The Mental Health of Looked-After Children

Bright Futures: Working with Vulnerable Young People

Summary of a report commissioned by the Mental Health Foundation based on research by Jo Richardson, Focus, Royal College of Psychiatrists

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Executive summary

Introduction
Young people coming into the local authority care system will already have had trauma and difficulties over and above those experienced by most of their peers. Most will have suffered abuse or neglect, or experienced bereavement, disability or serious illness in one or both parents. Many are from disadvantaged backgrounds. Being looked after can involve major and sometimes traumatic upheaval. Some young people, especially if they have been moved from their own home, may find it hard to settle and may feel torn or even guilty at being removed from their family, however abusive or neglectful (although some may feel a sense of relief because of their changed circumstances).

Changes and a lack of permanence in the arrangements for many looked-after children are unsettling and can hamper effective work by professionals. The stigma of being looked after and the unhappiness that young people may feel – for example, because they have had to leave their family home – may inhibit their asking for help or wanting to use any facilities or services on offer. Social care staff often have difficulty in finding appropriate placements that meet basic emotional, physical and cultural needs of looked-after young people.

Research shows that more looked-after children have mental health problems than other young people, including severe and enduring mental illness. But their mental health needs are frequently unnoticed and unmet.

Background
In 2000, the Mental Health Foundation (MHF) established a project to explore the mental health needs of four key groups of young people at risk of developing mental health difficulties. These groups comprise young offenders, pupils with emotional and behavioural difficulties, looked-after children and homeless young people. This vulnerable young people project forms part of the Mental Health Foundation’s continuing work on children and young people’s mental health.

Research on current policy and practice with respect to the mental health needs of each group was commissioned by the Mental Health Foundation. The focus of the research was England but the issues and findings will be relevant to interested parties across the UK. Full reports have been prepared for each group and issued for consultation. A combined final report will be published in early 2003.
This report is based on research by the Royal College of Psychiatrists’ research group, Focus, and looks at work that is addressing the mental health needs of looked-after children, who are a particularly vulnerable group. The report also presents areas of concern and proposals for change.

**Methodology for the original Focus research**

A literature search for this report was conducted in 2001 on the databases Psychinfo, Medline, Caredata (www.elsc.org.uk/bases_floor/caredata.htm), Childdata, Embase and Cinahl for the years 1991 to 2001. (The databases are all available in most academic libraries. A version of Medline, PubMed, is available free online at www.ncbi.nlm.nih.gov/entrez/query.fcgi.)

The following government and voluntary sector internet sites were also searched: Department of Health (www.doh.gov.uk) and its Quality Protects (www.doh.gov.uk/qualityprotects) and Social Services Inspectorate sites (www.doh.gov.uk/scg/ssi.htm), Department of Education and Employment – now the Department for Education and Skills – (www.dfes.gov.uk), Joseph Rowntree Foundation (www.jrf.org.uk) NSPCC (www.nspcc.org.uk), National Children’s Bureau (www.ncb.org.uk), Young Minds (www.youngminds.org.uk), Barnardo’s (www.barnardos.co.uk), Who Cares? Trust (www.thewhocarestrust.org.uk), Research in Practice (www.rip.org.uk) and the Mental Health Foundation (www.mhf.org.uk).

**Mental health needs and services**

Research shows that looked-after children generally have greater mental health needs than other young people, including a significant proportion who have more than one condition and/or a serious psychiatric disorder (McCann *et al.*, 1996). But their mental health problems are frequently unnoticed or ignored. There is a need for a system of early mental health assessment and intervention for looked-after children and young people, including those who go on to be adopted.

There are also considerable variations in services for this group. However, in recent years, the Government has attempted to address this issue by introducing initiatives aimed at bringing all services up to national standards.

Local authority staff are expected to work with their colleagues in the NHS to address the mental health problems of looked-after children in a climate of insufficient resources and, often, of inter-agency mistrust or confusion. But there are a number of local initiatives that aim to break down barriers and enhance joint working. Moreover, the forthcoming children’s national service framework (NSF) should improve joint working by setting standards for children’s health services across agencies.

Research also suggests that moving several times from placement to placement (whether it be in a residential or a foster home) is damaging. Stability of placement and education is crucial.
There are a number of factors that are hampering improvements to services:

**Language and stigmatisation**
A looked-after young person may feel ‘labelled’ and stigmatised by a mental health diagnosis, in addition to the stigma of being looked after. (Nonetheless, having their mental health problems recognised may provide a sense of relief for a looked-after child or adolescent, as they can then begin to understand their problems and seek help.)

**Funding**
Because services for looked-after children have been under-resourced in the past, even recent increases cannot alter the fact that a large investment is still required to bring about necessary major changes. The aim of this report is not to propose an additional sum but to point to changes that are needed, some of which will have significant resource implications.

It is important to remember that the costs of not improving the mental health of looked-after children can be significant, too, and not just in individual or social terms. The lifetime (up to age 28) cost of each individual who had conduct disorder at age 10, for example, is £100,000 more in services than those without conduct disorder (Knapp et al, 1999).

**Joint working**
Currently all organisations in different sectors have to reach their own targets. More needs to be done to introduce common targets – although the children’s NSF (England) should make a significant difference by setting standards that cross organisational boundaries. Difficulties also arise over which agency pays for what, over lines of accountability and because of poor communication between agencies. All of these areas need to be clarified and improved upon.

**Foster carers**
It is not always possible to put young people, especially those who need to be removed from their family home in an emergency, in entirely appropriate placements. This is exacerbated by a shortage of foster carers, particularly for certain groups, such as ethnic minorities. Moreover, the children, who may have suffered abuse, neglect, bereavement or parental illness, may act in difficult, disruptive or challenging ways that foster carers find hard to deal with. More needs to be done locally and nationally to recruit foster carers and then train and support them.

**Recruiting and retaining social workers**
There are huge problems in recruiting and retaining social workers, especially in London and the south of England, and staff turnover is high. This can lead to potentially dangerous gaps in services, as well as instability and inconsistency, for children and for foster carers.

**Making sure that policy informs practice**
Managers need to make sure that frontline staff are kept up to date about national and local policies and receive proper notice of or training on, for example, government guidance, good practice and local authority management action plans. Staff need to know what they should be attempting to achieve and by what means.
Advocacy
A lack of formal advocacy or the absence of someone constant to confide in, perhaps because of multiple placements and high staff turnover, all militate against looked-after children getting adequate support.

Child and adolescent mental health services (CAMHS)
Health problems – mental and physical – are easily missed, not least because some children are moved several times while being looked after. Research suggests that looked-after young people, who have suffered abuse or neglect, bereavement or parental illness, have greater mental health problems, including significant psychiatric disorders, than the general population.

Yet, the hurdles for getting CAMHS are significant. Assuming that a young person has someone to turn to or someone spots that they are having difficulties, they usually still have to see a sympathetic GP before they can be referred to specialist services. Even if they then get onto a CAMHS waiting list, they may well have moved to a different foster or residential placement, or even out of local authority care, by the time their appointment comes up. Moreover, a shortage of key staff further limits young people’s chances of getting appropriate help.

Summary of recommendations
• There is a need for a system of early mental health assessment and intervention for looked-after children and young people, including those who go on to be adopted.

• Long-term stability in placements and schooling must be viewed as a high priority.

• There is a need for more research on this population, especially in the following areas:
  – the prevalence of general and specific psychiatric disturbances and the use of mental health services and long-term outcomes, including UK-wide and longitudinal studies
  – different needs and problems of girls and of boys
  – specific needs and problems of children from minority ethnic groups and different faith groups
  – the value of early intervention and outcomes of different treatments and therapeutic approaches
  – what protects some looked-after children from developing mental health problems.

• Common physical and mental health problems are often not identified nor adequately managed. The following need to take place:
  – forthcoming government guidance for England on the health of looked-after children (following the consultation paper, Promoting Health in Looked-after Children) must be integrated into practice straight away
  – children must be registered with a GP within 24 hours of becoming looked after; their health care records must follow them promptly
- Uptake and delivery of annual medical assessments must be improved.
- A comprehensive central CAMHS database should be set up as a matter of urgency, so that it is clear what services are available and where. This needs to be widely accessible and kept up to date.
- CAMHS must be reviewed, as they have been in Scotland, so that local services become more needs led.
- Social services should have access to designated clinicians.

- Services should be delivered in a more sensitive, age-appropriate way that promotes choice.

- More needs to be done locally and nationally to recruit foster carers. Foster carers need training in and support for dealing with mental health problems and should also be offered regular respite care.

- Staff in all agencies working with looked-after children need specialist mental health training.

- Mental health services should offer regular advice and consultation sessions locally to interested parties.

- Councillors and senior managers in all services must ensure that staff at all levels are made aware of and act on policy changes.

- Despite great improvements, joint working needs to be better. Barriers between health and social services must be addressed as a matter of urgency and social services and education services need to work together to enable young people to remain in education. Schools should have a designated link teacher; personal education plans should include mental health difficulties. New partnerships and improvements are also needed for children with complex and multiple needs, such as disabled looked-after children with mental health problems.