



executive summary

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

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 lower-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 lower-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.

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.
- The provision of young person-centred services. The importance of flexibility, developing trusting relationships with and listening to young people are stressed.
- 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.

The full report can be viewed at www.nfer.ac.uk/publications/LAT01

Broad, B. (1999). 'Improving the health of children and young people leaving care', *Adopting and Fostering*, 22, 5, 40–48.

The National Leaving Care Advisory Service (2005). 'All change for care leavers?' *KeyNotes*, Issue 34, 1 [online]. Available: <http://www.nlcas.org/> [7 September, 2009].



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