

## Written evidence submitted by The Who Cares? Trust

### 1. Introduction

- 1.1. The Who Cares? Trust is the leading national charity for children in care in England. We are a voice and a champion for children and young people living in care. We inform and support thousands of children in care through our magazines and publications designed specifically for them and we influence improvements in policy and practice by ensuring their views and experiences are heard at the highest level. We also develop innovative, collaborative projects which pilot new ways of working, disseminate best practice and encourage more joined up working across the care system.
- 1.2. Our submission focuses on the experiences of looked after children and care leavers and is based on evidence from our research and direct work with children in care and care leavers. Most of the evidence for this submission comes from experiences of care leavers, shared with The Who Cares? Trust to inform consultation responses. Our submission is also informed by the comments and experiences of young people who have attended the All-Party Parliamentary Group (APPG) for Looked After Children and Care Leavers, for which we provided the secretariat until Parliament dissolved in March 2015, particularly the January 2015 meeting on emotional and mental health.
- 1.3. We welcome this important inquiry by the Youth Select Committee, and welcome the opportunity to contribute and to put forward the voices and opinions of looked after children and care leavers.

### 2. Executive Summary

- 2.1. Looked after children and young people have been found to have much higher rates of mental health difficulties than the general population.<sup>1</sup> Data shows that 37% of looked after children, about whom a Strengths and Difficulties Questionnaire (SDQ) was completed, have a score that is of cause for concern.<sup>2</sup>
- 2.2. Children in care and care leavers are meant to have their mental health reviewed regularly. However, despite this regularity, young people's awareness of support available is limited to generic support through CAMHS, rather than other support that may be available or better suited to their needs.
- 2.3. Poor mental health can disrupt education, particularly for care leavers, as leaving care can revisit prior trauma. However a lack of training of professionals and carers and poor relationships between professionals and young people can be barriers to disclosing the need for support, and receiving appropriate support.
- 2.4. Services for children in care and care leavers are currently a postcode lottery and inconsistent across the country. We hear of young people unable to access services due to

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<sup>1</sup> Luke, N. et al. (2014) What works in preventing and treating poor mental health in looked after children?. London: NSPCC p.7 available at: <http://www.nspcc.org.uk/globalassets/documents/evaluation-of-services/preventing-treating-mental-health-looked-after-children-report>

<sup>2</sup> Department for Education, Outcomes for children looked after by local authorities, National Tables SFR49/2014, Table 8a, available at: <https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities>

high demand, or for reasons linked to their placement, such as moving out of authority. There is a 'clinical gap' between children's and adult services, which looked after children and care leavers are vulnerable to falling through, especially between the ages of 16-18. There are a number of barriers to accessing services that children in care and care leavers particularly face, which need to be addressed to ensure that young people are able to access appropriate support.

### **3. Awareness**

- 3.1. Upon entry to care, looked after children will have a health assessment, which must include an assessment of the child's state of health, including physical, emotional and mental health. A SDQ must be completed yearly, although they may not be aware of this happening. They may also have been offered some form of mental health support upon entry to care. Some young people report that this was not the appropriate time for them to access therapy, but when they later requested support to deal with the associated trauma, they struggled to access it.
- 3.2. Children and young people often have to discuss their emotional and mental health at six monthly review meetings, at which many people may be present, including teachers, carers, social workers, advocates, IROs (independent reviewing officers), some of whom may be relative strangers. Talking about emotional and mental health difficulties in front of large groups of unfamiliar people can put some young people off disclosing their needs, or seeking support.
- 3.3. However, an increased focus on their mental health may not equate to being aware of services or support available. While many of the young people we work with are aware that support is available, they identify that support as a referral to CAMHS (or adult services in some cases) for counselling. They do not seem aware of the different forms of therapy that may be available to them, or may be more appropriate to their needs. Some young care leavers have told us that they would prefer less formal support, such as a buddying scheme.
- 3.4. Young people should be given information about the different services that are available. Social workers and personal advisers, advocates and IROs should be trained to support the mental health needs of children in care and care leavers and be able to give accurate information about available services. However, we are concerned that even with more information about the services that are available, children in care and care leavers would struggle to access them, and so the barriers to accessing services need to be addressed, as well as the availability of services.

### **4. Education**

- 4.1. Mental health issues can disrupt children in care and care leavers' education. It can particularly be an issue for care leavers in further or higher education, as the leaving care process can revisit prior trauma that may have occurred earlier in their childhoods. Leaving care can also cause young people to feel isolated or lonely, which can impact on their mental health, and subsequently on their ability to concentrate on, and remain in education.

- 4.2. Primary carers (foster carers and residential workers) and personal advisers (PAs) do not receive sufficient training and support to help children in care and care leavers with their mental health. Some primary carers and professionals receive excellent support, but it is not sufficient across the board. There is no standardised qualification for PAs, which means that they can have varying levels of knowledge about issues such as mental health, despite leaving care being a particularly stressful time for care leavers. We suggest that there should be a qualification that PAs have to undertake and good quality continuing professional development (and supporting young people with their mental health should be part of this), as well as regular, high quality supervision.
- 4.3. Young people regularly report that they do not have enough time to spend with their social workers and personal advisers, or that the professionals they work with change too regularly. They can even be allocated professionals, whom they do not meet before another professional is allocated. Young people in care and care leavers need time to build relationships with the professionals who work with them and those that care for them so that they feel able to disclose mental health problems. For this to happen, case loads of social workers and personal advisers need to be reduced to enable them to spend quality time with young people.
- 4.4. Young people at the January meeting of the APPG for Looked After Children and Care Leavers reported asking for help, but not receiving help for a period of time, or requests for help being ignored, including by carers and social workers.<sup>3</sup> Professionals and carers need more information about recognising signs of mental health needs and supporting young people with mental health needs, as well as how to refer to services.

## 5. Services

- 5.1. Currently, mental health services for children in care and care leavers are a postcode lottery. We hear of young people who are unable to access services because of long waiting lists (that can be up to three years long), of only receiving a set of six counselling sessions, or mental health support stopping when they move 'out of authority'.
- 5.2. Research suggests that there are practical barriers for looked after children who are placed out of authority to knowing about and accessing mental health services. Many will not know the local area, and so will be unable to know how or where to access support. They will be reliant on those who care and work with them referring them, and this can be difficult as social workers and other professionals will also be from a different area to the one in which the young person is living. Young people report travel difficulties, both in distance and cost, to accessing services; inflexible and inconvenient appointment times; limited types of therapy available; and therapists not understanding their language or culture.<sup>4</sup>
- 5.3. There is currently a 'clinical gap' between children's and adult services for children in care and care leavers. Some young people are unable to access services because they are told they are too old for CAMHS but too young for adult services. We have heard of young

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<sup>3</sup> For more information about the issues raised, please see the summary minutes of the meeting, available at: [http://www.thewhocarestrust.org.uk/data/files/APPG\\_Summary\\_Jan2015.pdf](http://www.thewhocarestrust.org.uk/data/files/APPG_Summary_Jan2015.pdf)

<sup>4</sup> Beck, A., *Users' views of looked after children's mental health services*, Adoption and Fostering, Vol. 30, No. 2, 2006

people with serious mental health needs being refused treatment by both adults and children's services because at 17 they are deemed too old for CAMHS but too young for adult services. When young people are treated by adult services, some report being treated as if they are middle-aged, not young adults. The Tavistock and Portman CAMHS service offers support for children and young people up to the age of 25 and we would suggest that all CAMHS services follow that model.

- 5.4. Mental health services for young people need to be changed. They need to be sympathetic to the needs of children in care and care leavers, both by the staff who work in them, and in their design and accessibility. Children in care and care leavers should be involved in the design of services so the barriers particular to them can be overcome. Services should be standardised across the country and young people should be confident that they are able to access, and continue to access the same level and type of service, wherever they are living in the country. Young people should not have support stopped or delayed due to placement moves.