this unique issue, with NHS Health Scotland on behalf of the Scottish Government's Looked After Children Health Service Improvement Group publishing '*Health-promoting Care*' a toolkit for improving the health of looked after children in 2016. The resource identifies evidence-based actions which can be undertaken collaboratively by health partners to encourage healthy behaviours and improve the health and wellbeing of looked after children. This resource acknowledges and builds upon other national priorities which aim to improve the health and wellbeing of looked-after children, such as: GIRFEC; Children and Young People (Scotland) Act 2014; and Getting it Right for Looked After Children and Young People.

Therefore, we believe this proposed document should articulate: an understanding of the relationship between looked-after children, ACEs and diet, weight and activity and; a synergy with other current national policies which align with this issue. Given that the Scottish Government wish to enact cultural change by viewing this lifestyle attainment as a wider public health issue, it is important that the health and wellbeing challenges that face looked-after children are appropriately represented within the national strategic document which seeks to advise the population as a whole.

Our key observations and recommendations:

⁴ Emond, R. et al (2014) Food and Feelings in Residential Childcare. British Journal of Social Work (2014) 44, 1840–1856

⁵ *Ibid.* (2014)

⁶ *Ibid.* (2014)

- We welcome the objective to work with NHS Boards to maintain and examine the expanding the child healthy weight work as a core part of the preventative service provision. Although, as this includes work with schools and communities around healthy diet and physical activity, it is important to understand and engage with the unique experiences and realities of vulnerable and disadvantaged children and how they may interact with any new policy intervention.
- CELCIS also welcomes the collaborative activity between Young Scot and Scottish Youth Parliament during 2018, the Year of Young People to better understand and respond to children and young people's perceptions and experiences of food; the role it plays in their lives; and their food behaviours. These organisations should consider how to engage with looked-after children and care leavers on this point, as research has found that food and food practice can have functions and meaning beyond the act of simply eating.
- In developing a positive relationship with food through transitions from birth to adulthood, there is a need to widen the scope of professional support beyond the Family Nurse Partnership and the Universal Health Visiting Pathway.
- Looked-after children who have been exposed to and accumulated ACEs, should be considered when developing guidance on minimum standards for programmes and sustainable weight management pathways for children.

Context

As of July 2016, there were 15,317 looked after children in Scotland. In addition, a total of 2,723 children were on the child protection register (of whom 691 were also 'looked after'). Approximately 35% of looked after children live with foster carers, and 10% live in residential homes or schools. 30% live with their extended family or friends in formal kinship care arrangements, and 25% live at home with one or both of their birth parents. Over half of all looked after children in Scotland live within their own family – either in kinship care or 'at home'.⁷

The backgrounds of many of these children feature multiple, serious adversities, including socio-economic disadvantage, parental drug and alcohol misuse, and domestic violence.⁸ Experiences of neglect, abuse and pre-birth trauma are common. In terms of the health needs of looked after children, literature acknowledges diversity within the population, but indicates clearly that they are significantly more likely (than a child in the general population) to have particular physical health conditions (such as dental cavities and vision problems), poorer mental health (even when poverty and disadvantage are

⁷ Scottish Government (2016) [Children's Social Work Statistic, 2015 -16](#).

⁸ Scottish Public Health Network (ScotPHN) (2016) [Polishing the Diamonds: Addressing Adverse Childhood Experiences in Scotland](#).

accounted for), and face multiple barriers when it comes to addressing such difficulties. These include: late identification; service inflexibility in mode of delivery and problems addressed; and stigma surrounding mental health issues.⁹ In attempting to encourage physical activity to tackle obesity, these factors should be considered. The role of 'corporate parents', with their explicit duties to assess and support the wellbeing of looked after children (as set out in Part 9 of the Children and Young People (Scotland) Act 2014), should collaborate to design policy that considers and covers all groups of children.

Questions:

Question 1 Are there any other types of price promotion that should be considered in addition to those listed above?

N/A

Question 2 How do we most efficiently and effectively define the types of food and drink that we will target with these measures?

N/A

Question 3 To what extent do you agree with the actions we propose on non-broadcast advertising of products high in fat, salt and sugar?

N/A

Question 4 Do you think any further or different action is required for the out of home sector? Yes No Don't know

N/A

Question 5 Do you think current labelling arrangements could be strengthened

N/A

Question 6 What specific support do Scottish food and drink SMEs need most to reformulate and innovate to make their products healthier?

N/A

Question 7 Do you think any further or different action is required to support a healthy weight from birth to adulthood?

⁹ Priestly, A. and Kennedy, L. A. (2015). The health of looked after children and young people: a summary of the literature. Glasgow: University of Strathclyde

Question 8 How do you think a supported weight management service should be implemented for people with, or at risk of developing, type 2 diabetes – in particular, the referral route to treatment?

N/A

Question 9 Do you think any further or different action on healthy living interventions is required?

N/A

Question 10 How can our work to encourage physical activity contribute most effectively to tackling obesity?

Research shows that physical activity has positive benefits for looked-after young people, improving their sense of belonging, relationship building and engagement.¹⁰ Furthermore, research in Ireland found that the delivery of accessible, regular fitness programmes with weekly sessions as well as nutritional guidance, can help looked-after children develop physically and psychologically.¹¹ Engagement with competitive physical activity enables children in care to develop assertiveness, resilience and build self-esteem. In short, those needed for future life experiences.¹²

The World Health Organisation has stated that physical health problems have the greatest impact on minority groups in society, particularly those in residential care, and have significant long-term health consequences.¹³ It has been noted that many looked-after children do not have access to activity opportunities that could short-circuit these issues, compared with their non-looked after peers.¹⁴ Distinctive barriers to accessing physical activity for this group can also exist. For example, children in care may have a low perception of their own efficacy, thus lowering their confidence to take part in activities that require specific skills.¹⁵

Interventions or work programmes concerning physical activity should be developed under GIRFEC principles and defined by using the eight indicators of wellbeing (the SHANARRI outcome indicators). The rationale for this is apparent, and set out clearly by the Care Inspectorate, "to be healthy it is important to be active; for children and young people to achieve their potential they need to be nurtured and included; and to become responsible they need to be respected".¹⁶

¹⁰ Steckley, L., & Smith, M. (2011). Care ethics in residential child care: a different voice. *Ethics and Social Welfare*, 5(2), 181-195.

¹¹ Fitzgerald, N., et al (2014) Developing mental and physical wellness for looked after young people through a fitness and nutritional guidance programme: A pilot study. *Scottish Journal of Residential Child Care* September 2014 – Vol.13, No.2

¹² Gilligan R. (1999) Enhancing the resilience of children and young people in public care by 12 mentoring their talents and interests. *Child Fam Soc Work*. 4: 187-196

¹³ World Health Organization (2006) *The World Health Report 2006*

¹⁴ Quarmby, T. & Pickering, K. (2016) Physical activity and children in care: A scoping review of barriers, facilitators and policy for disadvantaged. *Journal of Physical Activity and Health*

¹⁵ *Ibid.* (2016)

¹⁶ Care Inspectorate (2016) [My World Outdoors](#)

The diversity of physical activity can come with risks and lead some residential care providers and commissioners to avoid them. However, previous national guidance, *Go Outdoors* (2010), has stated that to enhance the physical wellbeing of looked-after children, residential care providers should be encouraged at every opportunity to avoid risk-adverse practices and bureaucratic living environments. This type of situation can encroach on the rights of children and young people in their care.¹⁷ Additionally, as described in the '*Poor Relations*' report, physical activity can be harder for children in kinship care. The report found that around three-quarters (73%) of carers in the sample had been diagnosed with physical conditions or disabilities: this restricted mobility had an impact on the ability to take part in physical activity with the children in their care.¹⁸

All looked-after children in residential care should be involved in the process of deciding appropriate activities in order to build self-confidence and resilience and help them make safer decisions. This type of action would align with the wellbeing indicators.

Question 11 What do you think about the action we propose for making obesity a priority for everyone?

CELCIS agrees with this proposition. To strengthen its impact, 'corporate parents', who have explicit duties to assess and support the wellbeing of looked after children (as set out in Part 9 of the Children and Young People (Scotland) Act 2014), should coalesce around this shared priority and take steps to work together to design policy that considers and covers the needs and wishes of all children, young people and care leavers.

CELCIS welcomes the collaborative activity between Young Scot and Scottish Youth Parliament during 2018, the Year of Young People to better understand and respond to children and young people's perceptions and experiences of food; the role it plays in their lives; and their food behaviours. These organisations should consider how to engage with looked-after children and care leavers on this point, as research has found that food and food practice can have functions and meaning beyond the act of simply eating.

Question 12 How can we build a whole nation movement?

N/A

Question 13 What further steps, if any, should be taken to monitor change?

N/A

Question 14 Do you have any other comments about any of the issues raised in this consultation?

¹⁷Play Scotland (2010) [Go Outdoors](#)

¹⁸ Selwyn, J. et al (2013) [The Poor Relations? Children & Informal Kinship Carers Speak Out](#)

Thank you for providing us with this opportunity to respond. We hope the feedback is helpful; we would be happy to discuss any aspect in further detail.

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