

Meeting the Mental Health Needs of Care Leavers

Guidance for Leaving Care Teams and Integrated Care Boards



November 2023

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Introduction

This guidance document sets out key considerations for local authorities and Integrated Care Boards in commissioning and providing support for young people who are leaving care.

For the purpose of this document the young people under consideration are those for whom local authorities have responsibilities under the Children (Leaving Care) Act 2000, as amended by the Children and Social Work Act 2017. There will be a wider population of care experienced young people aged 18-25 living in the community who may have similar risks and needs with regard to their mental health. Mental health services will need to be alert to the needs of this wider population, but they will not have the same level of contact with their local authority.

The term 'care leavers' will be used to make this distinction clear, although it is acknowledged that many young people prefer the term 'care experienced'. This population were identified as vulnerable in the NHS Long Term Plan (NHS England, 2019). The Long Term Plan also identified the need to improve mental health services for the general population of young adults aged 18-25.

Young people and organisations that represent them, such as the National Leaving Care Benchmarking Forum, have been very clear that they have high levels of mental health needs and that they may struggle to have these needs met through the NHS for a variety of reasons. This was further identified in the Independent Review of Children's Social Care (MacAlister, 2022), which has made a number of recommendations. The Government has published their draft response to the Independent Review and this is currently out for consultation.

This guidance document has been developed to support professionals working with care leavers to better meet their mental health needs. This includes leaving care teams (LCT), personal advisers (PA), NHS and health professionals, Integrated Care Board (ICB) leads, those developing 0-25 services, and system leaders in local authorities, health and care. We will be highlighting some of the great support offers available in London. These often showcase where health, care and local authorities are working together to ensure that care leavers have their mental health needs met.

Background, context and audience

Early adulthood is a challenging time for many young adults and can impact their mental health and wellbeing. For care leavers who lack wraparound familial support afforded to many of their peers, this is often an even more challenging time as they move out of care. Care leavers often have unique needs as a result of growing up in care and most will have had some adverse childhood experiences prior to being in care.

In addition, young people's experiences of care often vary. This cohort may have attachment issues, struggle to maintain relationships and may need additional support including support for their mental health. Alongside this, many care leavers live in isolated circumstances with limited support.

Another key consideration is the significant number of care leavers who are unaccompanied asylum seekers. Alongside some of the above issues, these young people will have unresolved issues regarding their status in the UK, as well as concerns about family in their countries of origin. The Children in Care Council has also written some additional information on common issues experienced by care leavers. These include:

- instability and uncertainty
- trauma and abuse
- loss and grief
- lack of control and autonomy
- financial hardship.

Mental health needs of care leavers

There is limited detailed research on the prevalence of mental health conditions for care leavers. However, the most recent research (ONS, 2003), indicated prevalence in children in care at 44%. If that is projected forwards, we should expect similar levels of prevalence in the care leaver population.

Barnardos undertook a survey of case files in 2017 (Smith, 2017). They found that 46% of care leavers had been identified as having a mental health concern. Of those, 65% were receiving no service. Just 9% were on a waiting list for NHS mental health services.

There were 11,688 care leavers linked with London local authorities in 2022. Based on Barnados' estimate of 46%, this would mean that 5,367 care

leavers who are under the responsibility of London local authorities would have an identified mental health need (Department for Education, 2022).

The London Care Leavers Compact

Supported by the Association of London Directors of Children's Services, a Pan London Compact for care leavers has been developed. Care leavers experience significantly worse health outcomes than their peers and the Compact aims to address this (Emily T Murray, 2020). A core goal for the Compact is to develop consistency in the support offer to care leavers. Currently there is a large variation in support offers dependent on which local authority is responsible and also where the care leaver lives. The Compact is exploring several themes including transport, housing, employment, training and education (ETE) offer, mentoring, standardised financial offer, data and health. Within the health theme, alongside initiatives to support care leavers' physical health there is ongoing work to improve mental health services for care leavers. Young people have contributed to the development of the Compact and continue to give their views.

NHS services

Care leavers do not receive annual health checks in the same way as children in care. However, their health should still be overseen through representation of the Integrated Care Board and local Provider Trusts through the Corporate Parenting arrangements that will continue at local authority level. Designated Doctors and Designated Nurses for looked-after children can still be accessed for advice regarding the health of care leavers. All care leavers should be registered with a GP and should receive assistance with this through their personal adviser.

The NHS Long Term Plan (NHS England, 2019) sets out an ambition to create a comprehensive mental health service for those aged 0-25. There is an acknowledgement that mental health services for young adults have not always been set up in a way that encourages access. As an identified vulnerable group within the Long Term Plan, the needs of care leavers should be incorporated into planning and sustainability for NHS mental health services aimed at the 0-25 age group.



Addressing health inequalities is a key theme throughout the Long Term Plan and one of the primary aims of newly established Integrated Care Boards.

NHS mental health services should establish good relationships with their local authority Leaving Care services including any dedicated mental health services within the local authority. This will enable a good level of coordination of services and ensure that young people are not being missed.

The composition of mental health services for young adults may be different in each Integrated Care Board. Integrated Care Boards are likely to need to respond to the recommendations from the Independent Review of Children's Social Care. The Government has published its Consultation Response to the Review (Gov.uk, 2023) and has committed to updating its Guidance on supporting the health of children in care and extend this to include care leavers up to the age of 25. They have also committed to increasing access to training for staff working with children in care and care leavers.

Survey of dedicated mental health services currently provided for care leavers

Whilst there is commitment from system leaders in health and local authorities to support care leavers, the reality is that many are still not having their mental health needs met.

In January 2023, the London Innovation and Improvement Alliance (LIIA) undertook a survey of local authorities to understand what dedicated services are currently in place as part of the development of the Compact. The survey highlighted key challenges, including:

- variation in support across London,
- variation in support for care leavers living outside of their home borough,
- high thresholds,
- and long waits for accessing Adult Mental Health Services.

Survey results

Key findings from the survey highlighted:

- Most local authorities have a dedicated service to support the mental health needs of care leavers although there is a significant level of variation in the size of the service and there is significant variation in the services that are being offered. No dedicated service that is commissioned will be offering the full range of mental health services offered through NHS teams for young adults requiring a mental health intervention.
- There is variation in the commissioning arrangements, although there is almost always some local authority contribution.
- Care leavers placed at some distance from their local authority are less likely to receive a service from dedicated teams.

Comments around 'barriers' shared by respondents included:

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

An overview of the survey results can be viewed at: <https://tphc.info/46zEU0Q>.

In developing mental health support for care leavers, there is often a debate about whether a dedicated service located in the local authority, or NHS services, are the best method of delivery. It is our belief that these should be seen as complementary services that can contribute to a comprehensive offer to support this vulnerable population.

Aims and considerations

We hope that this document will address some of the key challenges that ICBs and local authorities face in supporting care leavers with their mental health and provide practical support for those working with care leavers to meet their needs. Outlined below are some of the key considerations that should be reviewed when developing support and services.

Care leavers are able to access services aimed at young adults

When developing support and services for young adults aged 18-25 it is important to consider what additional support care leavers and care experienced young people might need to access services. Services and support for 18-25 year olds should consider the following groups:

- young adults transitioning from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS)
- young adults who do not meet the AMHS thresholds
- young adults accessing support and services for the first time.

Partnership working between leaving care team and ICB

- Ensuring that leaving care teams and personal advisers understand how to support care leavers to access mental health services including accessing primary care and urgent care.
- Support is put in place for leaving care teams to ensure they have clinical input and support from the NHS when referring care leavers that need to access AMHS.
- Leaving care teams and ICBs work together to provide early intervention and wellbeing support to care leavers especially for those that will not meet AMHS thresholds but still need advice and support.
- ICBs and local authorities should recognise through the Integrated Care Partnership that care leavers are likely to have high levels of mental health needs and plan accordingly to meet their needs across the range of needs as set out in the i-THRIVE model.
- Integrated Care Boards and Integrated Care Partnerships should develop mechanisms to ensure that care leavers are engaged in co-production of mental health services.
- Integrated Care Partnerships should ensure that they have sufficient data available to review and monitor mental health services for care leavers.

Equity of offer for care leavers regardless of where they live

- Integrated Care Boards should establish methods of collecting data regarding the number of care leavers accessing mental health support from NHS funded services and relate this to the number of care leavers, registered with GPs within their area. ICBs and Integrated Care Partnerships should be clear regarding where mental health services and outcomes are going to be monitored within their governance arrangements.
- It is important to consider how to provide support and services for care leavers who live within their home boroughs. For those that live away from their home borough this is even more difficult. A recent survey of leaving care teams in London highlighted that care leavers living away from their home boroughs have less support available to them.
- The survey results highlight the need for more thinking from NHS and local authorities on how to provide a more consistent and equitable offer for care leavers living outside of their home boroughs.
- We have outlined some considerations within this report however a more strategic approach at a pan London level between ICBs and local authorities might be needed.

It is important for those working with care leavers to have a wider understanding of what support is available across London and to build connections with teams working across the capital. This will make local support easier to access for any care leavers they support, including those who live outside of their home borough.

Using the THRIVE Framework to meet the needs of care leavers

This guide has been written to align to the THRIVE Framework to support an integrated, person centred, and needs led approach to providing advice, support and services for care leavers. The THRIVE Framework conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. The framework aims to improve outcomes for children and young people's mental health and wellbeing. Note that areas do not need to have implemented the i-THRIVE model to use this guide. Outlined below we have considered the key needs of care leavers within the THRIVE Framework.

We hope that this will provide ICBs and leaving care teams with ideas and clarity on how they might best meet the needs of care leavers.

Thriving

For care leavers it is important to consider Thriving in a wider context given the additional support and needs that this cohort may have. As corporate parents, consider what support is being put in place to maintain mental and physical health and emotional wellbeing through effective prevention and promotion. See examples below of what this might look like in practice:

- Care leavers are benefiting from prevention/early intervention support – within London this might include accessing support developed for 16-25 year olds to maintain their mental health and wellbeing, accessing a GP, free prescriptions and leisure passes.
- Care leavers are aware of the support offer from their leaving care team and feel confident to access it.
- Care leavers feel confident in taking ownership of managing their health and wellbeing.
- Care leavers know how to access healthcare and mental health support as and when they might need it.
- Care leavers who are accessing ongoing support for their mental health are confident in navigating the health system.
- Leaving care teams, NHS/ICBs and local authorities are considering the impact that wider determinants of health can have on someone's health and wellbeing. Factors like secure housing, education and employment opportunities, support, friendship, access to leisure activities can make a huge difference to the lives of care leavers. The leaving care offer includes support with all of the above.
- Considerations of care leavers' personal budgets and how good use of them might help in maintaining their overall wellbeing.
- Care leaver has equitable access to support regardless of where they live.
- One of the Five Missions for care leavers in the Independent Review of Children's Social Care is: "No young person should leave care without at least two loving relationships, by 2027" (MacAlister, 2022).
- Leaving care teams feels confident providing this to each of the care leavers that they support and have support from NHS/ICBs when needed.

Getting Advice: signposting, self-management and one-off contact

A key pillar of the THRIVE framework focuses on providing advice and signposting for those that need it. This is particularly important for care leavers as they often have less support than their peers. For this group it would be

important to consider what wider advice and signposting they might benefit from in the context of accessing support for their mental health and emotional wellbeing. This might include:

- How to access a GP: it is important that care leavers are supported and understand how to access primary care as this is the gateway for them to access healthcare. TPHC has developed a resource pack with tips and guidance to support personal advisers (PAs) and care leavers to register for a GP.
- Ensure PAs and leaving care staff teams have a strong understanding of mental health problems. This might include training for staff teams.
- Leaving care teams should work with ICBs including AMHS to ensure that teams have clinical input especially when they are assessing support and care needs of individual care leavers.
- PAs and care leavers are aware of any wider health offers available for care leavers, such as free prescriptions and leisure passes. This will be communicated via the Pan London Care Leavers Compact.
- Care leavers are aware of any wider support available from their leaving care team. Many London boroughs have some dedicated support for care leavers to support their health and wellbeing.
- Leaving care team and ICB work together to share details on any wider support being provided for 16 to 25 year olds for mental health and wellbeing. This might be provided through the NHS, ICB, local authority and or the Voluntary Community and Social Enterprise (VCSE) sector, such as The Hive and The Well Centre. The leaving care team and personal advisers are confident in building relationships with colleagues working in boroughs, both in local authorities and possibly NHS/ICBs. This includes other leaving care teams who can share insight into offers of support within their local area. This would be a great starting place to help ensure an equitable offer for those care leavers who live away from their home borough.
- The leaving care team is aware of and provides care leavers with signposting to crisis support. This should include an understanding of the 24/7 urgent mental health crisis lines, NHS 111, Shout Text Service, Samaritans.
- The leaving care team provides signposting to mental health and wellbeing support. This could include Kooth, Samaritans, The Mix, Good Thinking, and Thrive LDN.

Considerations

- How might this support differ or need to be adapted to support those living away from their home borough?

- ICBs may want to consider role of social prescribers within primary care in meeting the needs of young people, especially in accessing opportunities in the community.

Getting Support: Those who need focused goals-based input

The second pillar of the THRIVE Framework is around providing support for those that need focused goals-based input. It is important for those working with care leavers to have an understanding of what support is available to them and what is appropriate support for their needs. As mentioned earlier in this report, it is important to consider those transitioning from CAMHS to AMHS, those who won't meet AMHS thresholds and anyone accessing services for the first time. Care leavers would also benefit from wider support including:

- Additional support in registering and accessing a GP/primary care. This could include personal advisers supporting care leavers in finding and registering with a GP, support to set up a GP appointment.
- Leaving care team and personal advisers are confident in supporting care leavers to take up dedicated mental health and wellbeing support provided by their team. Many leaving care teams provide 1-1 and group support for care leavers.
- Leaving care team, ICB and AMHS working together to ensure that mental health needs of care leavers are properly assessed. Additional support is in place to support care leavers to access appropriate services. This might include referrals to AMHS or to other support available locally for 16 to 25 year olds.
- Leaving care teams and care leavers know how to self-refer to Talking Therapies.
- Care leavers are well supported to take up offers of services.
- Local authorities and ICBs might consider the use of personalised budgets for young people to access activities that might improve their wellbeing.
- Leaving care teams, personal advisers and NHS/ICBs have reviewed and considered how they can offer the above support in an equitable way for those living away from their home borough.

Considerations:

- Consideration of a link member of staff within the 18-25 service for the relevant leaving care services within their area. The link member might offer consultation with cases and have regular liaison meetings with the leaving care services.

Getting More Help: extensive and specialised goals-based help

As discussed earlier in the report care leavers often face considerable challenges which may impact their mental health. Whilst there is limited data, we know that a significant number of care leavers will likely need to access AMHS. It is important for leaving care teams and NHS/ICBs to take a joint approach when assessing and accessing support for care leavers:

- Consideration of some level of clinical input or support should be provided to the leaving care team and personal advisers to help them assess the needs of their care leavers. This will help ensure that those that need to access specialist support are able to do so. Equally appropriate support will also be provided for those care leavers who will not meet AMHS thresholds but still need support.
- Leaving care teams should have clinical input or be supported by NHS/health to make appropriate referrals to AMHS when needed. This should include for those who are transitioning from CAMHS to AMHS and those who are accessing services for the first time.
- Leaving care team and NHS/health work together to ensure that care leavers who will not meet the criteria for AMHS but need support have access to it. This could be provided by leaving care team, NHS and/or VCSE.

Getting Risk Support: risk management and crisis response

- Leaving care team has a good understanding and are able to access crisis provision and risk support for care leavers if needed.
- Leaving care team and care leavers are aware of available crisis support. This should include an understanding of the available crisis provision across London including any crisis cafes, 24/7 crisis lines via NHS 111, Shout Text Service.
- Leaving care team and NHS work together to ensure that mental health support and services are accessible for care leavers. Care leavers are well supported to take up offers of services.
- Recently we have seen some increased risk of suicide for care leavers. It is important for leaving care teams to have access and understanding of suicide prevention work. This is especially important for those that live away from their home borough.
- The ICB including AMHS should consider additional support for those who have not benefited from help or those that can't access or struggle to access help. This could include young people who are sub threshold but need some support or have less support available to them because they live out of borough, or young people who struggle to engage with AMHS or NHS services in general.

Case studies and resources

Case study 1: Leaving Care Specialist Nurse, Newham

Overview

Newham's leaving care team and East London NHS Foundation Trust (ELFT) are working together to meet the needs of care leavers.

From May 2021 an Emotional Health and Wellbeing nurse (EHWN) has been in post within the leaving care team. The role is a Band 7 whole time equivalent (WTE) which is funded by ELFT. The role supports London Borough of Newham's care leavers aged 18-25 and bridges the gap between health and social care. Whilst funded by ELFT, the EHWN role sits within the leaving care team, offering services and support directly to care leavers, as well as support to professionals working in the leaving care team.

Outlined below are the offers for care leavers and professionals.

Offer for care leavers:

- 1:1 short term intervention with care leaver (CL) who may not meet the threshold for AMHS.
- Access to 1:1 sessions without long waiting times.
- Preparation for Talking Therapy or other speciality input (including referral support).
- A safe, supportive non-judgemental space.
- Trauma-informed approach: CL does not have to repeat their story.
- Sessions can be tailored to their biological, psychological, social needs
- Sessions available face-to-face, telephone, virtual and/or joint with personal advisers.
- Sessions which can be co-directed by the care leaver.
- Transition planning from looked-after care to leaving care, if supported by care leaver.

Offer for professionals:

- 1:1 or group consultations
- Support to review mental health services and other specialist services available and what is appropriate to the care leavers needs.
- Support with referrals and signposting (inc national health provisions).
- Simple referral process.

- Attendance to professionals meetings.
- Staff wellbeing to all MDT members to ensure complex and traumatic cases are discussed in a healthy manner – reflection/debriefs.

Achievements to date:

The service continues to grow with a referral increase of 13% from year one to year two. Those already known to EWN also continue to access services as and when they need it.

- Positive feedback received from care leavers directly and leaving care professionals.
- EHWN has had 100% success rate in referrals made to Mental Health Services for those who required services. This was an area the leaving care team struggled to navigate. Having the EHWN role enabled accurate assessments of presentation and referrals to correct services have been made. As a result, EHWN is building a wide range of contacts across primary and secondary mental health services nationwide.
- Positive results in complex cases have been achieved.
- EHWN has presented at the Looked After Children's Conference 2022 and has presented to multiple health and social care teams across the UK.
- EHWN is mentoring other local authority nurses who are piloting a similar model of care to the Newham model.
- EHWN has provided teaching to leaving care workers in trauma-informed care, access to services, and led spaces for the team to reflect and debrief, all of which has achieved positive results.

Plans going forward:

- Newham local authority have put a bid in with the Department for Education for an additional EHWN.
- EHWN aims to grow the health provision for care leavers and Newham and working closely with health teams nationwide to support pilot projects creating a similar model of care.
- This includes building a network for health care professionals setting up care leavers services and includes working with the Leaving Care Benchmark Forum.
- EHWN is supporting transformation teams to hear the voice of care leavers when reviewing health provisions available, required and in development for care leavers across London.

Case study 2: Leaving Care Service Northamptonshire

Northamptonshire Leaving Care Service and Northamptonshire Healthcare Foundation Trust (NHFT) are working together to meet the needs of care leavers. From November 2021 an Advanced Mental Health Practitioner (AMHP) has been in a seconded post within the leaving care team. This role was initially for 15 months, however was extended for a further 10 months. The role is a Band 7 whole time equivalent (WTE) which is funded by Public Health England. The AMHP also works two days a month in the looked-after children's team for mental health (LAC MH).

The role supports Northamptonshire's Children in Care/Care Experienced Young People aged 16-25 and bridges the gap between health and social care. Whilst funded by Public Health England, the AMHP role sits within the Leaving Care team base at a central location in Northampton, offering services and support directly to care experienced young people, whilst also providing support to professionals working in the Leaving Care Service. The AMHP role is complemented by the in-reach support one day a week of a Health and Care Professions Council registered Consultant Forensic Psychologist, who is an Associate Psychologist with a preferred provider of the local authority. This role was recommissioned after the initial timeframe for a further six months, at one day a week.

The Psychologist is highly experienced working with children and young people and enabling trauma-responsive services. The psychologist provides/ supports in consultation, psychological formulation, staff training and support, and setting up of sustainable programmes of support, including for instance a community gardening project and trauma-informed safety planning. The project has also employed care experienced apprentices who co-delivered training and supported in a variety of functions (such as safety planning, interviewing new staff, board meetings whilst working towards and achieving their apprenticeship qualification).

Offer for care experienced young people:

- Consistent staffing: whilst the NHS experiences high turnover of therapists, care experienced young people in Northamptonshire have had access to the same AMHP and Psychologist for over a year. For young people

who typically experience multiple attachment disruptions, the importance of this cannot be overstated. In addition, many of the young people had previous contact with the AMHP from their time in LAC mental health service, demonstrating further benefit in continuity of care.

- 1:1 short term intervention with 18 to 25 year olds who may not meet the threshold for Adult Mental Health Services.
- Access to 1:1 sessions without long waiting times or exclusion criteria (aside from those already receiving services).
- AMHP facilitates support for 16 and 17 years olds, who otherwise would not have had the opportunity to access specialist LAC Mental Health support due to extended NHS waiting time (post-pandemic and limited resource), and drawing on the AMHP's experience of working with this highly complex and vulnerable client group.
- Preparation for Talking Therapy or other speciality input (including referral support). Having a positive therapeutic support experiences lays the groundwork for future engagement.
- Specialist advice and assessment around most appropriate therapeutic assessment, interventions, support and services.
- Bespoke referral route to access higher level specialist assessment and therapy when adult mental health routes not available.
- A safe, supportive non-judgemental space.
- Trauma-informed approach and joint formulation.
- Sessions can be tailored to their biological, psychological, social needs and views holistically and systemically. Sessions available face to face, telephone, virtual and/or joint with PAs or other professionals working with the young person and/or important to them.
- Transition planning from Integrated LAC (Looked-after Children) to LCS (Leaving Care Service) and transition support into AMHS and where appropriate diversion to alternative support.
- Set up regular community well-being sessions, including arts and crafts sessions and gardening project. A future plan for winter sessions to be offering cookery sessions to support independent living skills.
- Regular input to the leaving care independent living programme in the format of mindfulness sessions/sensory sessions.
- Recognition of the impact of attachment difficulties on attendance: no 'did not attend' policy in place, as well as procedures to reduce barriers to attendance e.g. reminder messages, preferred contact means e.g. text, whatsapp, call, in person at base, in person coffee shop etc.

- Flexible time frame for work to be completed that is responsive to individual needs.
- Attendance of Mental Health Practitioners at all social events that are held for care experienced young people to provide emotional support if needed and also to promote access to our sensory room and the use of sensory regulating tools.

Offer for professionals:

- Easy and readily available access to specialist advice and support from consistent Mental Health Professionals. Staff are able to refer, we also operate an open door policy where staff can come in and access specialist advice and support when they really need it.
- 1:1 or group consultations.
- Formulation sessions led by Psychologist and AMHP for the Multi-disciplinary Team (MDT) to support with helping understanding how behaviours can be an expression of distress and offering strategies of how to manage these situations.
- Support to review MHS (Mental health services) and other specialist services available and what is appropriate to the care leavers needs.
- Support with referrals and signposting (including NHS provisions).
- Simple referral process.
- Attendance to professionals' meetings and strategy meetings.
- Letters of support for applications (e.g. housing, academic institutions, Personal Independence Payment, Education, Health and Care plan) with the aim being to support care experienced young people to access the support they are entitled to enable them to thrive.
- Clinical supervision to staff to support their own emotional wellbeing.
- Facilitating Complex Case Panel to ensure regular MDT discussions and care plan.
- Trauma-informed MDT to ensure complex and traumatic cases are discussed in a psychologically/trauma-informed manner, such as reflective practice and debriefs.
- Raising awareness of and implementing sustainable trauma responsive practices.
- Consultation to Leaving Care management around ensuring the physical environment is trauma responsive and trauma-informed leadership training to guide future trauma responsive practices.

Achievements to date:

The service continues to grow with young adults contacting AMHP from last year stating they are now ready for support. Those already known to AMHP also continue to access services as and when they need it, some of these young adults are known/have been seen by the AMHP in her role with NHFT

- Positive feedback received from care leavers directly and Leaving Care Professionals, evidenced through qualitative outcomes.
- There has been a high success rate in acceptance of referrals made to Mental Health Services for those who required services. This was an area the Leaving Care Service had previously struggled to navigate. Having the AMHP role enabled accurate assessments of presentation and referrals to the right services at the right time. The AMHP has access to both health and social care systems which has helped greatly in navigating systemic working for the benefit of the young people, sharing information in particular around any presenting needs and joined up the MDT network.
- Positive results for young people with multiple and often complex needs have been achieved.
- The community garden has borne fruit and vegetables which the care experienced young people have eaten and enjoyed, along with a sense of achievement.
- In the 2022 NHFT Quality Awards, the AMHP was awarded the *Change Maker of the year* award, and was highly commended in the *Wellbeing Ambassador* award.
- Teaching to Leaving Care workers in Trauma Informed safety planning, and led spaces for the team to reflect and debrief.
- Access to assessments have been successfully sourced when criteria were not met for generic and specialist mental health services. This has led to greater understanding of presentation and need enabling identification and sourcing of appropriate therapeutic support, which otherwise might not have been possible.

Plans going forward:

Long term funding for the service is currently under consideration for the AMHP role and the Psychologist role, which emphasises the importance of long term funding arrangements.

Whilst these are specialist roles that cannot be fulfilled by unqualified mental health practitioners, there are a great number of sustainable elements, such as the gardening group and trauma informed safety planning, which have been set up intentionally to be continued by personal advisers.

The team are currently processing referrals for therapeutic assessment and support where criteria for community and specialist NHS mental health services are not met.

Recommendations:

- A permanent solution that maintains the integrity of the project including navigating multiple systems with easily accessible input from qualified and specialist mental health practitioners would be hugely beneficial.
- Early identification of need.



Resources

Below are additional resources which have been referenced in this guidance document:

- Resources for personal advisers and care leavers, including mental health crisis support and how to find a GP: <https://tphc.info/40YHts6>
- LIIA mental health survey results: <https://tphc.info/46zEU0Q>

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Acknowledgments

We want to give special thanks for the contributions and input from the Pan London Care Leavers Compact which provides a framework for developing consistency, breadth and quality in the support offered to London's care leavers. The project is facilitated by the London Innovation and Improvement Alliance (LIIA), working to the Association of London Directors of Children's Services (ALDCS). Key delivery partners include the London Children in Care Council, Partnership for Young London, and the Greater London Authority. We would like to thank:

- Zhane Decembre – Partnership for Young London
- Louisa Foyle – Partnership for Young London
- Sancia Williams – Partnership for Young London
- Sharon Long – Partnership for Young London
- Matt Raleigh – London Innovation and Improvement Alliance (LIIA)
- Kath Evans – Barts Health NHS Trust

The work was also developed with input from members of Transformation Partners in Health and Care, including our clinical and local authority advisers. We especially want to thank the following people:

- Jenny Taylor – Transformation Partners in Health and Care
- Ian Lewis – Transformation Partners in Health and Care
- Colette Roach – Transformation Partners in Health and Care
- Dr Louise Miller – Transformation Partners in Health and Care
- Elisha Jadav – Transformation Partners in Health and Care
- Dan Barrett – Transformation Partners in Health and Care
- Shirley O'Keeffe – Transformation Partners in Health and Care