

Care Leavers Health Needs Survey

The Care Leavers Association is a national user-led charity working to improve the lives of people who were in care as children. All of our trustees and the majority of staff spent time in care. We aim to bring together the voices of care leavers of all ages so that we can improve the current care system and improve outcomes for individuals.

The health needs of care leavers of all ages are often ignored. We want to change that, so that health services are better able to help care leavers.

We are working with 12 NHS Clinical Commissioning Groups (CCG's) across England, to raise awareness about the health issues facing care leavers as well as in the longer term to improve services and health outcomes.

We would like to know about your health and your experience of health services. This survey is open to care leavers of any age. What you tell us will go to help improve services.

Please take some time to answer the questions as fully as you can. Please feel free to add additional information in the boxes provided.

All of the information will be treated with the strictest confidence. All the data will remain anonymous and will be security protected.

By completing this you will help us to improve health services for care leavers and looked after children.

We would like you to give us as much information as you feel comfortable giving. However, please be kind to yourself and think about your own reactions. If you think remembering some of your past experiences will have too negative an effect then please do not put yourself through the survey.

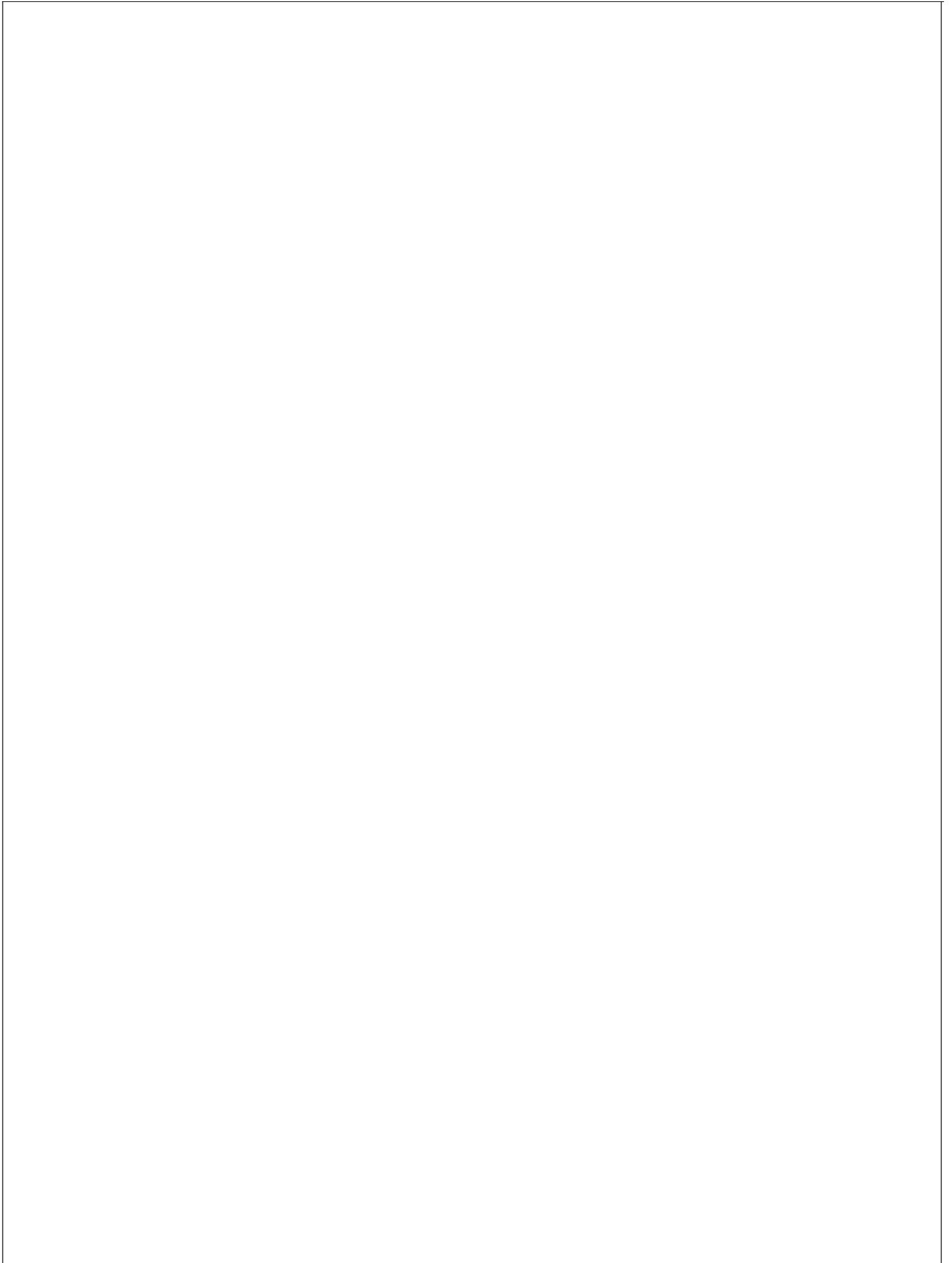
If you feel there are questions you do not want to answer then do not answer them.

**If you want further help, here is a link to mental health support helplines:
<http://www.getselfhelp.co.uk/helplines.htm>**

The survey should take 15-30 mins to complete.

Plus, one lucky survey taker will win a £200 gift voucher.

If you wish to print it off and post to us you can, we have a Freepost address which is :please write this clearly on the envelope; Freepost THE CARE LEAVERS ASSOCIATION this will not incur a cost to you.



About you.

1. Which Ethnicity are you?

- White (any background)
- Asian or Asian British
- Black / Caribbean / African or Black British
- Mixed Ethnic Group
- Other Ethnic Group

2. What is your gender

- Female (including trans female)
- Male (Including trans male)

3. Sexual Orientation

- Heterosexual
- Bisexual
- Gay
- Lesbian

4. Age

- Under 16
- 16 - 24
- 24 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61 - 70
- 70 +

5. Do you class yourself as having a disability. If yes then what?

- Yes
- No
- If yes then what?

6. Marital Status

- Single
- Civil Partnership
- Married

7. Please put your post code in this box e.g M1 1BB (Manchester) and the local authority/ area you live in.

8. I spent time in foster care or residential care.

- Foster Care
- Residential Care
- Both

9. Please tell us how long you were in care for (e.g 10 years), plus the years you were in care for (e.g 1985 - 1995)

Mental Health

Please indicate, by ticking the box, whether you have experienced any of the following at specific times in your life and if they were before, during or after being in care.

If you're in good mental health you can make the most of your potential, cope with life and play a full part in your family, workplace, community and social life. Some people call mental health 'emotional health' or 'well-being' and it's just as important as good physical health. When we talk about mental health, we are not just talking about diagnosed conditions.

In this section we are interested in the times when you have found life difficult to deal with

10. I have experienced low self-esteem

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I have self-harmed (symptoms could include cutting or otherwise physically hurting myself deliberately)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. I have experienced anxiety (feeling anxious, apprehensive about situations, people, events etc, e.g wanting to throw up.)

	None of the time	Rarely	Some of the time	Often	All the time.
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I have experienced feeling depressed (symptoms could include: persistent low mood and feeling sad, low energy and feeling less able to do things, losing interest in activities you used to enjoy, sleeping and eating less)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. I have experienced feeling isolated (symptoms could include persistent loneliness)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. I have experienced issues with managing anger (symptoms could include: losing my temper regularly, being verbally or physically violent to myself and/or others)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. I have experienced significant trauma (symptoms could include major loss or experience of abuse)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I have experienced significant control issues (symptoms could include: needing to be in control of myself, others and/or events and feeling stressed if I am not)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. I have experienced panic attacks (symptoms could include: a sensation that your heart is beating irregularly, sweating, trembling, shortness of breath, choking sensations, chest pain, feeling sick)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please feel free to tell us more about your experiences of any of the above (answers to questions 10 to 18).

20. Do you believe that these mental health experiences are a result of your care experience?

- Yes
- No
- Don't know.

21. If you answered 'yes' or 'no' to the previous question, please tell us why.

22. If you have a medically diagnosed mental health condition, please tell us what it is and what, if any, treatment you are receiving for it.

Physical Health

Please complete the following questions about your physical health, again focussing on your experiences before, during and after care.

23. I have, or have had, an eating disorder such as bulimia or anorexia

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. I have been unable to undertake common physical activities (such as walking or running)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. I have regularly taken alcohol to excess (such as binge drinking, or consuming more than the recommend weekly amounts of 14 units for women or 21 units for men)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. I have used prescribed and/or non-prescribed drugs recreationally

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. I have experienced problems with my sleep patterns (such as insomnia or irregular sleeping patterns)

	None of the time	Rarely	Some of the time	Often	All of the time
Before Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Please feel free to tell us more about any of the responses to questions 23 to 28

29. If you do have, or have had, physical health problems, did they arise as a result of your care experience?

- Yes
- No
- Don't know

30. If you answered 'yes', please feel free to tell us more.

Sexual Health

The following questions are about your sexual health. You can raise any issues you want to here. This might include, for example: teenage pregnancy, sexual relationships, experience of sexual abuse, sexual identity)

31. Tell us about any issues relating to your sexual health that you think are important.

32. Were any issues discussed above related to your time in care and, if so, how?

Parenting

This section is about parenting.

33. I have parented a child

	Yes	No
Before Care	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>
After Care	<input type="radio"/>	<input type="radio"/>

34. Are any of your children still living with you?

- Yes, all the time
- Yes, some of the time
- No

35. If your children are not living with you and you think it is due to your care experience, or partly due to that experience, please tell us more.

Accessing Health Services

This section covers accessing health services (such as GPs, Dentists, Sexual Health and Mental Health services)

36. Have you experienced any difficulties in accessing health services?

Yes

No

Don't know

37. If you answered 'yes', please tell us more.

Criminal Justice System

This section covers any experience you may have had of custody

38. I have spent time in:

- Police cell
- Young offenders institute
- Secure unit
- Prison

39. If you were in custody, were you asked if you were a care leaver or looked after child?

- Yes
- No
- Don't know

40. If you were in custody, was your mental health assessed at any time?

- Yes
- No
- Don't know

41. Please feel free to tell us more about your answers to questions 38 to 40

Cultural Identity

This section covers people with Cultural (Ethnic) origins that are not White/British. If your cultural Identity is different to that of White/British and you grew up in a cultural setting different to that of your own, you may have experienced challenges and difficulties that have affected your health.

42. Has developing your cultural identity had an effect on your health?

	none of the time	Rarely	Some of the time	Often	All of the time
Before care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. If there has been an effect on your health, please tell us more about this.

44. Is there anything else about your health needs as a care leaver, and need for services, that you wish to tell us about?

45. Do you know other adults who were in care as children?

- Yes
- No
- Don't know.

46. Do you get support from other care leavers?

- Yes
- No
- Don't know

47. Would you find being in touch with other care leavers of positive benefit?

- Yes
- No
- Don't know

48. If you answered 'yes' to question 47, please tell us why

49. Please complete this box with your contact details, should you wish to be entered into the prize draw.

50. We are holding care leaver health regional forums three times a year (in Manchester, Birmingham and London). If you would like to attend, please provide your contact details (name, email address and mobile no) in this box and state which forum you would prefer to attend. Thanks