

provision of mental health services for care leavers: transition to adult services

Local Government Education and Children's Services Research Programme



LGaresearch report



provision of mental health services for care leavers: transition to adult services

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INVESTOR IN PEOPLE

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Executive summary

The National Foundation for Educational Research (NFER) carried out research into the provision of mental health services for care leavers. This summary sets out the key research findings and recommendations.

Key findings

- Leaving care teams, in particular, personal advisers, play a crucial role in ensuring that the needs of care leavers with mental health difficulties are addressed.
- The need for specialised services for 16 to 21 year olds is strongly apparent. Transition between services is challenging, particularly for mental health, and the impact on looked after children (LAC) can be particularly acute.
- Specialist mental health advice and support within leaving care teams is very valuable and it would be beneficial if this was in place for all leaving care teams.
- A lack of appropriate accommodation for care leavers, particularly those with mental health difficulties, is evident.
- The young people who took part in the research value the support they receive, particularly from the leaving care team. However, they stressed that improvements could still be made.
- Challenges in coordination of services for care leavers with mental health difficulties continue to exist (e.g. challenges around confidentiality, information sharing and cross-boundary working).
- Voluntary services to support care leavers with mental health difficulties are perceived as particularly effective for meeting low-level mental health needs. However, there is a lack of awareness of such services amongst those supporting care leavers.

Research context

- The Children (Leaving Care) Act 2000 (Great Britain Statutes, 2000), came into force in October 2001. Amongst other things, it was designed to address the wide variation in local authority provision for care leavers. It also sought to promote a more 'holistic' or multi-dimensional approach to the process of leaving care.
- It is recognised that care leavers are at greater risk of mental health difficulties than young people generally (e.g. Broad, 1999). The transitional period from leaving care is felt to be a phase during which care leavers experience additional stresses and may not have the continuity of support (e.g. NLCAS, 2005; Wade, 2003).
- In light of this, the Local Government Association (LGA) asked the National Foundation for Educational Research (NFER) to examine the extent to which developments since the Act have improved outcomes for young people leaving care, particularly those with mental health difficulties. In particular, the research was designed to:
 - examine the coordination and availability of services to support care leavers with mental health issues
 - explore how outcomes are measured for young people leaving care, particularly regarding mental health
 - explore the views of both service users and providers towards the services available and perceived outcomes
 - examine the coordination and contribution of services for care leavers offered by voluntary organisations.
- The research draws upon interviews with 35 service providers and ten care leavers from three local authorities.

Young people's views of service provision

- The services engaged in supporting the case-study care leavers across each of the three authorities include voluntary and statutory services, i.e. leaving care services; mental health services; accommodation services; education, employment and training services; and substance abuse services.
- Overall, the young people are satisfied with the services they have received since leaving care. They are particularly satisfied with support received from the leaving care teams and their personal advisers, and also, in most cases, with Child and Adolescent Mental Health Services (CAMHS). The high rating given to overall support is very encouraging and reflects the quality of service provision and coordination around care leavers.

Outcomes and their measurement

- The method most frequently used by 'leaving care' services to assess outcomes are six-monthly reviews of pathway plans, coupled with more frequent (e.g. six-weekly) reviews of young people's care plans.
- There can be difficulty in making a link between treatment and outcomes, and formal quantitative outcome measures are rarely used to assess the effectiveness of service intervention.
- Despite the significance of mental health issues for LAC, there can be reluctance to measure mental health benefits in favour of other more easily measured health benefits.
- Important indicators of young people's progress include: the frequency and type of contact with service providers; stability of accommodation or placement; engagement and progression in education, training and employment; social functioning; involvement in offending and the use of alcohol or illegal substances.
- It is clear that the young people value the services they receive and, from their perspective, one of the important outcomes is that they feel supported and cared for.
- Evidence of outcomes of improved mental health range from improved mental wellbeing (e.g. feeling happier and improved confidence) to the prevention of escalation of more serious mental health problems.
- There are indications that specific outcomes are significant in that they have important knock-on effects for other aspects of young people's lives. In particular, these include a stable accommodation placement, engagement in education and the ability to self-manage mental health problems.

Challenges

- Transition issues are a key challenge. The move to independent living, a reduction in levels of support, higher thresholds for referrals into adult services and differing models of practice between CAMHS and adult mental health services are all significant challenges for those supporting care leavers with mental health difficulties.
- Lack of uptake by service users, which according to the young people, is largely due to: the emotional challenge of accessing support; a lack of satisfaction with services; poor relationships with service staff; stigma; and service inaccessibility.
- Leaving care teams can lack experience of mental health difficulties and how they can be recognised and managed.
- Service coordination challenges largely relate to communication difficulties, including confidentiality, cross-boundary working and information sharing.
- Capacity issues include the lack of capacity to provide 24-hour support; to accommodate the volume of need; or to provide counselling services.
- Accommodation placements for care leavers with mental health difficulties are hard to find, particularly for those with high-level needs. Those with low-level needs can also struggle to be accommodated with sufficient levels of support.

- Two main challenges are associated with voluntary service provision: a lack of awareness of these services amongst those supporting care leavers and a perceived lack of skill to deal with high-level mental health needs.
- The provision of young person-centred services. The importance of flexibility, developing trusting relationships with and listening to young people are stressed.

Good practice and recommendations

- Good practice in service provision includes: enhanced support for major transitions; designated services for young people and LAC; flexible and accessible services; providing young person-centred services; including young peoples' voice in service development and review; and practitioners who are supported and trained in mental health issues.
- Good practice in service coordination includes: effective communication and cooperation between agencies; establishing strategic level interagency working (e.g. partnership agreements and strategic partnership networks); operational level multi-agency working (e.g. having key workers/coordinating personnel, the co-location of services and joint working); and providing specialist services and advisory support.
- Interim services could usefully be put in place to bridge the gap between children's and adult's services, including the extension of services to provide for care leavers until they reach 21. Improved liaison across authority and NHS boundaries is also called for.
- Greater support for those working with care leavers with mental health needs. This includes mental health training or awareness raising for social care and education staff, and better access to consultation, help and advice from mental health professionals. Voluntary services to support mental health could be promoted more widely.
- Improved access to counselling (and other mental health services). For example, a mental health professional could be located within the leaving care team.
- Extra funding and resources should be channelled into: ensuring mental health expertise is available to leaving care teams; improving accessibility of counselling services; developing accommodation projects which are able to offer support with mental health difficulties; and developing capacity in early intervention teams and in specialist CAMHS teams for young people leaving care.
- Closer monitoring of the emotional wellbeing of LAC and care leavers and the development of tangible outcome measures. All young people leaving care could usefully have an emotional wellbeing needs assessment and a plan in place for promoting their mental health from entry into the system, rather than waiting until there is a problem.
- It is helpful if members of the leaving care team are proactive in making links with education providers to ensure that young people's educational needs are met.

1 Introduction

For children leaving care there is a high risk of homelessness or poor housing, low educational attainment and economic participation, drug use and offending (Broad, 1999; Wade, 2003; Dixon *et al.*, 2004; DfES, 2007; Ryan, 2008). Care leavers are also more likely to have, and are more at risk of, mental health problems than young people generally (Broad, 1999; NLCAS, 2005; Ryan, 2008; DCSF and DoH, 2008). The transition period from leaving care is felt to be a phase during which care leavers experience additional stresses and they may not have the necessary continuity of support (NLCAS, 2005; Wade, 2003). A number of reports emphasise the importance of a holistic and interagency approach to supporting care leavers during this transitional period (Broad, 1999; NLCAS, 2005; NCH The Children's Charity, 2008).

The Children (Leaving Care) Act 2000 (Office of Public Sector Information, 2000) sought to promote a more 'holistic' or multi-dimensional approach to the process of leaving care and emphasised the corporate parenting responsibilities of local authorities. In 2007, *Care Matters: Time for Change* (DfES, 2007) restated government plans to help support care leavers during the transition period. Following the Act, there have been improvements in services for care leavers (Cameron *et al.*, 2007; Harris and Broad, 2005), including mental health provision (DCSF and DoH, 2008), support from social care services (NLCAS, 2005) and contact with personal advisers (Dixon *et al.*, 2004).

However, there is still evidence of inconsistencies in services across local authority areas and a high level of need for health services, particularly mental health services (Cameron *et al.*, 2007). *Children and Young People in Mind: the Final Report of the National CAMHS Review* (DCSF and DoH, 2008) outlined a range of persistent transitional issues, which relate to the different approaches and cultures of child and adult services; the high thresholds associated with qualifying for adult services; regional and local variation in available services; and varying service remits and age thresholds. This review explored the

need for a CAMHS service that supports young people up to the age of 19, or even 25, in order to provide greater continuity of support. It also advocates to the multi-professional, coordinated approach necessary for achieving improvements.

This research explores the situation in 2008/9 and, in doing so, highlights current challenges, good practice and recommendations with regards to meeting the mental health needs of care leavers.

1.1 About the research

The overall aim of the research is to examine the extent to which developments since the Children (Leaving Care) Act 2000 have improved outcomes for young people leaving care, particularly those with mental health issues. It examines young people's views of service provision, outcomes and how they are measured, and the coordination and availability of services including voluntary services. The methodology was divided into five phases. Further details about the methodology are in Appendix 1.

- **Phase one: selection of local authority case studies.** In order to select the most appropriate local authorities to include in the research, local authority children and young people's plans (CYPPs), annual performance assessment (APA) letters and Ofsted reports were analysed. Details of the case-study local authorities are in Appendix 2.
- **Phase two: selection of case-study young people.** Each local authority was asked to identify four care leavers, who had been in care aged 16 to 21 (or 24 if still in full-time education), had mental health needs, and were willing to be case studies. Details of the case-study young people are also provided in Appendix 2.
- **Phase three: audit trail mapping.** The case-study young people's individual care records and plans were used in conjunction with an audit template (see Appendix 3) to record the service provision for

each individual care leaver, with a particular focus on services for supporting mental health needs and voluntary services.

- **Phase four: service provider interviews.** Service providers were invited to participate in a face-to-face or telephone interview designed to probe for individual-level information on the case-study young people, or to speak more broadly about how they support care leavers with mental health difficulties. In total, 35 service providers were involved in the research. Further details are in Appendix 4.
- **Phase five: service user interviews.** The final part of the research involved face-to-face interviews with the case-study care leavers. Ten of the 12 young people engaged in an interview, two were unavailable at the time of interview.

1.2 The structure of the report

This report presents the views of service users and providers throughout. It is structured as follows:

- Section 2: Young people's views of service provision
- Section 3: Outcomes and their measurement
- Section 4: Service provision and coordination: the challenges
- Section 5: Service provision and coordination: good practice
- Section 6: Recommended improvements
- Section 7: Conclusions.

2 Young people's views of service provision

Key findings

The services engaged in supporting the case-study care leavers across each of the three authorities include voluntary and statutory services:

- leaving care services
- mental health services
- accommodation services
- education, employment and training services
- substance abuse services.

The 10 young people interviewed were asked to rate their satisfaction with services on a scale of 1 to 5, with 1 being not at all satisfied, and 5 being very satisfied. Overall, the young people are satisfied with the services they have received since leaving care. They are particularly satisfied with the support they receive from leaving care teams and personal advisers and, in most cases, from CAMHS. The high rating given to overall support is encouraging and reflects the quality, provision and coordination of services for care leavers.

Table 2.1 is an overview of the services accessed by the case-study care leavers in each of the three local authorities, although they may not necessarily have been engaged with them at the time of the research. The young people in local authority one had higher-level needs than those in the other two authorities, and this is reflected by the more intensive pattern of statutory service provision. One local authority, in particular, engages with a range of voluntary organisations to support care leavers, whilst the other two do so to a lesser degree. Voluntary services are more likely to be engaged to meet low-level mental health difficulties, and statutory services to meet higher-level needs.

Young people's overall views of service provision

Overall, young people range from being quite satisfied with the services they have received since leaving care to being very satisfied. Those who are quite satisfied tend to be very satisfied with some services and very dissatisfied with others, so rate their overall experience in the middle of these two extremes. Those who rate their experiences of services and support overall as being very satisfactory tend to be swayed by a strong level of support from a particular service (leaving care services and CAMHS, specifically). The generally high rating given to overall provision is very encouraging and reflects the quality, provision and coordination of services for care leavers.

Voluntary and statutory key services, accessed by the young people, are discussed thematically, giving brief details of the type of support:

- leaving care services
- mental health services
- accommodation services
- education, employment and training services
- substance abuse services.

Examples of the services accessed are provided in Appendix 5.

2.1 Leaving care services

In all three local authorities care leavers are supported by a specialist, statutory leaving care service from the age of 16 to 21 years (up to 24 years if in full-time education). All LAC are referred to a leaving care service at age 16 to aid the transition. However, all young people are still classed as being on a care order until they are aged 18 and, therefore, they continue to have a social worker. They are transferred to a personal adviser at 18 when they are moved into the leaving care team. They meet regularly with their personal adviser, who is instrumental to the coordination of services for the young people. In this research, personal advisers emerge as crucial mediators in the lives of the care leavers they support.

Young people's satisfaction with leaving care services

Young people are generally very satisfied with the support they receive from the leaving care service. Their satisfaction relates strongly to their relationship with their social worker or personal adviser. Most young people feel they get excellent support from them, and find them supportive, useful, and trustworthy. They also say they treat them with respect and equity. Two of the young people are less satisfied with the leaving care service, having had a poor relationship with a previous social worker, and feel uninformed about what is happening in relation to their case (see Chapters 4 and 5 for more details).

2.2 Mental health services

The case-study young people have contact with a range of services in relation to their mental health needs including:

- CAMHS
- adult mental health services
- general practitioners (GPs)

- counselling services
- specialist mental health accommodation.

2.2.1 Child and adolescent mental health services (CAMHS)

CAMHS provide a statutory specialist children's and young people's mental health service in relation to a full spectrum of mental health issues, from low-level concerns about self-esteem and attachment to more severe mental health needs such as psychosis. In all of the local authorities, CAMHS have specialist dedicated departments to work with LAC (from 12 to 16 years) and, in two authorities, there are also CAMHS departments dedicated to working with the 16 to 18 year olds. They offer services from tier one, such as promotion and prevention of mental health, to tier four services such as specialist residential mental health units for young people with high-level mental health needs. CAMHS provide varying degrees of intensity and regularity of contact.

Young people's satisfaction with CAMHS

Young people tend to be quite satisfied to very satisfied with CAMHS. Those young people who rate the service very highly find it of clear benefit to their wellbeing. They find it useful to talk about their emotions and experiences, and learn to deal with them and to release associated tensions. Honesty and good relationships are of critical importance. Those who rated CAMHS as being 'quite useful' find the process of discussing their feelings difficult and uncomfortable. Failing to establish an effective relationship with a CAMHS worker led to dissatisfaction for one young person (see Chapters 4 and 5).

2.2.2 Adult mental health services

Adult mental health services provide statutory provision for people over the age of 16 with high-level needs, for example, those with diagnosed mental illness and psychotic episodes including:

Table 2.1 Overview of services accessed by case-study care leavers

Service	Service type	Local authority 1				Local authority 2				Local authority 3			
		YPA	YPB	YPC	YPD	YPE	YPF	YPG	YPH	YPI	YPJ	YPK	YPL
Leaving care service	Statutory	•	•	•	•	•	•	•	•	•	•	•	•
CAMHS	Statutory		•	•	•	•	•	•			•		
Psychiatric hospitals and clinics	Statutory	•	•	•	•					•			
Early intervention team	Statutory	•	•	•									
Crisis team	Statutory		•		•					•	•		
General practitioners	Statutory	•	•	•	•					•	•	•	•
Counselling services	Statutory/voluntary		•							•			•
Specialist mental health accommodation	Statutory	•		•	•								
Supported accommodation	Statutory/voluntary					•			•				•
Services for education, employment and training	Statutory/voluntary		•						•	•			•
Substance abuse	Voluntary	•											•

Key: YPA: services accessed by Young Person A; YPB: services accessed by young person B etc. (See Appendix 2 for information on each young person)

- **Psychiatric hospitals and clinics.** Services delivered by a range of professionals, for example, psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, and GPs. They provide full-time hospitalisation and care, mental health assessments, therapeutic interventions, medication and additional support such as rehabilitation. Five case-study care leavers accessed these services. Some have brief and repeated contact, while others have been involved for more sustained periods.
- **Mental health crisis teams.** Based in accident and emergency departments, these provide a statutory adult service in relation to crisis admittance to hospital. The crisis team sees everybody who presents to the accident and emergency unit and it provides a psychological assessment and signposting service if further support is required. At least three of the case-study care leavers have presented to crisis teams for psychotic episodes, drug overdoses and self-harming.
- **Other adult mental health services.** Multi-disciplinary early intervention teams, accessed by three care leavers within one authority, and a forensic psychology service dealing with adult offenders, involved with one care leaver.

Young people's satisfaction with adult mental health services

Young people's satisfaction with adult mental health services is less positive. Those who have come into contact with mental health crisis teams tend to be very unsatisfied with the support they receive. They feel their needs are not adequately addressed by the service. For example, they feel 'let down' by the service, or no support is offered. They have contact with too many different people and feel interrogated and not listened to. In relation to other adult services, young people are dissatisfied when they have to repeatedly explain their circumstances to different professionals; there are frequent changes in their medication; they have a poor relationship with a therapist or practitioner; and they are placed in environments with more severely mentally ill adult patients,

which they find disturbing. They are more satisfied with adult mental health services when they are provided with motivational rewards, including increased independence and trust.

2.2.3 General practitioners (GPs)

GPs provide a statutory health service to care leavers with mental health needs. Care leavers self-refer to their GPs, as well as being referred by a range of services in relation to a full spectrum of concerns including self-harm, aggression, drug use, depression, learning difficulties, anxiety and psychotic episodes. The primary role of the GP appears to be providing advisory support, for example, medication monitoring, signposting and referral to specialist services. GPs are often the first port of call in relation to a range of mental health needs. GP referral is often required in order to access some statutory services such as free NHS counselling services.

Young people's satisfaction with GPs

Young people's satisfaction with the support they received from their GP is clearly dependent on whether or not they feel they have been listened to and supported. Where they have been disregarded, with no offer of help or solutions, they are very unsatisfied. Conversely, where they feel their GP has listened, helped or signposted them to other services, they are satisfied.

2.2.4 Counselling services

Counselling services are used to provide emotional and wellbeing support to care leavers with low-level mental health-related needs. Counselling services accessed by the case-study young people are provided by both statutory and voluntary organisations. Young people can usually self-refer to these services, although referral to NHS statutory services may be necessary via GPs. Counselling services provide support to young people experiencing issues such as self-harm, depression, bullying, anger and a history of sexual abuse. These services are provided at organisations' sites as well as

in community settings such as colleges and community centres. At least four of the care leavers were accessing counselling services.

Young people's satisfaction with counselling services

Young people tend to be either very satisfied with the counselling services they access or somewhat unsatisfied. Those who are satisfied find counselling services helpful, tend to have established an effective and long-term relationship with a counsellor, are listened to, and have control over the support they receive and the nature of the counselling. Those who are unsatisfied find it difficult to talk about themselves and find aspects of the counselling uncomfortable (for example, working with their families). The environment can also be unappealing as counselling can often take place in sites with other young people who are experiencing problems such as drug use (see Chapters 4 and 5 for more details).

supported lodgings accommodation, with others living in their own rented accommodation, at home or with family, in foster placements, in university halls of residence, and in hospital or clinical settings. Several had previously been in hostel accommodation, but this was not preferential due to, for example, exposure to undesirable peer behaviour. They were moved out to more supportive provision when it became available. The main priority for accommodation services is helping care leavers to develop independent living skills, within a nurturing and supportive environment.

Young people's satisfaction with accommodation services

One young person receiving support from an accommodation project reports they are very satisfied with the services. This level of satisfaction related to the young person being in a very supportive placement, receiving a range of help with developing independent living skills while also being supported by the householder, programme worker and social worker.

2.2.5 Specialist mental health accommodation

Specialist mental health accommodation provision is used to support care leavers with mental health needs. Such services are often part of statutory services such as NHS-funded healthcare, but can also be provided by small voluntary funded projects. Some of the services of this nature provide specialist support solely to young people, whilst others are part of adult services. This provision is usually provided by personnel trained to support mental health difficulties and there are, therefore, realistic expectations about the level of support young people need. At least two of the case-study care leavers are currently, or have previously, received support from such a service.

2.3 Accommodation services

The care leavers are accessing a range of statutory and voluntary services in order to meet their accommodation needs. Most are living in some kind of

2.4 Education, employment and training services

A range of services are engaged in order to provide support for care leavers to access education, employment or training.

- **Connexions:** a statutory service for young people offering advice and support on education, careers, housing, finances, health and relationships. Connexions' services can be available at the leaving care service site and Connexions workers can accompany care leavers to college and job centre visits.
- **The Prince's Trust:** a voluntary organisation providing team building and 'soft' skills (e.g. improved confidence, social skills, etc.) for 16–25 year olds who are unemployed and facing difficulties. One of the case-study care leavers had a mental health worker from the Prince's Trust assigned to their project team who met with the young person as required.

- **Care leaver champion:** in one local authority, care leavers are supported in a local university by a champion based in the student advice centre on the university campus. They provide advocacy and contribute to pathway plans.

Young people's satisfaction with education, training and employment services

Young people tend to be very satisfied with the support they receive from Connexions, and quite satisfied with college placements and additional projects to support young people facing unemployment and difficulties.

2.5 Substance abuse services

Where care leavers have issues with drug and alcohol use, they are able to access a range of voluntary services, tailored for young people. The voluntary drug and alcohol services offer specialist tier three, one-to-one intervention and counselling on substance misuse issues targeted towards the young person's personal aims. They may also provide tier two outreach work on awareness and education in relation to drugs and alcohol, as well as group therapeutic work in community settings such as schools and community centres.

Young people's satisfaction with substance abuse services

One young person engaged with a substance abuse service is very satisfied with the support received. She particularly finds the advisory, non-directive and impartial approach taken by the service to be beneficial.

3 Outcomes and their measurement

Key findings

The method most frequently used by 'leaving care' or 'through care' services to assess outcomes are six-monthly reviews of pathway plans, coupled with more frequent, for example, six-weekly reviews of young people's care plans.

There is a view that it is difficult to make a link between treatment and outcomes, and that furthermore, formal quantitative outcome measures are rarely used to assess the effectiveness of service intervention.

Despite the significance of mental health issues for LAC, there appears to be some reluctance to measure mental health outcomes in favour of other more easily measured health outcomes.

Important indicators of young people's progress include:

- the frequency and type of contact with service providers
- stability of accommodation or placement
- engagement and progression in education, training and employment
- social functioning
- involvement in offending
- use of alcohol or illegal substances.

It is clear the young people in our case studies value the services they receive and, from their perspective, one of the important outcomes is that they feel supported and cared for.

Evidence of improved mental health range from improved mental wellbeing, for example, feeling

happier and having improved confidence, to the prevention of an escalation of more serious mental health problems.

There are indications that specific outcomes are significant in that they have important knock-on effects on other aspects of young people's lives. In particular, these include a stable accommodation placement, engagement in education, and the ability to self-manage mental health problems.

This chapter focuses on outcomes for the case-study young people, and their measurement of these outcomes. It covers:

- How are outcomes measured?
- What outcomes are measured?
- What outcomes have been achieved?

3.1 How are outcomes measured?

Few outcomes are measured for care leavers and this may be because there is a perception that it is difficult to make a link between treatment and outcomes, and research has to rely on the views and opinions of professionals and young people. Across services and case-study local authorities, quantitative outcome measures are rarely used to assess the effectiveness of service intervention for care leavers. The main forms of 'outcomes' measurement include:

- **The review and planning process.** The method most often used by leaving care services is six-monthly reviews of pathway plans, coupled with more frequent, for example, six-weekly reviews of care plans. Similar plans are also used by accommodation projects. Services are client led and

young people develop their own goals. Assessment of progress relies heavily on the opinions of young people and feedback from the range of professionals they are involved with.

- **Checklists and tests.** In a few services, checklists or tests are used to assess, for example, readiness for independent living. Psychometric tests are used by clinical psychologists. The CAMHS team in one local authority is setting up the CAMHS Outcomes Research Consortium system, which includes clinicians' ratings and self-report questionnaires completed by young people and their families, as a way of evaluating outcomes.
- **Young people's voice.** Two local authorities currently use young people questionnaires or evaluation forms for general service evaluation. In one local authority, services are monitored independently by a voluntary agency which conducts a survey of young people and has established a young people's consultation group.

Examples of outcome measures are provided in Appendix 6.

3.2 What outcomes are measured?

Despite the difficulty in measuring outcomes for care leavers with mental health difficulties, a number of factors are important indicators of young people's progress.

3.2.1 Mental health

Despite the significance of mental health issues for LAC, there is reluctance to measure mental health outcomes in favour of other more easily measured health outcomes:

It demonstrates a huge need that is not being fully recognised and met and the primacy of mental health as a determinant of the future is neglected in place of more practical terms and measures. The money does not follow qualitative measures, only quantitative ones.

LAC CAMHS service provider

3.2.2 Frequency and type of contact with the young person

There is a view that, if young people continue to access a service, they must be benefiting from it:

If something is working, then they'll keep going. They must feel they are getting something out of it to keep them going back.

Learning mentor, leaving care team

The level and type of contact with the psychiatrist or crisis intervention team is also an indication of how young people are doing:

When he [the young person] rings you up, you can feel how he feels, whether he is lively or down, you get an idea of the level of support that he might need. It gives you an indication of his mental wellbeing.

Personal adviser, leaving care team

3.2.3 Stability of accommodation or placement

This is recognised as an important base for care leavers' progression, particularly for their mental health. Factors influencing this include residential history; appropriateness and stability of accommodation; independent living skills; financial security; and social support.

3.2.4 Social functioning

Interaction with the wider community and social support networks are an important aspect of independent living and this includes availability of support from families, carers, partners or friends and re-establishment of leisure activities and social life.

3.2.5 Engagement and progression in education, training and employment

Services are involved in tracking young people's educational progress and monitoring personal education plans (PEPs) with local education providers.

3.2.6 Offending and risk-taking behaviour

It is also important to assess the risk of a care leaver being involved in offending or alcohol and illegal substance misuse. This can be done by examining the antecedents and personality variables that affect the young person's potential to offend, or re-offend, and their ability to identify potential danger areas.

3.2.7 Other health factors

Other cited important indicators of care leavers' progress include physical and sexual health.

3.3 What outcomes have been achieved?

In the majority of cases there is evidence that the case-study care leavers had made progress and that a range of outcomes have been achieved, including improvements in mental health. In a few instances, service providers and young people agreed that no outcomes or limited outcomes have been achieved (see Chapter 4 on challenges).

There is much anecdotal evidence that care leavers value the support and care they receive from the services they encounter, particularly from their personal adviser or their social worker in the leaving care team. A key general outcome, from the young people's perspective, was having someone to talk to that makes them feel cared for, valued and supported:

[Name of through care worker] is always going to be there for me [...]. I listened to her because she was the only social worker I have ever trusted (I've had about five). She's the only one I can trust [...]. I know I can tell her things and it won't go any further. If I ask her not to tell anyone, she won't.

Young person

Over and above a general feeling of being supported and cared for, there was anecdotal evidence of more specific outcomes in the following areas: mental health, independent living, education and employment, substance misuse and offending, and social functioning.

3.3.1 Mental health

Improved mental health ranges from 'softer' indicators in terms of emotional wellbeing, for example, improved confidence, to the prevention of episodes of more serious mental illness. There is anecdotal evidence of improved mental health in the research.

- Prevention of the escalation of mental health problems and reduction of relapse:

The support she [the young person] gets is so tight that I don't think she will be in the situation that she was prior to hospitalisation. Now it will be nipped in the bud if anything is going untoward for her and her mental health is going a bit skew whiffy and if her drug problem is problematic. I think it will be nipped in the bud at the first hurdle.

Personal adviser, leaving care team

- The management of mental health problems by young people:

[The CAMHS worker] was useful in working with my anger. She gave me ways of dealing with it without getting angry and doing something stupid. She made me think about what coping strategies I used, like I used to go off and punch a wall when I got angry [...] so she gave me other ways of dealing with things. She really understood me and how to help [...]. I've remembered every strategy she's given me.

Young person

- Improved confidence, self-awareness and self-expression:

By talking to [CAMHS worker] it allows me to break down barriers that I have had and I am able to express myself more and knowing and trusting someone that doesn't know me. It helps me to learn a little bit about me and my strengths and weaknesses.

Young person

- Young people feeling happier and calmer:

It's [the leaving care team] made a hell of a lot of difference. I had an anger issue my other social workers didn't deal with. We talked for an hour and a half. She gave me tasks to do to think about it. With them, if there's a problem, they're there to calm me down. It made me happier.

Young person

3.3.2 Independent living

One of the main aims for young people leaving care is that of independent living, but achieving this whilst struggling with mental health difficulties can be challenging (see Chapter 4). However, there is anecdotal evidence that the young people are developing independent living skills, once their mental health needs are successfully managed:

It [supported accommodation] will help me to learn independence and how to support myself in the world [...]. It will help me to learn if I can really take care of myself and pay bills and stuff.

Young person

There are also instances where, through the support of the leaving care service and others, young people have been able to maintain a placement in foster care.

3.3.3 Education, training and employment

It is important to get young people with mental health issues into education, training or employment to build their motivation and confidence, and to establish a routine:

I was really lazy before [...]. I wouldn't walk anywhere and it made me more active as well. [The worker] pushed me as well and then I got the job [...]. It gives you opportunities and an awareness of what you want to do with your life.

Young person

There are a number of instances where young people, as a result of service intervention, are maintaining college placements or have gained employment. There is also evidence that maintaining an educational or employment placement often results in benefits in other areas of the young person's life:

If she's in college, there's less pressure on the supported lodgings because she's more stable.

Learning mentor, through care service

3.3.4 Social functioning

A significant outcome for young people with mental health difficulties can be around improved social functioning such as developing friends and relationships, social networking, engaging in activities within the community, and reintegrating into family life. There is evidence that, despite some young people having major trust issues, they begin to learn to trust those they are working with.

I come to the leaving care service every Wednesday to get help with anything I need. I get to socialise too as I have friends here [...]. There used to be activities that would run weekly and they would take you on different activities like to the cinema, to bowling, wherever you wanted to go. That really helped. It got me out and about.

Young person

3.3.5 Substance misuse

Another significant outcome for care leavers, particularly those with mental health issues, is a reduction in drug or alcohol use. This may be stopping cannabis use or reducing alcohol abuse. There are also young people in the case studies who are attending detoxification or rehabilitation centres to address their difficulties:

They just talk to you about the risks and about drinking and drugs and they didn't try and make you stop, they advised you on cutting down or stopping and helping you, not rushing you into things. I stopped drinking, well, cut down and I don't drink now.

Young person

4 Challenges

Key findings

- A key challenge is the transition from being in care to living independently. There is a reduction in levels of support, higher thresholds for referrals into adult services and differing models of practice between CAMHS and adult mental health services. These are all significant challenges for those supporting care leavers with mental health difficulties.
- A lack of uptake of available support is also a key challenge. According to the young people, this is largely due to: the emotional challenge of accessing support; a lack of satisfaction with services; poor relationships with service staff; stigma; and service inaccessibility.
- Leaving care teams can lack experience of mental health difficulties and how to recognise and manage them.
- Challenges in service coordination are largely related to communication difficulties including confidentiality, cross-boundary working between services and information sharing.
- Barriers to providing for care leavers with mental health difficulties are exacerbated by staffing and capacity issues. These include being unable to provide 24-hour support, accommodate the volume of need, or provide counselling services.
- There is a lack of appropriate accommodation for care leavers with mental health difficulties, particularly those with high-level needs. Those with low-level needs can also struggle to be accommodated with sufficient levels of support.
- Two of the main challenges are associated with voluntary service provision. There is a lack of awareness of these services and a perception that they lack the skill for dealing with high-level mental health needs.

This chapter addresses the challenges associated with service provision and coordination for care leavers with mental health difficulties. A summary of the challenges is in Table 4.1. The chapter covers challenges associated with:

- transition
- service user engagement
- leaving care teams' understanding of mental health issues
- service coordination
- capacity and demands
- accommodation
- voluntary service provision.

Table 4.1 Summary of the challenges

Transition

- The move to independent living
- Reduced levels of support at transition
- Higher thresholds for referral to adult services
- Different models of practice in adult services

Service user engagement

- Young people's chaotic lifestyles and erratic attendance at appointments
- Young people's right to withhold consent to healthcare once they reach 16
- Young people's reluctance to discuss sensitive and painful issues
- The stigma attached to accessing mental health services
- Young people's dissatisfaction with services and services not addressing their needs
- Staff changes and inconsistent services

Leaving care teams' understanding of mental health issues

- Mental health difficulties can be challenging to work with
- Social care staff often lack experience and confidence
- Staff lack awareness of early warnings of deterioration in mental health

Table 4.1 Summary of the challenges *cont'd*

Leaving care teams' understanding of mental health issues *cont'd*

- Difficulty distinguishing mental health difficulties from drug or alcohol effects
 - Lack of awareness can lead to stigma around mental health amongst professionals
-

Service coordination

- Confidentiality policies and disclosure of information
 - Insufficient cross-boundary working
 - Not sharing information or keeping people informed
-

Capacity and demands

- Demand for a 24-hour service
 - The volume of need
 - Lack of counselling services
 - Contrasting demands: achieving independence and addressing mental health needs
-

Accommodation

- Lack of availability of appropriate accommodation
 - Accommodation providers not willing to take on those with very high-level needs
 - Exclusion from accommodation due to disruptive behaviour
 - Lack of accommodation providing intensive 24-hour support
-

Voluntary service provision

- Lack of awareness of services provided by this sector
 - Lack of skill within the sector to deal with high-level mental health needs
-

4.1 Transition

Young people making the transition from child to adult mental health services, and from living in care to living independently, can face a number of challenges. This section looks at those identified by service providers.

4.1.1 The move to independent living

Transition through the care system, and from CAMHS into adult mental health services, can have an acute impact on those with mental health difficulties. The move to independent living, leaving education or moving into post-16 education and ceasing to qualify for support from children's services all coincide.

Care leavers are reluctant to move into leaving care teams and to adult mental health services largely because moving therapists or social workers is considered problematic. For those struggling with mental health problems, the push to independence at 18 can be particularly difficult to manage.

4.1.2 Reduced levels of support

Levels of support, especially for those with low-level mental health needs, decline sharply once young people go into adult services. This may be because adolescent services are not available or because there is no dedicated LAC and leaving care service, and they do not meet the threshold for generic CAMHS. There is also concern amongst professionals about the decline in support at 21 or 24, when the support and encouragement from the leaving care team is curtailed. Transition issues can be exacerbated when young people move into another local authority or across NHS area boundaries, and encounter longer waiting times and greater difficulties in securing support.

4.1.3 Thresholds for referral to adult services

The threshold for entry into adult mental health services is higher than for CAMHS (i.e. patients/clients need to have a diagnosed clinical mental illness in order to receive support) and young people may therefore no longer be entitled to the same level of support. Where support is withdrawn, personal advisers tend to refer care leavers to voluntary services. There can, however, be a gap in provision between low-level services and high-level psychiatric or crisis services. There can be difficulties in obtaining assessments from adult services in the early stages of mental illness, and early intervention and prevention in these services tend to be rare.

4.1.4 Different models of practice in adult services

Adult services can be inappropriate and threatening for young people since they can be exposed to adults with dysfunctional lifestyles and serious drug use. The adult environment is not always conducive to good mental health, as recognised by service providers and young people alike. Different models of support are offered by

CAMHS and adult mental health teams. The responsibility placed on the young person, lack of consistency in staffing and the focus on the individual rather than linking with social workers or families, can be problematic for young people.

4.2 Service user engagement

Young people can attend appointments erratically, especially for mental health support. Typically, engagement tapers off after the first appointment. At 16, young people have the right to withdraw consent for healthcare and decline the offer of services. Service providers give a range of reasons for lack of engagement:

The desire to be free from a 'raft' of service providers once they become adults:

- trust issues
- changes in staffing
- chaotic lifestyles
- the stigma around mental health
- reluctance to discuss sensitive and painful experiences.

These reasons are largely echoed by the young people in the case studies, although they also cite lack of satisfaction with services, inconsistency of services and services being unresponsive to their needs. The most frequent reasons cited by young people were the emotional challenge of accessing support, dissatisfaction with services (including inappropriate environments), inconsistency of staff and stigmatisation:

I go to find solutions to my problems, but I have to retell my story all the time, tell them why I am feeling like this and how I am feeling and what I have done to myself. You get fed up, then you get stressed and angry and you just keep getting worse then, declining.

Young person

You see different people every time. I don't get anything from the doctors, you get so many different offers and

different things happening that I get confused and I just don't get anything from it.

Young person

Some young people don't like the idea of seeing a counsellor as they think it is stigmatising and they don't understand the benefits of it as well. My aunties used to say, you shouldn't be doing that, you shouldn't be seeing them, it will be on your record and stuff. I didn't really care but other people have different perceptions of mental illness.

Young person

4.3 Leaving care teams' understanding of mental health issues

Care leavers with mental health difficulties can be challenging to work with, and many professionals, including social care staff, often lack the experience or confidence to work with them.

Personal advisers find it is particularly difficult if they have not worked with someone with mental illness or high-level needs before. Some staff lack awareness of early warnings of deterioration in mental health, indicators of mental wellbeing or medication effects.

Social care staff report that it is difficult for them to distinguish mental health difficulties from the effects of drug or alcohol use, or a chaotic lifestyle, and this can lead to inappropriate referrals.

It is felt that other services, such as education and employment, also fail to appreciate the needs of young people with a mental illness, in addition to, but distinct from, the needs and experiences of care leavers. Lack of awareness can lead to stigma about mental health difficulties amongst professionals working with young people:

A lot of people working with care leavers don't feel very confident talking about emotional and relational problems with young people. We have almost got a world where it is thought that only therapists can talk about feelings and somehow it seems too difficult and dangerous [...]. There is a fear of getting into emotional stuff and that is very understandable.

LAC CAMHS service provider

4.4 Service coordination

Service providers feel they work closely and effectively with other service providers when supporting care leavers with mental health difficulties. Close liaison is more likely when young people are in crisis or have high-level needs. However, it is acknowledged that it is harder to coordinate the large number of agencies and providers that are typically involved with care leavers. Communication is a challenge, and this is not associated with any particular service.

- Difficulties working with health are cited by social care.
- Difficulties working with social care are cited by health and voluntary organisations.
- Difficulties working with education are cited by social care and health professionals.

The main communication issues were associated with confidentiality, cross-boundary working and information sharing.

4.4.1 Confidentiality

Disclosure of information and confidentiality policies were some of the most frequently identified challenges, for example, GPs not informing social workers or personal advisers of a diagnosis or an assessment of mental health needs. Once aged 16, permission from the young people is required before their case can be discussed with other agencies or referrals made. Social care staff encounter difficulties in acting as advocates for young people as some statutory agencies, such as benefit providers, will only communicate with the young person themselves.

4.4.2 Cross-boundary working

Once a care leaver moves into a different local authority, responsibilities blur and established relationships across agencies are lost. Moving into a new NHS trust may bring different protocols for the transition from CAMHS into adult services. When care leavers move to different local authorities, social care staff are less sure of the services they can access for support. CAMHS staff are unable to draw upon

established contacts within education institutions in a different area to ensure a young person's needs are being met.

4.4.3 Information sharing

Service professionals express frustration when they are not informed about care leavers who need support for their mental health services. For example, CAMHS not being updated and difficulties maintaining links with education when a young person changes placement. Meetings are not always communicated effectively across services. These difficulties can be exacerbated when there are no established protocols for communication or when young people are hospitalised.

4.5 Capacity and demands

Barriers to providing support for care leavers with mental health difficulties are exacerbated by lack of capacity and high demand issues.

- **24-hour support.** This cannot always be provided, or is simply not available. Accommodation to support young people with mental health needs is not always able to offer a high-level of 24-hour support (see section 4.6).
- **The volume of need.** CAMHS services can be under-resourced. Long waiting lists for mental health support can be seen as a particular barrier to providing services for care leavers with mental health difficulties. Voluntary counselling services may be overstretched, with considerable waiting times. Health professionals also note that social care staff are overstretched.
- **Lack of counselling services.** Voluntary organisations supporting young people with drug and alcohol issues are unable to provide the more generic counselling needed by care leavers. Young people can access counselling through their GP, but waiting lists are long. There is also either a lack of or under-resourced counselling services in education settings.
- **The contrasting demands on leaving care services.** The demands placed on leaving care services by those with mental health difficulties can

also be a challenge. Addressing mental health needs may sometimes conflict with encouraging the young person to become independent. This can be compounded by the lack of attention to emotional needs in care plans which means that mental health needs can sometimes be overlooked.

4.6 Accommodation

A lack of availability of appropriate accommodation for care leavers with mental health difficulties, particularly those with high-level needs, is a challenge. In some cases, accommodation providers are not willing to take on those with very high-level needs. Young people with mental health difficulties can often be excluded from accommodation due to disruptive behaviour. Concerns were also expressed about the lack of accommodation providing 24-hour and intensive support:

As soon as they start playing up they get kicked out and there is no consideration that maybe they need extra support or medication or a review. They are almost considered to be troublemakers but it is actually mental health issues that are the problem.

NHS mental health assessment team manager

I don't think there is enough adequate housing for people with mental health problems. The housing did not meet her [the young person's] needs, there was no night staff, no weekend staff – that is, not for high needs. Trying to access somewhere that provides that is quite difficult, you

have to spend quite a lot of money in order to access that organisation or support.

Personal adviser, leaving care team

4.7 Voluntary service provision

There are two main challenges associated with voluntary service provision: a lack of awareness of services provided by this sector, and a perceived lack of skill within the sector to deal with high-level mental health needs. Statutory service providers may be uncertain what voluntary services can provide, or whether they have the skills to be able to support young people with high-level needs.

There are some [voluntary agencies] who might take young people but we are not aware of any. We struggle with mental health issues and we are not really aware of the landscape.

Social worker, leaving care team

I wouldn't contact voluntary services in the case of high-level needs. But if someone was experiencing milder or moderate mental health difficulties, then we would look for voluntary things, but we don't always know what we are referring on to.

16–18 CAMHS service provider

It can be a problem when a voluntary agency doesn't have the skills for some of the difficult young people or the problem can be that it feels it does have the skills but doesn't realise how difficult the young people are.

LAC CAMHS service provider

5 Good practice and recommendations

Key points

- The following features emerge as good practice in service provision: enhanced support for major transitions; designated services for young people and LAC; flexible and accessible services; providing young person-centred services; including young people's voices in service developments and reviews; and practitioners who are supported and trained in mental health issues.
- The research highlights good practice in service coordination: effective communication and cooperation between agencies; establishing strategic-level interagency working, for example, partnership agreements and strategic partnership networks); operational-level multi-agency working (for example, having key workers/coordinating personnel, the co-location of services, and joint working); and providing specialist services and advisory support.
- Recommended improvements centre mainly on providing services across transition; supporting those working with care leavers with mental health needs; the provision of young person-centred services; and improved accessibility of counselling services.
- Other recommendations include channelling extra funding and resources into supporting care leavers with mental health problems; better monitoring of emotional wellbeing; and stronger links established between leaving care teams and education providers.

This chapter sets out the good practice associated with service provision and with service coordination, and also outlines improvements, as identified by interviewees, service providers and service users. It is recognised that good practice in service provision is

often underpinned by effective coordination with other services, particularly in supporting care leavers with diverse and complex needs. However, service provision and service coordination are discussed separately so as to allow a focus on the good practice of individual services as well as on good practice in working effectively between them.

5.1 Good practice in service provision

Examples of good practice in providing services for care leavers with mental health difficulties fell into four overarching themes:

- supporting major transitions
- approaches to working with young people (service delivery and individual support)
- training and awareness of mental health issues amongst practitioners
- good practice in voluntary service provision.

Table 5.1 is a summary of good practice in service provision.

5.1.1 Supporting major transitions

Care leavers experience a number of service transitions. Service providers gave examples of effective practice for supporting them.

- **Providing specialist transition services.** Specific services and projects to bridge the gap between child and adult services; adopting preventative and youth-appropriate approaches and recognising the vulnerability of this age group of care leavers. For example, leaving care services providing tailored support for 16–21 year olds, specialist 16–18 CAMHS services and voluntary projects providing dedicated young people's services to support transitions into housing and education.

Table 5.1 Summary of good practice in service provision

Supporting major transitions

- Providing specialist transition services
 - Increasing and intensifying support during transitions
 - Providing phased ending and commencement of service support
 - Designating advocates to ensure service engagement
 - Extending service support beyond the age threshold
-

Approaches to working with young people: service delivery

- Providing specifically designed services, for example, for young people and LAC
 - Providing flexible services
 - Accessible and available services
-

Approaches to working with young people: individual support

- Providing young person centred services
 - Establishing relationships with young people
 - Working with families and other support networks
 - Young people's voice in service development and review
-

Training and awareness of mental health issues

- Staff training and consultation, advice and guidance
 - Publicising services and educating fellow practitioners
 - Encouraging a responsive ethos
-

Good practice in voluntary service provision

- Offering support for specific issues such as drug and alcohol misuse
 - Providing non-obligatory support
 - Developing effective relationships with young people
-

- **Increasing and intensifying support during transitions.** Social workers, personal advisers, CAMHS workers and Connexions workers frequently undertake this role. For example, visiting a new service with young people.
- **Providing phased endings or commencements of support.** Professionals working across services facilitate young people's initial engagement with services. Conceptualising transition as a process, rather than a single event.
- **Designating advocates to ensure service engagement.** Examples include leaving care champions based in universities, transitional learning mentors in leaving care teams and designated

personal advisers to oversee transition to independent living.

- **Extending service support to over the age threshold young people.** There are examples of CAMHS extending support to care leavers over the age threshold for formal support to ensure successful transition and continuity of care, and social care extending support into leaving care services. For example, social workers or personal advisers co-work a case alongside existing social workers before they take full responsibility.

5.1.2 Approaches to working with young people: service delivery

Interviewees noted good practice in the approach taken to working with young people, from a service delivery perspective.

- **Designated services for LAC.** For example, leaving care services, specialist CAMHS LAC teams and the leaving care Connexions service. These are felt to be particularly effective because they are sensitive to the environmental factors that children in care are likely to have been exposed to and the typical effects and manifestations of associated issues and needs.
- **Designated services for young people and adolescents.** Youth specialist services are often less severe environments than traditional 'adult' services. This prevents the exposure to adult services that deal with high-level and entrenched adult mental illness and dysfunctional behaviour and lifestyles such as serious drug abuse. Extension of the age range covered by young adult services, for example, to 21 years, to bridge the gap to adult services or to prevent the need for them was also seen as good practice.
- **Flexible services.** These help to ensure more intensive support is provided at times of need and enables working beyond institutional and professional boundaries. This prioritises the continuity of support, and preserves and builds effective relationships between service users and providers. There are examples of services working beyond their official remits in terms of discipline,

scope, age range and geographical coverage, as appropriate.

- **Accessible services.** Extended availability and accessibility of services, for example, flexible opening times; accessible locations; the availability of individual workers to support care leavers as and when particular needs arise (deemed particularly important by the young people); providing financial support to encourage care leavers to engage in education and training; and helping with transport to services.

5.1.3 Approaches to working with young people: individual support

Both practitioners and service users recognised the importance of providing individual support for young people.

- **Providing young person-centred services.** Services where mental health needs are not treated in isolation from the care system and from other supporting professionals. Feeling in control and having a choice about the nature of the support they access is important for young people.
- **Establishing trusting relationships with young people.** Ensuring the right match of practitioner to young person and devoting time to relationship building. Where young people have good relationships with service providers they can express their worries, concerns and tensions. It is important to young people that services are honest about the support available and they are kept informed about the timescales and progress in relation to receiving services.
- **Working with families and other support networks.** When working with vulnerable young people with mental health difficulties it is important to equip those surrounding the young person with the appropriate skills and knowledge to meet their needs. Where a young person is reluctant to engage with services, support may be able to be provided indirectly through their family or a carer.

- **Including young people's voice in service development and review.** Eliciting care leavers' views about what makes services effective, what helps them to engage and how useful they have found the support; inviting young people to give feedback on services informally and conducting surveys and consultation forums. Young people's views are important when exploring how to make services accessible to their wider peer group, and overcome stigma and stereotypes about services. Young people may be encouraged to engage through hearing about the experiences of other young people who have used their service.

5.1.4 Training and awareness of mental health issues amongst practitioners

Early intervention can be achieved when there is a high awareness of mental health indicators in those services in contact with care leavers. The interviews revealed a number of ways of doing this.

- **Staff training and consultation, advice and guidance.** CAMHS consultation sessions support professionals working with care leavers with mental health difficulties and CAMHS run training programmes for carers. The LAC CAMHS and adolescent mental health services, for 16 to 18 year olds, also offer protected consultation times for leaving care teams, which are considered invaluable.
- **Publicising services and educating fellow professionals about services.** For example, CAMHS running biannual open days and some voluntary counselling services running awareness events and conducting visits to other agencies.
- **Encouraging a responsive ethos.** The effectiveness of mental health support relies on social workers and personal advisers having a thoughtful and supportive view of the young person's emotional struggles. They need to 'know, believe and put into words how talking to mental health services might be helpful' (CAMHS practitioner). A united and informed approach can help care leavers feel supported and less stigmatised.

5.1.5 Good practice in voluntary service provision

The benefits of working with voluntary services include their approachability, their provision of well-tailored support and their skills. A range of other benefits were also identified:

- **offering support for specific issues** such as drug and alcohol misuse
- **providing non-obligatory support** for young people with low-level and moderate mental health difficulties
- **developing effective relationships with young people** by understanding their needs and offering to work flexibly with them.

5.2 Good practice in service coordination

Support for care leavers with mental health difficulties cannot be provided by a single service or discipline. Packages of support that coordinate services for a range of needs including good health, housing/living environments, and educational and training provision are important for the mental health, happiness and stability of care leavers. Practitioners' understanding of other agencies' provision and how to access them is key to drawing on the most appropriate support and expertise for young people. It is important that young people do not have to provide the same information to multiple services, and services are not duplicating their efforts or giving contradictory messages.

Within the three local authorities in this research there is considerable evidence of a coordinated response from a range of statutory and voluntary services. Leaving care services have excellent links with CAMHS and are confident about approaching CAMHS for advice and guidance. Service providers outline a number of features as being important in effective service coordination, within both statutory and voluntary organisations:

- communication and cooperation
- strategic-level multi-agency working

- operational-level multi-agency working
- specialist services and advisory support.

Table 5.2 is a summary of these areas of good practice.

Table 5.2 Summary of good practice in service coordination

Communication and cooperation

- Having protocols for communication, for example, who to contact, when and what information to share
- Having a good understanding of the responsibilities of different services, which are often involved on a case-by-case and needs-led basis
- Having effective information exchange and awareness of referral procedures to help inform the coordination of support from other services
- Providing a range of communication mechanisms, for example, telephone contact, emails, face-to-face contact and opportunities for informal contact
- Having regular liaison and frequent contact between services to strengthen communication channels and establish working relationships
- Encouraging an ethos of cooperation and discourage territorialism and competitiveness
- Focusing on the needs of young people and the best outcomes for them

Strategic-level, multi-agency working

- Establishing service and partnership agreements to underpin and ensure coordinated provision
- Establishing specific multi-agency action and working groups to deal with specific issues, for example, adult services receiving referrals at age 18
- Proactively encouraging awareness of other services, for example, through visits between services and having an outward-looking perspective
- Establishing a strategic partnership provider network to promote partnership working and encourage joint working between statutory and voluntary services
- Having strategic-level discussions about joint working so learning about each other's provision and expertise ensures effective coordination

Operational-level, multi-agency working

- Having key workers, coordinating personnel and designated links who can act as an intermediary between services
- Encouraging joint visits, assessments and events to provide expertise, for example, a social worker accompanying CAMHS in meetings with young people; secondments
- Having multi-agency meetings and joint working, for example, case meetings and LAC review meetings that discuss mental health and provide advice
- Providing co-located services, for example, a Connexions service based within the leaving care team
- Having multi-agency planning documents, for example, pathway or care plans that outline the services working with a young people in relation to their needs

Table 5.2 Summary of good practice in service coordination *cont'd*

Specialist services and advisory support

- Providing specialist provision for care leavers to ensure they are prioritised in receiving services in recognition of their additional vulnerability
 - Having dedicated consultative and advisory mental health services to support social care practitioners and others supporting LAC
-

5.3 Recommendations

Service users' and service providers' views on recommendations centre on a number of key areas.

- **Transition**

Interviewees suggested interim services should be put in place to bridge the gap between children's and adult's services, including the extension of services to provide for care leavers until they reach 21. Improved liaison across local authority and NHS boundaries is also called for.

- **Supporting those working with care leavers with mental health needs**

This included mental health training or raising awareness for social care and education staff; and better access to consultation, help and advice from mental health professionals. Opportunities for secondments across services and giving time for staff in leaving care services to reflect on their work with care leavers. Awareness of voluntary services to support mental health could be promoted more widely.

- **The provision of young person-centred services**

Young people called for person-centred services. The importance of flexibility, developing trusting relationships with and listening to young people were also stressed. Their view is they should have more choice about what happens and the services they receive.

- **Counselling services**

In order to improve accessibility to counselling and other mental health services, a mental health professional could be located within the leaving care team. This professional could offer counselling support to fill unmet need and reduce the need for counselling support to be provided by external service providers. Both the young people and service providers advocate this arrangement.

- **Funding and resources**

It is suggested extra funding and resources should be channeled into: ensuring mental health expertise is available to leaving care teams; improving accessibility of counselling services; developing accommodation projects able to offer support to young people with mental health difficulties; and developing capacity in early intervention teams and in specialist CAMHS teams for young people leaving care.

- **Monitoring emotional wellbeing**

More closely monitoring the emotional wellbeing of LAC and care leavers and developing tangible outcome measures. All young people leaving care should have an emotional wellbeing needs assessment and a plan in place for promoting their mental health from entry into the system, rather than waiting until there is a problem.

- **Links between leaving care services and education**

It is helpful if members of the leaving care team are proactive in making links with education providers to ensure young people's educational needs are met.

6 Conclusion

Perhaps the strongest finding to come out of the research is the crucial role of the leaving care team and, in particular, personal advisers, for ensuring the needs of care leavers with mental health difficulties are addressed. The findings suggest the personal adviser role has been fully implemented and is leading to positive outcomes for care leavers, including those with mental health difficulties. The value of the leaving care team and personal advisers is strongly voiced by the young people involved in the research.

The research also set out to examine the coordination of services to support care leavers with mental health issues. The findings indicate that there are pockets of good coordination but challenges continue to exist. Difficulties tend to be manifest, particularly, in the transition between child and adult mental health services, and across local authorities or NHS boundaries.

In exploring service provision, the need for specialised services for 16 to 21 year olds became strongly apparent. Transition between services is still a major problem. Those leaving care, particularly those with mental health difficulties, require a higher level of support and provision during this time. The value of specialist mental health advice and support within leaving care teams is highlighted. A lack of appropriate accommodation for care leavers, particularly those with mental health difficulties, is also evident. Further development in this area would be beneficial.

Currently, measures used to track the progress of care leavers rely heavily on the statutory pathway plans, suggesting the presence of these plans is ensuring the

needs of care leavers are being assessed, acted upon and monitored. However, despite the significance of mental health issues for those leaving care, there is a paucity of related outcome measures. Tangible ways of measuring and monitoring the mental health of care leavers need to be developed.

The views of service users and providers were largely in unison. Young people value the services they receive, and rate support from the leaving care team particularly highly. However, addressing the particular concerns of young people (not feeling listened to, not developing trusting relationships, inconsistency of staff and untargeted support) may go some way to improving service uptake amongst care leavers with mental health difficulties.

Where voluntary services were supporting the case-study care leavers there were no major coordination challenges and they were viewed as an equal part in the overall package of support for each young person. They were especially important for preventing young people from falling through 'the chasm' associated with the different thresholds for children's and adults' mental health services. However, there is also a lack of awareness of voluntary services for supporting the mental health needs of care leavers.

Overall, this research has highlighted that there are gaps in the support offered to care leavers with mental health difficulties. Although some excellent practice is evident, more could still be done. A larger-scale look at the situation would be beneficial and would assess the extent to which the points highlighted in this research are experienced nationwide.

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Appendix 1 Detail of the methodology

This appendix sets out more detail about the methodology that was divided into five phases:

- selection of local authority case-studies
- selection of case-study young people
- audit trail mapping
- service provider interviews
- service user interviews.

Phase one: selection of local authority case studies

In order to select the most appropriate local authorities to include in the research, local authority children and young people's plans (CYPPs), annual performance assessment (APA) letters and Ofsted reports were analysed. Previous NFER analysis of CYPPs (Atkinson, 2008) was built upon to explore the extent to which local authorities were prioritising, setting targets, meeting previous targets and carrying out actions with regards to service provision for care leavers, particularly those with mental health difficulties. Twelve local authorities were identified as possible case studies, and three of these were selected for inclusion in the research using information from the analysis.

Phase two: selection of case-study young people

Each local authority was asked to identify four care leavers willing to act as case studies for the research. The local authorities were asked to select young people who had been in care aged 16 to 21 (or 24 if still in full-time education) and who had mental health needs. It was suggested they select a range of young people from those with low-level mental health needs, for example, those requiring support with emotional and behavioural problems to high-level needs, for

example, those who have had contact with specialist mental health services.

Phase three: audit trail mapping

The case-study young people's individual care records/plans were then used in conjunction with an audit template (see Appendix 3) to record the service provision around each individual care leaver. The audit trails addressed:

- services supporting the young person since leaving care
- how need was identified for these services
- who is providing the services?
- duration and frequency of service
- outcome measures used to assess progress
- whether identified needs are being met through service provision.

All services supporting the young person were audited, but with a particular focus on the services provided to support mental health needs, and on the support provided by voluntary services.

Phase four: service provider interviews

The audit trails revealed the range of services supporting each of the young people. These service providers were invited to participate in a face-to-face or telephone interview designed to probe for individual level information on the case-study young people, or to speak more broadly about how they support care leavers with mental health difficulties. In total, 35 service providers were involved in the research. In some cases, an interviewee was able to speak about

supporting more than one of the case-study care leavers. Three interviewees completed a pro-forma rather than engaged in an interview situation. Details on which services are represented are provided in Appendix 4. The interviews covered the following areas:

- the nature of the service provided
- the difference that the service provision has made, or is likely to make, to the young person
- outcomes data to demonstrate the effects of service intervention
- communication between and within services
- challenges in service provision
- improvements to how their service could support care leavers with mental health difficulties.

Phase five: service user interviews

The final part of the research involved face-to-face interviews with the case-study care leavers. Ten of the 12 young people engaged in an interview (two were unavailable at the time of interview). These were carried out either on the leaving care team premises or in the young person's home. The interviews covered:

- levels of support
- service satisfaction
- any differences that the service made
- how 'joined up' services appear to be
- what makes a good service
- unmet needs
- improvements.

Appendix 2 The case-study local authorities and young people

This appendix provides details on the case-study local authorities and the young people focused on in the research. The sample of young people provided by the local authorities offers variety in the level of mental health needs, in age and in levels of engagement with services. The sample is reflective of a range of experiences of young people and, as such, provides unique case studies of service provision. Within the sample, some of the young people are coping well and moving into successful independent lives, while others continue to experience considerable difficulties. The services accessed by each young person are presented in Table 2.1 in Chapter 2. In order to preserve anonymity, the young people have been designated a letter from A to L.

Local authority one

This local authority is a medium-sized London borough. It scored a four in its APA as well as high ratings in its latest Joint Area Review (JAR) (threes and fours), with particularly good practice in relation to LAC. It outlined its plans to develop counselling services through CAMHS to support young people leaving care in its CYPP. The local authority was commended for strong corporate parenting in the APA along with good provision for pathway planning, accommodation and high proportions of care leavers in education, employment or training.

The young people selected to participate in the research from local authority one represented a high level of mental health needs.

Young person A

Young person A is 19 years old and female. She has been a looked-after child for eight years. She is currently living in supported accommodation for young people who have experienced episodes of psychosis. Young person A has a range of

mental health difficulties, suffers with depression, has had suicidal tendencies and has recently been hospitalised for her mental health needs (May to June 2008). She is currently on medication to control her symptoms. She has substance misuse issues and is deemed to be very vulnerable. Young person A has low levels of engagement with some services and is considered particularly hard to reach. She is currently not employed or engaged in education or training.

Young person B

Young person B is 21 years old and male. He is an asylum seeker and has recently moved into independent accommodation. Young person B has high-level mental health needs, recently diagnosed as related to post-traumatic stress disorder. He struggles with depression, has made suicide attempts and has been hospitalised for his mental health needs. Young person B takes medication to control his symptoms and engages well with most service providers. He is committed to his education and studies full time at a local college.

Young person C

Young person C is 23 years old and female. She is Bengali and has recently moved to live in university halls of residence. Young person C was in foster care as a child and since leaving care has spent some time in supported accommodation for young people who have experienced psychosis, and has lived with her family. She has had severe mental health problems in recent years (largely between 2005 and 2007), but medication has controlled her

symptoms and she is engaging well with independent living. Young person C has suffered with depression and has experienced periods of hospitalisation. She engages well with service providers and, as testament to her recovery, began university in September 2008. Prior to this she was proactive in securing employment.

and was living in hostel accommodation prior to this. This change in accommodation has been crucial in his positive development towards independent living. Young person E has experienced issues with anger management and with self-harm. He engages well with support from service providers and is currently successfully engaged in a college education.

Young person D

Young person D has recently turned 18 years old and is female. She is new to the leaving care service, but was accommodated in a children's home, and then with extended family prior to coming into the service. She spent some time in a residential unit for adolescents after a period of being very mentally unwell. Young person D has been diagnosed with bipolar disorder, but is recovering well and her symptoms are successfully controlled by medication. Young person D was moving into supported accommodation at the time of the research. She is engaged in full-time education and is studying for a BTEC qualification. Young person D engages well with service providers and is moving successfully towards independence.

Young person F

Young person F is 17 years old and female. She has been in the care system since she was six. She is currently living in supported lodgings and is attending college. Young person F has struggled with anger and self-harm issues and has ceased to engage with service providers trying to address her needs. The lifestyle and family context of young person F are felt to militate against positive mental wellbeing.

Local authority two

This local authority is a medium-sized unitary authority in the North East of England. It scored a four in its latest APA as well as highly in its latest JAR (ratings of threes and fours). The APA noted good levels of support for care leavers in terms of pathway planning, health and wellbeing, education, employment, training and accommodation, provided by multi-agency services.

Young person G

Young person G is 16 years old and male. He has been looked after for just over one year and is currently living in a foster placement. Young person G presented with anxiety, anger management and attachment issues. Although he initially engaged with services, his engagement has ceased with hopes to revisit some form of support in the future. He is currently fully engaged in education.

Young person E

Young person E is 18 years old and male. He has been looked after since he was four. Young person E is currently living in supported lodgings,

Young person H

Young person H is 19 years old and female. She has been a looked-after child for four years. Young person H was recently living in supported lodgings. Following this she moved back into her family setting but is now living independently in rental accommodation. Young person H struggles with attachment and loss issues and has a particularly chaotic lifestyle. Her engagement with

services has been variable but her ability to cope with her difficulties has improved following service involvement.

services in relation to these issues, though has not always engaged with the support.

Local authority three

This local authority is a large metropolitan authority in the North West of England. It scored a three in its latest APA and mostly threes in the latest JAR, particularly in relation to safeguarding and LAC. In the CYPP, the transition and mental health of LAC was considered and, as set out in the APA, the number of care leavers entering education, employment or training had recently increased.

Young person K

Young person K is 18 years old and female. She has had a care order for five years. She is currently living with family and is not in education, training or employment. The young person has presented with problems concerning anxiety, self-esteem, depression, self-harm and drug overdoses. Until recently the young person was receiving support for these issues but, recently, she has declined to attend the services, despite continuing difficulties.

Young person I

Young person I is 17 years old and female. She has been in the care system for approximately three years. She is currently preparing for independent living, lodging in family-style accommodation with support within the household as well as from an external support worker. The young person has accessed a range of services in relation to drug and alcohol use and concerning behaviours around mood, anger issues, and her chaotic lifestyle. Young person I is currently attending college. She is ceasing to engage with services due to improvements in her happiness and mental health stability.

Young person L

Young person L is 18 years old and male. He has been in the care system for 16 years. He is currently preparing for independent living, lodging in family-style accommodation with support within the household as well as from an external support worker. The young person has presented with problems concerning self-harm and aggressive behaviour. Young person L has accessed services in relation to these difficulties, although more recently has declined involvement. He is currently not in education, training or employment.

Young person J

Young person J is 20 years old and female. She has moved in and out of care since being a young child. Young person J was recently diagnosed with schizo-affective disorder and is currently detained in a secure mental health clinic. Prior to this, the young person presented concerning behaviours in relation to drug use and overdoses, self-harming behaviour and emotional and wellbeing difficulties. Since leaving care, Young person J has been offered a range of

Appendix 3 The audit template

Provision of mental health services for care leavers: transition to adult services	
LA (to be anonymised)	
Key contact (name and role)	
Method of audit trail (e.g. access to case notes, talked through by social worker/leaving care team member etc.)	
Case study information (for researchers only)	
Name of young person	
Age	
Length of time in care	
Length of time since left care	
Summary of services currently accessed/previously accessed (track back one year before leaving care)	
Service 1	
Name of service	
Type of support provided	
Type of organisation (statutory, voluntary etc.)	
Who provides the support (e.g. psychologist, doctor, social worker, youth worker etc.)	
How need was identified (e.g. what was the presenting problem?)	
How need for service was identified/referral processes	
Date of referral	
Date service contact began	
Date service ended (as appropriate)	
How long the young person has been involved with service	
How often support is provided	
Any recorded outcomes for young person as result of support from service	
Outcome measures used to assess progress (if not covered above)	
Any difficulties in service provision	

Appendix 4 Service providers participating in the research

The table below sets out the types of service providers that participated in interviews.

Service represented	Number of interviewees (n=35)
Leaving care/through care services	13
Generic CAMHS	3
Voluntary drug/alcohol services	3
LAC CAMHS	2
16–18 CAMHS	2
Voluntary accommodation project	2
NHS accommodation project	2
NHS early intervention team	2
Counselling Services	2
NHS secure psychiatric unit	1
NHS crisis team (mental health assessment team)	1
Local university	1
Voluntary service (engaging young people in education, employment or training)	1

Appendix 5 Examples of the services accessed by young people

The services young people accessed included:

- CAMHS
- adult mental health teams
- accommodation services.

This LAC CAMHS team extend their support to the leaving care team. This aspect of the service is not funded but is recognised as necessary and valuable. The LAC team are available for consultation on any care leaver and service provision will extend beyond 16 years where necessary on an individual case-by-case basis.

Child and adolescent mental health services (CAMHS)

An example of a specialist LAC CAMHS service

This specialist service forms part of the NHS CAMHS and was set up specifically to support the mental health of children who are looked after. The team comprises psychotherapists, family psychotherapists and adolescent psychiatry specialists as well as a mental health social worker and administrator.

The specialist LAC CAMHS offers a range of tier two and three services, although tier four services can be accessed via consultant psychiatry, including: rapid response advice on the mental health of LAC; contribution to case planning; case discussion with social workers on how to support the mental health of a LAC; training, consultation and group support to carers, clinicians, frontline workers and managers; direct work with carers, birth parents and children, involving assessment, family therapy, adult individual therapeutic work and play therapy.

Referrals to the service are received from anyone concerned about the emotional wellbeing of a looked-after child and informal enquiries are encouraged. Referring agencies are asked to complete a referral form detailing basic information about the child, their family and those working with them. Referrals to the service are discussed at weekly meetings at which a clinician from the team is assigned to the case and contacts the referrer to plan the way forward.

An example of a specialist 16–18 CAMHS

This specialist adolescent service provides a tier three mental health service to all 16 to 18 year olds with mental health needs. The team comprises 2.4 full-time equivalent team members, including a psychiatrist.

The service has close links with adult services, particularly with the early intervention and psychosis team, often undertaking joint assessments. This specialist service was established in recognition of the gap between CAMHS, which typically stop working with young people at age 16, and adult mental health services, which technically provide services to post-16 year olds, though have high thresholds for eligibility and require medical diagnosis in order to allow access.

The service operates as an early intervention adult service, trying to prevent young people from needing to access adult services in the future.

Adult mental health teams

An example of an early intervention team

This early intervention team provides support for people aged 18–35 years with first onset schizophrenia. The service aims to ensure that patients, new to mental health services, with first episode schizophrenia receive specialist treatment to maximise independence and social inclusion, and minimise long-term detrimental impacts on quality of life. There is a phased specific approach to intervention.

- **Phase one:** during the acute psychotic phase the main thrust is for medication and therapeutic engagement.
- **Phase two:** during the early recovery phase the intervention focuses on medication compliance, explanatory models of the individual's episode (including substance use and stress vulnerability) and social interactions.
- **Phase three:** during late recovery or partial recovery the emphasis is on coping strategies, and activity schedules for vocational functioning on relapse prevention.
- **Phase four:** during the remission phase the aim is normalisation, training and vocational functions and crisis planning.

In support of this approach, there is a cooking group, a social activity group, individual psycho-education and family work.

An example of a voluntary counselling service

This voluntary counselling service provides an advisory, counselling and signposting service for young people aged 16–25 years.

The service offers two types of support: a drop in service providing information advice and guidance from a multi-disciplinary team of youth and community workers, and a counselling service from trained counsellors offering one-to-one counselling and group therapies for anger awareness, survivors of sexual abuse and self-injury.

The service is designed with a young person focus and support is open ended, as and when young people need it. The counselling services tend to be offered for one hour, with the drop-in service available every weekday afternoon.

A range of statutory and voluntary services refer to this organisation, including specialist mental health services (particularly when a young person has low-level mental health needs below statutory service threshold but requires some kind of additional support). Young people can also self-refer.

An example of specialist mental health accommodation

One example is an NHS low-level supported rehabilitation accommodation service for 16–24 year olds who have experienced an episode of psychosis.

The service is classed as early intervention, providing holistic support in a range of areas including budgeting, cooking, nutrition, self-care, vocational skills, psycho-education and relapse prevention.

The service is designed to support young people with psychosis to move into independence while maintaining good mental health. The accommodation provides independent units as well as group and communal training facilities. Young people are assessed prior to accessing the service to ensure it is appropriate to their level of need.

As part of the scheme, the young people have an individual support plan, are assigned a key worker and also have access to one-to-one support from an assistant psychologist. Young people usually receive the service for periods of six to 24 months, during which time they are prepared for independent living.

Accommodation services

An example of an accommodation service (non-specialist mental health)

One example of a service providing accommodation to young people is from a voluntary organisation offering lodgings in family-style accommodation to young people aged 16–18 (16–20 in the case of care leavers). This provision is designed to support the development of independent living skills.

The young people are supported within the accommodation by the householder and also by a personal worker, to develop their skills around independent living in, for example, cooking, budgeting and hygiene. Tasks are set for the young person to work on based on meeting personally identified aims in relation to developing independence. These aims are reviewed regularly.

The householders are paid a fee and receive training on working with young people, including some basic

training on recognising and supporting low-level mental health issues.

However, this service is not designed to support the needs of young people with high-level mental health

difficulties. Indeed, young people are assessed for their suitability for this provision and they have to demonstrate they are reasonably stable and committed to addressing their needs in order to qualify for the provision, given that they are living in people's homes.

Appendix 6 Examples of approaches to measuring outcomes

Example one

In one local authority, the Young Person's Forum is a six-monthly pathway plan review examining the young person's progress in a whole range of areas. A chair and a personal adviser are normally present, as well as those chosen by the young person to represent them. The six-weekly care plan is used to track progress using specific areas of focus. An NHS accommodation project care plan highlights areas of focus:

- independent living, for example, money management, looking after yourself, leisure activities
- your health, for example, healthy living, physical health, coping with mental health and sexual health
- your social network, for example, support from families or carers, partners and friends
- your career, for example, learning difficulties, basic skills or ESOL needs, education, jobs and employment
- risks in your life, for example, use of alcohol and illegal substances, and offending behaviour

Example two

In another local authority, day-to-day recording is done using the computer programme RAISE. This feeds into pathway plans, which are reviewed every six months and examine: the young person's health, emotional outlook, stability, accommodation, and independence skills. This is discussed with the young person and any additional support is identified and put in place.

Example three

A counsellor in the third local authority describes how six- to eight-weekly reviews are used to assess young people's progress within counselling sessions. The counsellor highlights the ongoing nature of the process of formulation of the young person's goals: 'So it's constantly looking to see where they feel they need to go, but also achieve their initial aims or seeing whether or not they've changed.' In this local authority a member of the accommodation project also describes how support plans are reviewed and how, for example, one young person has identified three areas to work on around independent living: claiming benefits, cooking and budgeting. The accommodation project worker sets tasks in these areas and meets with the young person to review their progress.

The Children (Leaving Care) Act 2000 was designed to address the wide variation in local authority provision for care leavers and to promote a more multi-dimensional approach to the process of leaving care. Care leavers are likely to be at greater risk of mental health difficulties than other young people and the transitional period from leaving care is felt to be a phase during which care leavers experience additional stresses and may not have the continuity of support.

This report examines the extent to which developments since the Act have improved outcomes for young people leaving care, particularly those with mental health difficulties. In particular, the research focussed on:

- the coordination and availability of services to support care leavers with mental health issues
- how outcomes are measured for young people leaving care, particularly regarding mental health
- the views of both service users and providers towards the services available and perceived outcomes
- the coordination and contribution of services for care leavers offered by voluntary organisations.

The report gives examples of good practice in service provision and service coordination and recommends greater support for those working with care leavers with mental health needs and the provision of young person-centred services.

This report is important reading for staff in local authorities, leaving care services, mental health services and education, employment and training services.