

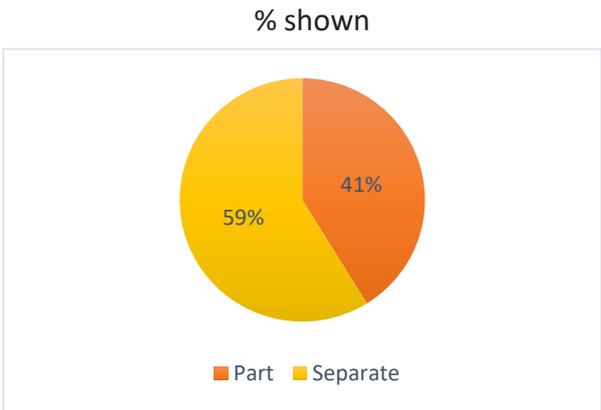


Mental Health Support for Care Leavers LA Survey Results - January 2023

Result of Questionnaire to Local Authorities – 19 responses

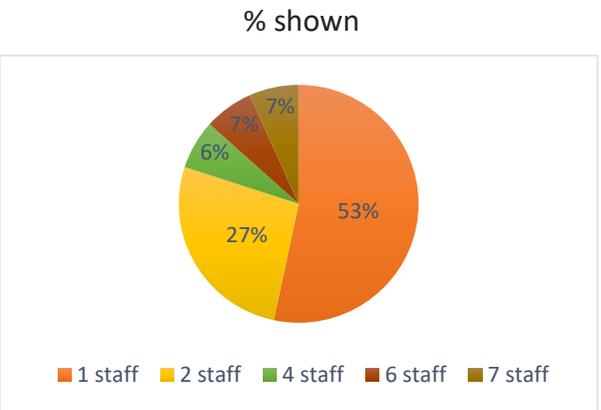
Q1 Is the service provided to care leavers part of your specialist mental health service for Looked After Children, or is it separate?

Summary of findings/comments: 10 LAs report that the service is separate and 7 report that it is part of their service. 1 LA states that the service is only funded till 18.



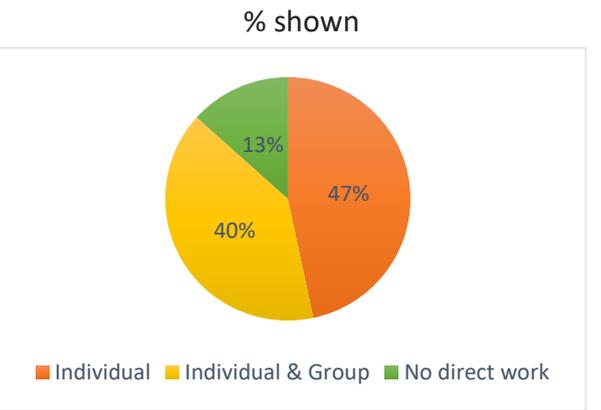
Q2 How many (MH specialist) staff are specifically working with care leavers?

Summary of findings/comments: Of those who responded 80% had either 1 or 2 specialist staff. Two LA's stated they had higher numbers - 6 and 7 respectively; we are checking whether this refers to their wider CIC service.



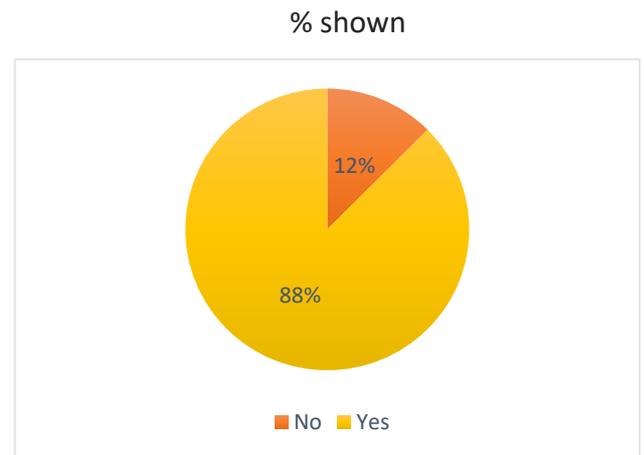
Q3 Do these (MH specialist) staff offer direct work with individuals or groups of care leavers?

Summary of Findings/Comments: Fairly even split out of respondents, with 7 working with individuals, and 6 working with both individuals and groups. It appears that a smaller number of roles (2/15) do not offer direct services to young people but support the CL team through consultation.



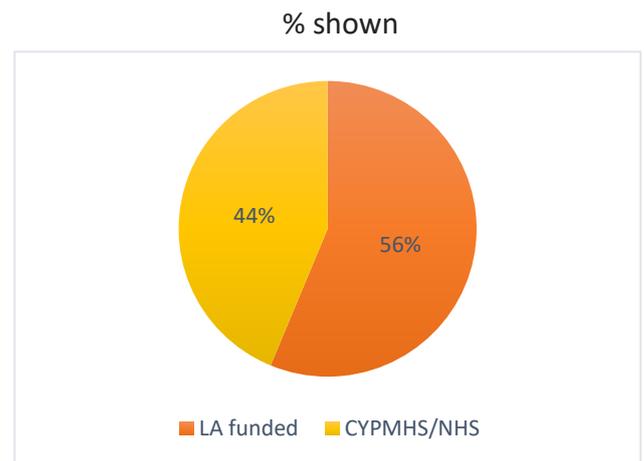
Q4 Do these (MH specialist) staff offer training or consultation to staff, either in the Leaving Care Service or to Provider Staff?

Summary of Findings / Comments: Almost all (88% of respondents) offer training and consultation to Care Leaver or provider staff. 2 LAs stated that they don't.



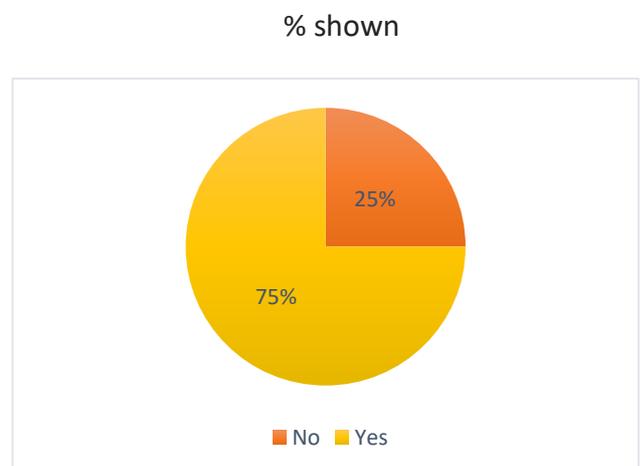
Q5 What are the commissioning arrangements?

Summary of Findings / Comments: A slight majority of LA's fund alone (56%). The remainder are through CYPMHS / Adult Mental Health, or joint funded. There seems a significant local difference in funding approaches.



Q6 Does the service provide MH services to care leavers outside your local authority area?

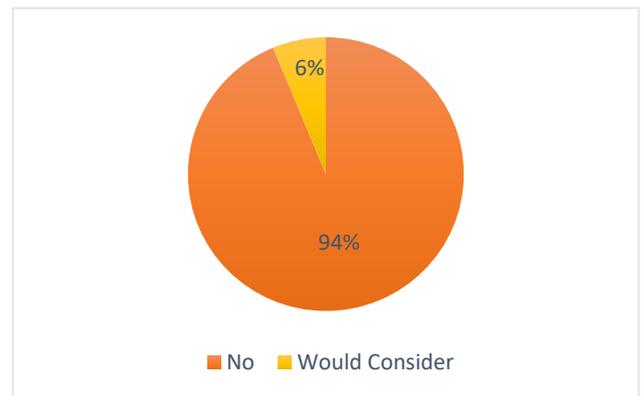
Summary of Findings / Comments: Most LA's (75%) say they offer services to their Care Leavers outside the LA. However, there are caveats over the distance of the placement, nature of service (online), or level of service ('holding').



Q7 Does it offer a MH Service to care leavers from other local authorities living within your area?

Summary of Findings/Comments: No LA currently offers this, although one would consider it. Taken along with answers from Q6 suggesting service stops or is limited for young people living out of area, this suggests a concern in provision (existence or level) for those living outside of their home borough.

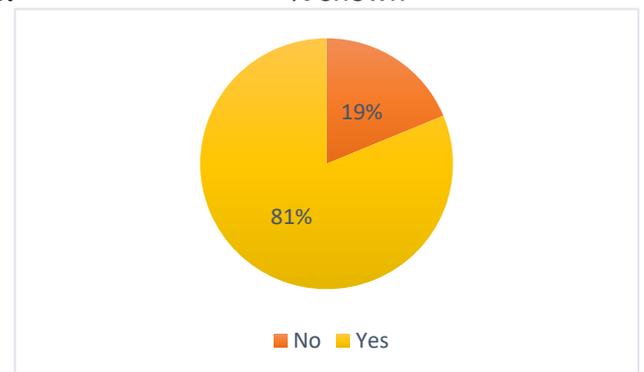
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Q8 Do you have a clear referral pathway from your service to Adult Mental Health services, should this be required for an individual?

Summary of Findings / Comments: Most have this (81%). Though it is still surprising that 3 don't. Other issues are flagged, in particular the challenge of accessing an adult service if living out of area, and also around high thresholds.

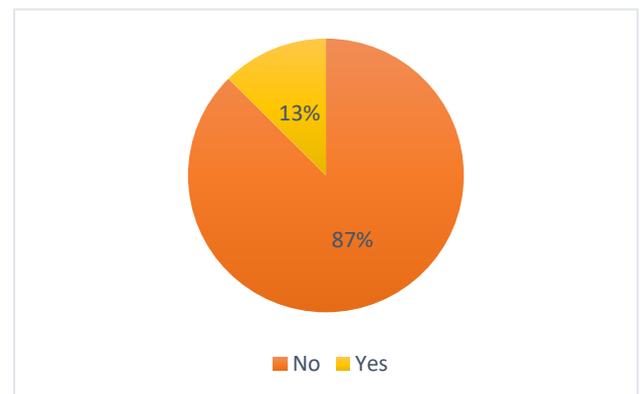
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Q9 Do you, or your partners in the NHS, have any records of the number of care leavers who receive a mental health service, either through a specialist service (if you have one), or from local NHS funded mental health services?

Summary of Findings / Comments: Essentially the numbers of CL accessing services are NOT known by LA's. (14 say not known). The exception is an LA that states it offers specialist support to all its Care Leavers, so blanket – although they also know specific numbers accessing different types of services.

% shown



Q10 What do you see as the barriers to obtaining mental health services to care leavers, whether that is preventative care, or a provision to those identified as being in need?

Themed summary of comments around 'barriers':

1. Out of borough significantly affects service. Issues of equity, reciprocity and providing service in line with needs.
2. Thresholds for adult services are high. Care Leaver needs/vulnerabilities are not sufficiently recognised by adult services.
3. Insufficient provision overall.
4. Information sharing issues affecting joint working after the age of 18.
5. Services not working effectively around 'non-engagement' - being too rigid or closing too early.

Barriers to MH services

Insufficient specialist provision, adult services not working hard enough to establish engagement with 18 plus care leavers, poor communication and information sharing, inhouse provision stretched, issues re confidentiality re 18 plus care leavers, lack of coherence in joined up working

Too High threshold after 18 (cliff edge from CAMHS); out of borough yp - less joined up working though slightly better if yp has significant MH and have been hospitalized. Only have one in house clinician who is clinical psychology and systemic therapy trained so tends to be a holding person or offers 1-1 re therapy

Lack of provision and long waiting

There are a significant number of complex factors that present barriers which include : Many CL's are placed out of borough, some with frequent placements moves, the issue with needs and vulnerability vs. eligibility and threshold, some CL's do not want to have MH services involvement or have to attend a MH appointment and would benefit from an outreach appointment, Mis or undiagnosed needs, emerging needs at the cliff edge age of 18 or 25 , S117 confusion between boroughs or discharge back to the GP, Handover from CAMHS to Adult MH at times is not smooth, complex and multiple needs of care leavers including revolving with the prison system or vulnerable to exploitation, Budget and Funding challenges for bespoke and targeted specialist MH services for Care leavers which can follow them and manage the multifaceted/ dual needs

Funding is a big need we have a good Emotional Health and Well-being Nurse that provides the service, but one person is not enough

Out of borough issues, moving around and difficulties in accessing service, not meeting threshold (very high for MH)

Care experienced YP under 25 should not be treated within adult services and remit of CAMHS should be extended. They should also be afforded priority access given shortage of services available and demand not supporting them at an earlier age ends up costing more as they end up accessing adult services at a later stage and in more difficulties

Lack of education, support and preparation in how to access different services available to them. The referral processes are not explained clearly, talking therapies and other mental health services does not cater to care leavers whose symptoms are too complex

Funding

Lack of engagement and hence limited capacity to follow up and do assertive outreach, although there are transitions services there is not the intensity of support offered by CAMHS, lack of resources

Many care leavers have experienced complex trauma which can be a barrier to service - and may not meet a diagnostic criteria, or their needs may not be classed as acute enough to receive a service. They are not prioritised as a group, and care leaver status has no impact on triage decisions. As for all young people trying to access a service, there are also some structural limitations to service delivery/outreach models, being closed due to non-engagement rather than there being an outreach plan, or not being seen if there are drug/alcohol misuse issues. For care leavers with the most complex needs, a further barrier can be frequent changes of address, where services then stop/start over and over again, due to different catchment areas

Stigmatization: yp express concern that seeking MH support is recorded by LAs, with anxiety re. future implications, for example, parenting. Services are often rarely youth-specific and can be inflexible in their delivery/accessibility. LC practitioners would benefit from additional support to understand mental health better. Issues can also arise where adult provision is locality based, exacerbated by high access thresholds

We have a specialist MH service within CFS , but no longer have specific practitioners that work with care leavers. Up until around two years ago, this was not the case. There were two practitioners that led on MH needs of care leavers, and while they did work for other areas of Children and Family's Services, they served as a really positive advocate for our young people. We have lost these posts in restructures and I think that care leavers slip through the crack - there's an assumption that they could get support through adult mental health teams but I think that adult mental health teams feel they should be accessing this support within children's services

The CLA CAMHS team is only funded for young people up until the age 18. The team has low thresholds for care leavers which changes once they reach 18 where thresholds are very high for adult mental health services and many do not meet criteria for further support. Out of area care leavers are referred to their local CAMHS often with longer wait times and thresholds since not all areas offer a dedicated CLA CAMHS that will take OOBs. Many care leavers who are over 18 are developmentally more ready and willing to access therapy to address ACE's, but struggle to get the support since it often does not meet threshold for adult mental health services