



Neglected Minds

A report on mental health support
for young people leaving care

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September 2017

Believe in
children
 Barnardo's

Acknowledgements

We would like to thank the Barnardo's service staff who took the time to share their experiences of supporting care leavers.

Case studies have been anonymised and some details changed.

Executive Summary

This report looks at the mental health needs of care leavers and what could be done to better support them. Drawing on both quantitative and qualitative research done with Barnardo's services, the report provides a picture of the mental health needs of this vulnerable group and the extent to which these are being adequately met.

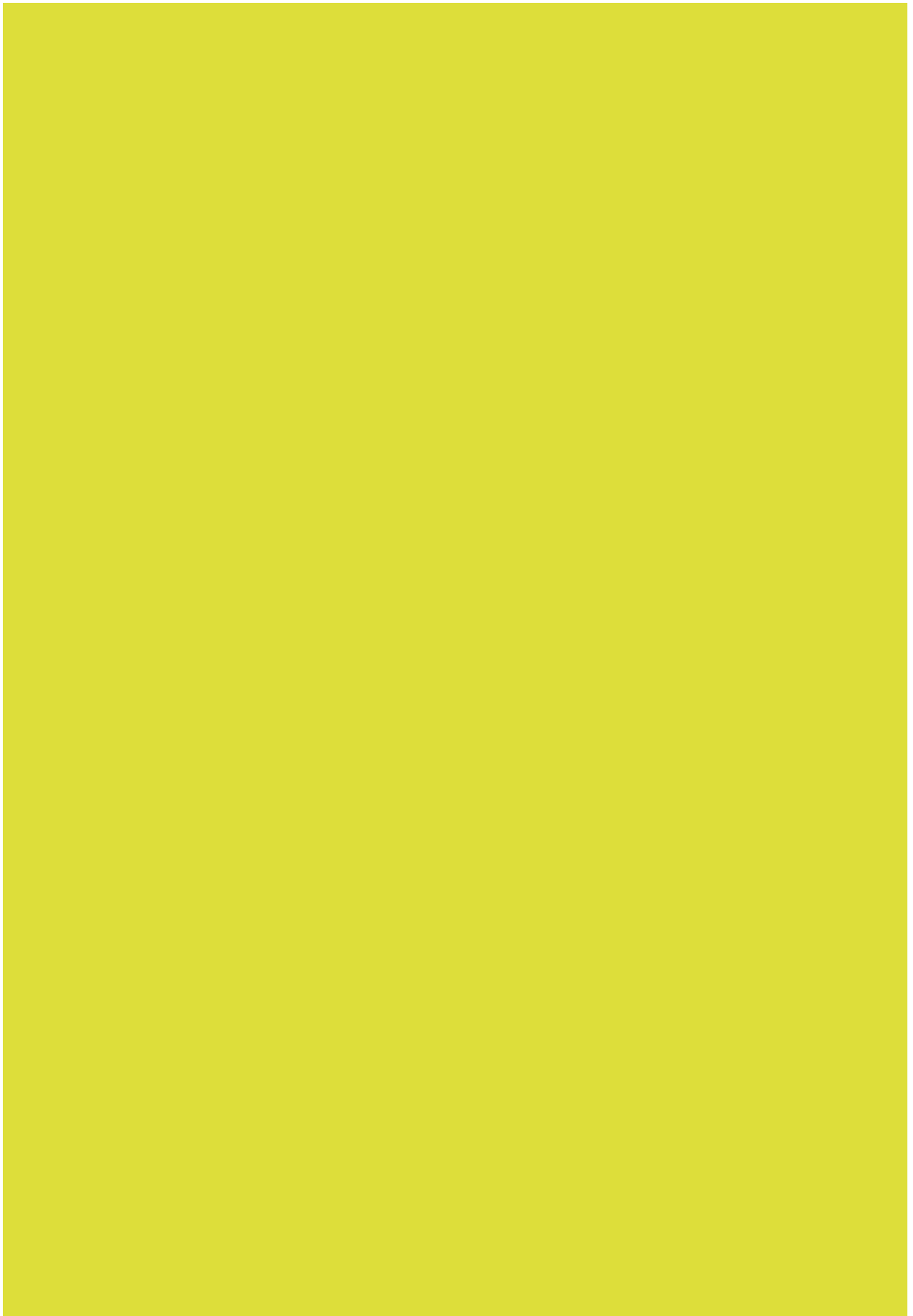
The research found that:

- 46% of the Barnardo's care leaver cases which were reviewed as part of this research involved young people who in the opinion of the personal adviser had mental health needs.
- 1 in 4 of the case files involved a young person who had faced a mental health crisis since leaving care.
- 65% of young people whom workers identified as having mental health needs were not currently receiving any statutory service.

Focus group discussions with those experienced with supporting care leavers revealed those supporting this vulnerable population often do not have sufficient understanding of mental health and how to support young people. The mental health services which are available are also frequently too inflexible to meet the specific needs of care leavers.

Given the findings of this research, Barnardo's is calling for a rethink on how we support care leavers with mental health needs. The government has made a number of important commitments on mental health over the last few years, these include the £1.4bn committed in 2015 to improve child mental health services and more recently the announcement that the current government will employ a further 21,000 mental health staff to "tackle the burning injustice of mental health". We believe that some of these extra resources should be specifically targeted to supporting care leavers. Small but significant changes could be made with the allocation of comparatively modest amounts of money at a local level aimed at supporting this group. For example local clinical commissioning groups could consider services such as:

- Embedding mental health workers within leaving care teams.
- Developing youth-specific services aimed at those in their teenage years and early 20s.
- Working to upskill those in leaving care services to understand mental health better.



Changes to Child and Adolescent Mental Health Services

In March 2015, the Government committed to introducing significant changes to Children and Adolescent Mental Health Services (CAMHS). Following decades of underfunding, the publication of “Future in Mind” demonstrated a significant commitment to reform services to make it easier for children and young people to access high quality mental health care when they need it. The reforms were supported by a funding promise in the March 2015 Budget to invest a further £1.4bn by 2020, £105m of which has been given to Clinical Commissioning Groups (CCGs) to take forward reform at a local level. Each CCG has now produced a Local Transformation Plan setting out how they will use this money to improve children’s mental health in their area.

Some of the Local Transformation Plans have taken a very thorough approach to addressing the needs of vulnerable children and how this money could be used to support them. For example, CCGs such as Lincolnshire have very detailed plans¹ including a specific focus on those children especially vulnerable to mental health problems including those involved in the criminal justice system, those who have experience of child sexual exploitation and those in or leaving the care system.

The Lincolnshire plan includes specific commitments to these groups, including for example fast tracking for assessment and treatment those children who are in or have recently left care up to the age of 25. However, other CCGs have taken a minimal approach with much shorter plans – some as short as 6 pages in length – which do not focus on particularly vulnerable young people or include much in the way of innovative ideas to develop new services. This variation in the services on offer in different areas of the country is consistent with other reviews of CAMHS – including from the Office of the Children’s Commissioner which conducted a “lightning review” of services in 2016².

Further improvements to the provision of mental health services are also anticipated over the next Parliament. The Queen’s Speech 2017 announced the introduction of a new Mental Health Act and reaffirmed a previous commitment to a Green Paper on Children and Young People’s Mental Health – expected to be published by the end of 2017. In addition, on 31 July 2017 Jeremy Hunt announced there would be a drive to recruit a further 21,000 mental health workers.

1 Lincolnshire Local Transformation Plan For Children and Young People’s Mental health and Wellbeing (2015) see <https://lincolnshire.moderngov.co.uk/documents/s11757/Appendix%20A%20-%20CAMHS%20Transformation%20Plan.pdf>

2 Children’s Commissioner “Lightning Review: Access to Child and Adolescent Mental Health Services (May 2016) see <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Childrens-Commissioners-Mental-Health-Lightning-Review.pdf>



Mental health needs of looked after children and care leavers

There are currently over 70,000 children who are looked after in England and last year alone 11,000 16, 17 or 18 year olds left local authority care in England³. Adverse childhood experiences such as abuse, neglect, or witnessing domestic violence can all impact on a child's developing brain and statistics show this results in much higher levels of mental health problems in this group than in the general population. 45% of looked after children (and 72% in residential care) have a mental health disorder – compared to 1 in 10 in the general population; and looked after children and care leavers are between four and five times more likely to attempt suicide in adulthood⁴.

Despite these worrying statistics, changes specifically aimed at improving the mental health of looked after children have been slow to materialise. The Government did issue new statutory guidance on *Promoting the health and well-being of looked-after children*⁵ in March 2015. This made it clear that all looked-after children and young people who enter care should have an initial health assessment by a registered medical practitioner. In addition the guidance also made clear that six monthly looked after child reviews should include health and well-being as part of the discussion. The guidance also refers to the need to complete an annual Strengths and Difficulties Questionnaire (a brief emotional and behavioural screening tool), for every child in care.

However despite these changes to guidance, evidence continues to suggest that assessment of the mental health needs of looked after children is patchy. Those working on the ground have reported that initial health assessments for looked after children are of variable quality and often not completed within the time frame. Barnardo's operates as an independent fostering agency and many Barnardo's foster carers report continued difficulties in getting a service for young people in their care. They report that thresholds for receiving a service are high meaning accessing therapy for children, even those with seemingly quite challenging mental health issues, is difficult. Some have reported that they have been able to get some support themselves from CAHMS on how to support the child, but no direct or ongoing service could be given to the child themselves.

In addition the problem can be even worse for those who have left care, who do not have the same system of health assessments and can find it even more difficult to access services. The cut off for most CAMHS remains 18 – creating a cliff edge in service provision and meaning many are left without access to any services. Yet the very experience of leaving care can operate as a flash point for worsening mental health, given the sudden changes and increased independence expected of young people at this time.

3 Department for Education "Children Looked After in England (including adoption) year ending 31 March 2016 (September 2016) available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/556331/SFR41_2016_Text.pdf

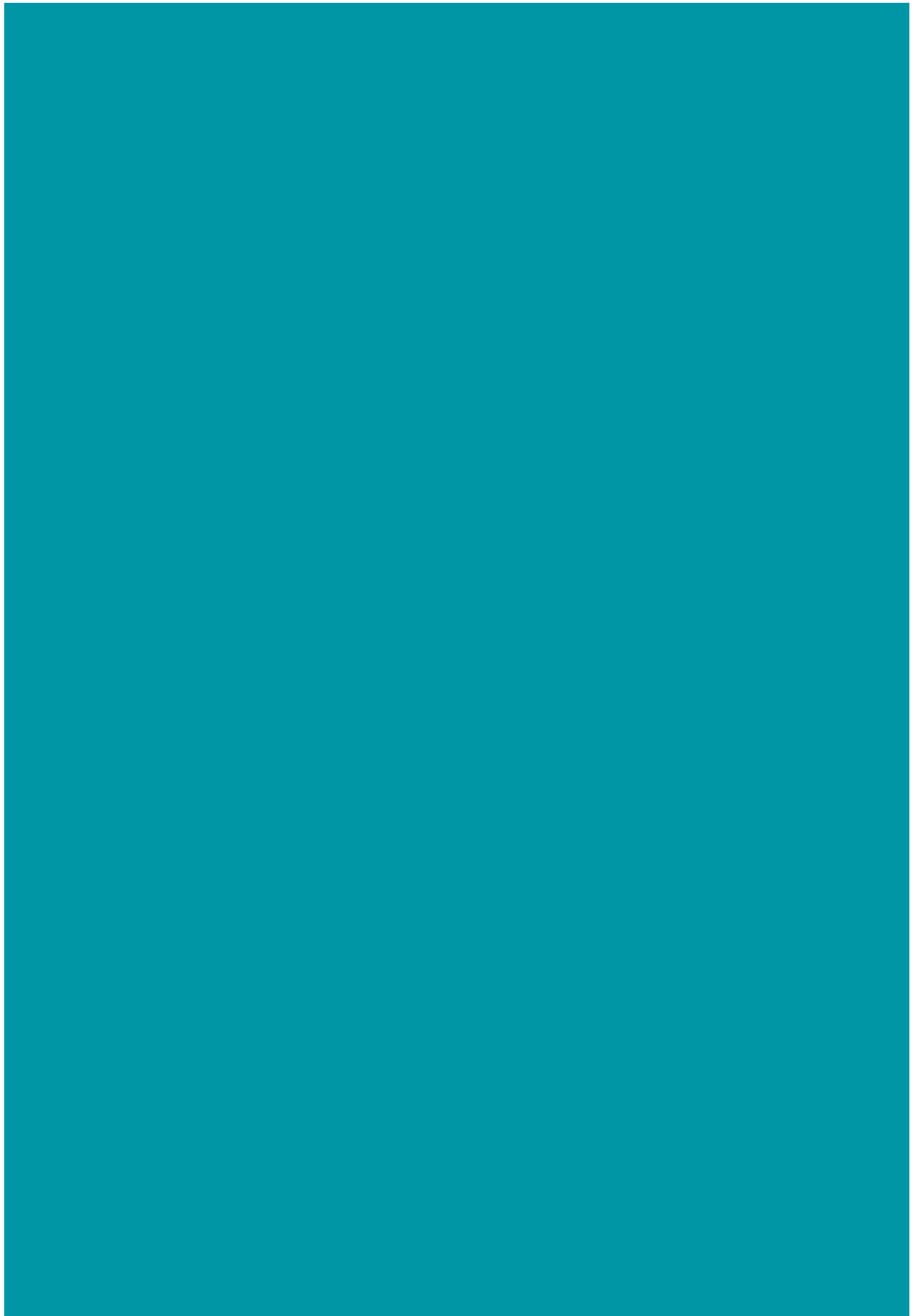
4 Children and Young People's health outcome form "Report on of the Children and Young People's Health outcome Forum – Mental Health Sub-Group (July 2012) available on line at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf

5 Department for Education/ Department of Health "Promoting the health and well-being of looked-after children: statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015) see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

The Government had an important opportunity to deliver real improvements to the mental health service provided to looked after children and care leavers through the Children and Social Work Act 2017. However, suggested amendments which would have introduced a mental health assessment conducted by a qualified mental health professional for young people in and leaving care were rejected. The government has instead set up an Expert Working Group to investigate what can be done to improve mental health provision for children in and leaving care. This group will make recommendations towards the end of 2017. It has also committed to running a pilot with local authorities to improve the mental health assessment of children entering care – but not care leavers – from 2018. In addition the expected Green Paper on children’s mental health provides another opportunity to look at this issue and consider how the needs of this group can be best met in the general context of improving children’s mental health services. It is hoped that the findings from Barnardo’s research presented in this report will help inform both the Expert Working Group and the content of the forthcoming Green Paper and will lead to a change in approach in how we deliver mental health support to this vulnerable group of young people.







Barnardo's research on care leavers' mental health needs

This report contributes to the debate on mental health services for looked after children by highlighting the specific problems young people face when they leave care. Barnardo's runs 22 care services across the UK (with around 2,500 care leavers using these services each year – 2,000 in England) all of which aim to bridge the gap for looked after children between leaving care and independent living. This report draws on direct research with these services who face the challenge of supporting these vulnerable young people on a daily basis.

This review was conducted between October 2016 and March 2017 and took part in two stages. The first stage involved visits to five of Barnardo's services that work specifically with care leavers. This included two services which provide a full support service to care leavers and are contracted

by local authorities to provide the personal adviser function, and three services which support care leavers by providing advocacy. Semi-structured interviews were conducted with service workers – these focused on experiences of supporting care leavers with mental health issues, and the extent to which workers were able to access help for the young people locally.

The second stage of this work involved an assessment of case files of 274 care leavers Barnardo's is currently supporting. This review took place in a sample of our services which provide full personal adviser role on behalf of the local authority. Personal advisers reviewed their current workload and provided data in answer to a number of questions. A sample of the questionnaire given to personal advisers is provided in Annex A.





How many care leavers have mental health needs and how many of these are able to access services?

Both the qualitative and quantitative data obtained from our review showed that there were many care leavers who had significant mental health needs. The review of case files of 274 care leavers showed that, in the opinion of their personal adviser, 125 of them had mental health needs, amounting to 46%. Although Barnardo's personal advisers are not medically trained and this information should therefore not be considered a diagnosis, their experience of supporting young people gives them considerable insight into the emotional wellbeing of the care leavers they work with. Interestingly, the figure of 46% having mental health needs is consistent with other studies of the mental health needs of looked after children.

Care leavers with mental health needs – results of the review of case files

- 46% (125) of the cases reviewed involved young people who in the opinion of the personal adviser had mental health needs.
- 28% (78) of case files reviewed have mental health needs specifically mentioned in the young person's pathway plan.
- 1 in 4 (69) of the case files involved a young person who had faced a mental health crisis since leaving care.

Semi-structured interviews with workers also revealed the types of mental health needs care leavers present with. Workers explained that young people were seldom categorized as having either long term psychosis or severe depressive illness – the typical threshold to receive a service from adult mental health services. Rather, needs related significantly to young people's experiences before going into care. Many reported working with care leavers who had attachment disorders making it

difficult for them to form stable relationships. There were also a number of young people who were suffering from emotional or conduct disorders such as Autism Spectrum Disorder or Attention Deficit Disorder.

A number of services talked about working with young people with post-traumatic stress disorder – again often specifically linked to incidents connected to the reason they came into care. This included those who were working with unaccompanied asylum seekers, who had witnessed harrowing events before fleeing their native country. Experiences of care leavers such as “Richard” show the impact past trauma can have on a young person's emotional health and mental well-being.

Richard came into care aged four as a result of both parents suffering from substance misuse. Richard's mother died of a drug overdose and Richard had found her body, resulting in significant trauma. Richard requires a very specific approach to help him deal with these issues; person-centered counselling for example causes him to relive the trauma. The service supporting Richard is looking to see whether they can access Cognitive Behavioral Therapy (CBT) or other more appropriate therapy to help him deal with these issues.

This range of issues however makes accessing existing statutory services for this group of young people challenging and the inability of many young people to access support services was highlighted in the review of case files. In 65% (81) of the 125 case files identified as involving a young person with perceived mental health needs, the young person was not receiving any help from statutory mental health services.

Care leavers' experiences of mental health services – results of the review of case files

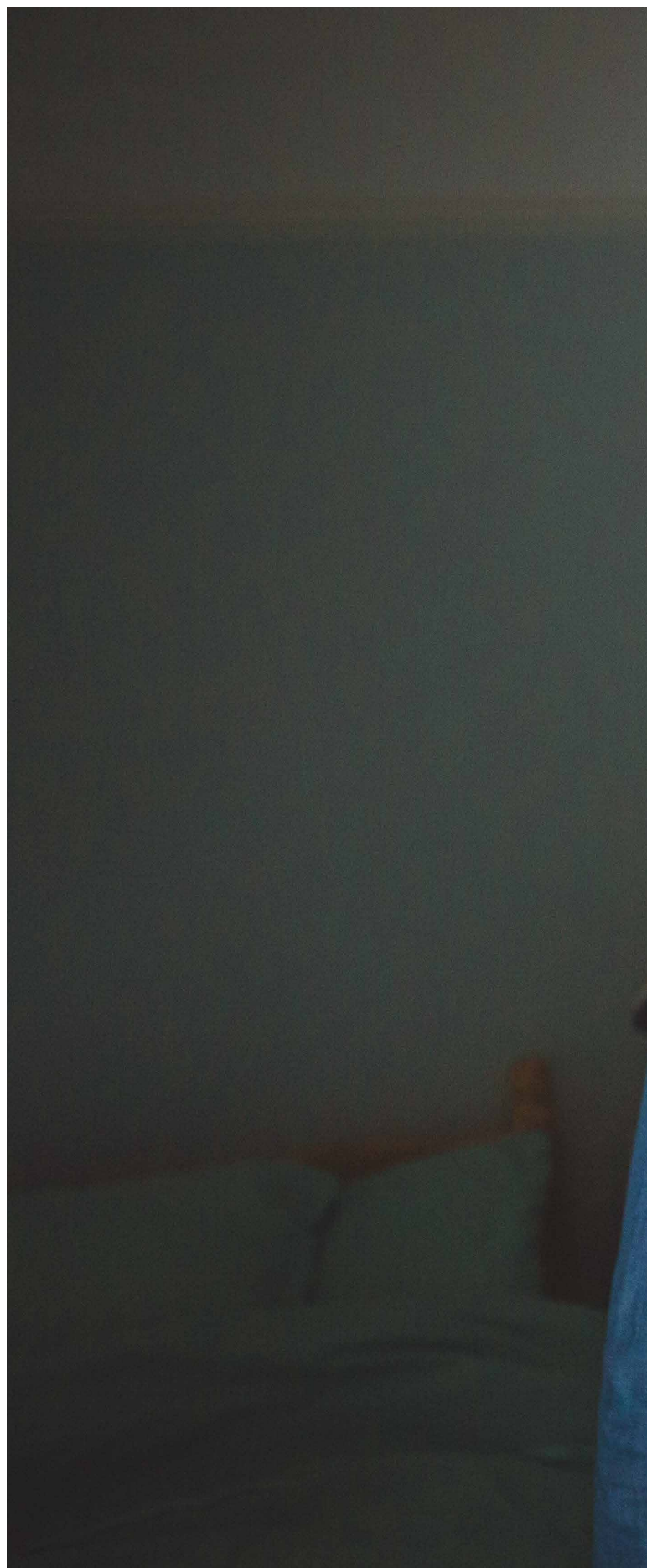
- 65% (81) of young people whom workers identified as having mental health needs were not currently receiving any statutory service.
- 54% (68) of those identified as having mental health needs were receiving some informal support with their mental health.
- 9% of those identified as having mental health needs were on the waiting list to receive support from statutory services.

These difficulties in being able to access statutory services were confirmed by our conversations with service managers. Most of the young people whom our workers were supporting were too old to receive a service from CAMHS which continues to operate a cut off at 18 in most areas of the country. Adult services operated high thresholds and usually required a specific mental health diagnosis before taking on a case, which many of the young people with emotional or conduct disorders did not have.

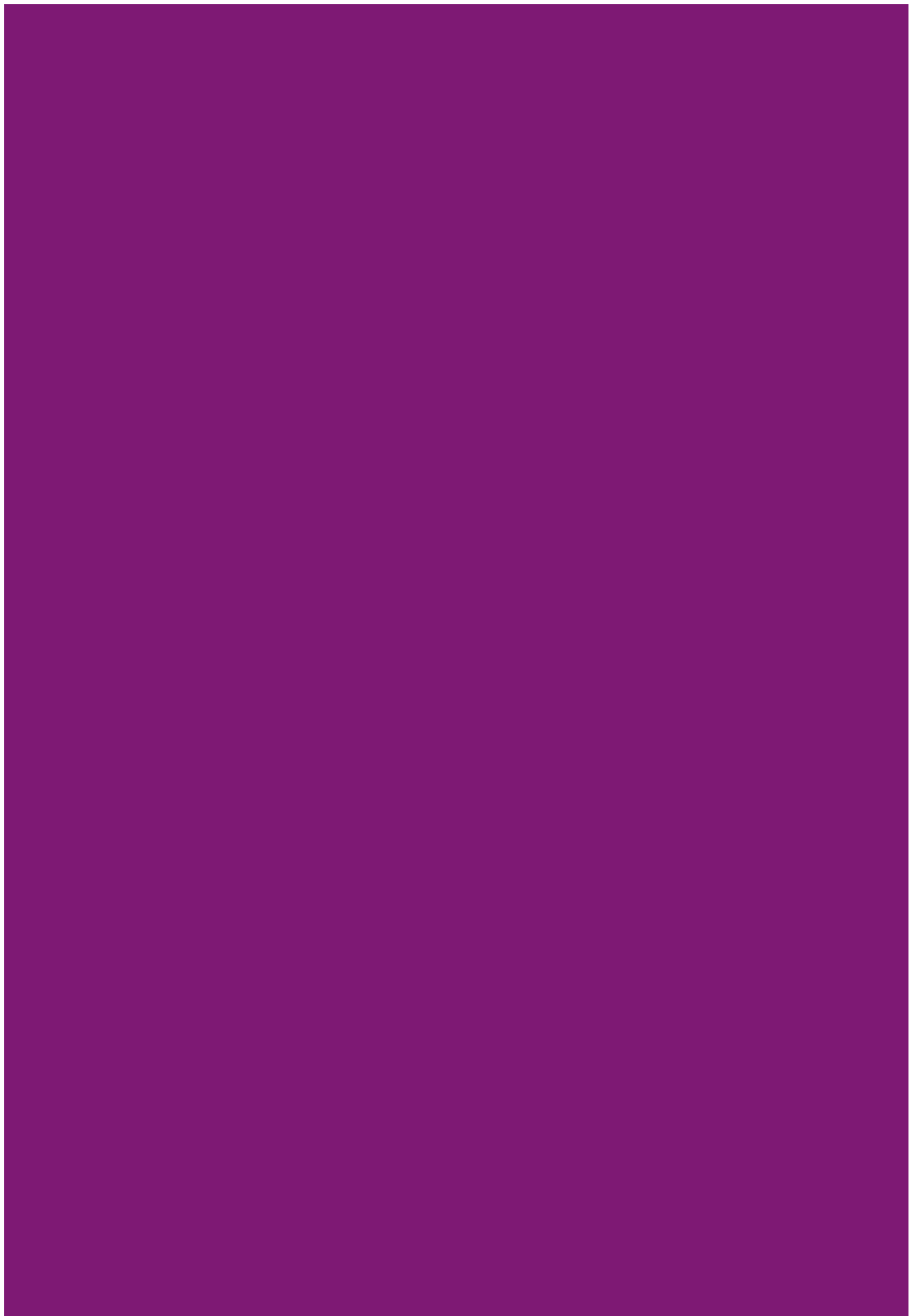
Workers reported a number of cases where they had been unable to access support for a young person despite their mental health needs being quite high and involving self-harm and suicide attempts. These include examples such as “Tim”.

Tim is a care leaver with a clinical diagnosis of “emerging personality disorder” but has not received any treatment. He has tried to take his own life on a number of occasions and has been arrested for crimes linked to his worsening mental health. He is now in a young offender’s institution. The Barnardo’s workers reported that he continues not to get any help for his mental health issues and is spending his days refusing to interact and staying alone in his cell.

Where services reported they were able to access some form of help for young people it primarily focused on time-limited access to psychological therapies, such as CBT, where they may get a six week intervention for example if referred by their G.P. Support workers felt that while these approaches may provide some help the time-limited nature was not suitable for many care leavers.







What challenges do care leavers face in obtaining support with their mental health?

Research with Barnardo's workers revealed there were a number of barriers that currently prevent care leavers getting the support they need.

Information about mental health needs is not always passed on to leaving care teams

Good preparation for leaving care is important for all care leavers but it is essential when a young person has mental health needs. Many of our advocacy services reported that the planning in their areas remained very poor with some reporting that the statutory system of "pathway planning", which is supposed to start when a young person is 16, was happening late or not at all. Pathway plans were then often rushed and finished in one or two sessions which did not give enough time to consider fully the range of young people's needs including how to ensure support for their mental health.

This lack of early intervention made it more difficult to support a young person particularly if they did not have a formal diagnosis. Workers in leaving care services reported that they really valued a good handover with social workers particularly in cases where the young person had complex mental health needs. Professionals could talk to them about concerns and possible triggers for erratic behaviour.

When transition works well, health professionals are present at meetings allowing for a full and comprehensive picture of the young person to be provided before they leave care.

"We did have a good [transfer]. We had health professionals at the network meeting. We had some good quality information and that was helpful to have... not just with social care but to get the health professional in the meetings. And I must say we also had the diabetes nurse as well as the mental health nurse there...the quality of information was really good."

(Barnardo's worker, leaving care service)

Those who work with care leavers often lack expertise in mental health

In the absence of any mental health support, it was personal advisers who were usually left providing what support they could to these vulnerable young people. Personal advisers have significant caseloads – usually around 20 young people, and often in geographically diverse locations. They are supporting young people in a wide range of issues including accommodation, training and employment and as such can only ever be expected to operate as generalists not specialists. Those involved in supporting young people commented that they gave as much informal support with mental health concerns as they could but this put significant pressure on them:

"when a young person is weekly trying to take their own life the responsibility is left with us. And for workers who are largely unqualified – [even though they are]..very skilled, very experienced.. that is huge."

(Barnardo's worker, leaving care service)

Many workers can simply lack the knowledge and insight into mental health, like the personal advisers in "Bill's" case – a young person supported by a Barnardo's advocacy service.

Bill was a care leaver with unknown immigration status who was being supported to fill out an asylum support application. At a meeting to discuss the case Bill wore dark glasses, refused to engage and spent much of the meeting pouring drops of water on to his hand and drinking it. The personal adviser in the case had not picked up on any concerns regarding Bill's mental state and the need for support in this area.

Workers highlighted that to support young people in this area properly government policy would need to look at personal adviser training and pay, and also capacity.

Waiting lists can be long and put young people off

Even when young people were accepted by a service, waiting lists were often long. One service talked positively about the provision on mental health talking therapies in their area, but commented that the service typically had a 12 to 20 week waiting list.

Workers reported that many young people were skeptical of mental health workers and their ability to help, instead thinking that "I am not mad" or "I don't want to drag up my past". Getting young people to agree to seek help can therefore be a significant step and they are often discouraged by long waiting lists as they think "what is the point?" and refuse to continue to engage.

Drug and alcohol issues create complexities and can result in young people "ping-ponging" between services

Another significant barrier to accessing help is that many mental health services refused to work with young people who had drug or alcohol problems. This impacted on a number of young people who had been told that they needed to get 'clean' for six weeks before mental health services could work with them. However many drug and alcohol services refuse to support young people whom they believe have problems stemming from a mental health issue.

Services reported that there were not any dual services who could provide a young person with holistic support on the various issues which they face. Joint commissioning of mental health and drug and alcohol services may help to solve many of these problems but was not common.

Mental health services that are provided are often inflexible and unable to react to the needs of specific young people

A final barrier highlighted by this research was the inflexible nature of mental health services which did not take into account the chaotic life styles of some of our young people. The review of case files revealed that there were a small number of cases of young people being assessed as needing a service but denied access because they were not in stable accommodation.

Even when young people could in principle access a service, workers reported that few services offered any outreach work and young people often lacked the confidence to visit institutional style buildings. Workers commented on a lack of pro-activity as in the case of "Cindy" a care leaver supported by Barnardo's.



Cindy lives in supported accommodation. She has no official mental health diagnosis but has previously had CAMHS involvement for showing signs of being on the autistic spectrum, possibly having a personality disorder, and an attachment disorder. She also shows signs of emotional and behavioral difficulties and exhibits some extremely challenging behavior, most likely linked to previous experience of sexual abuse. Cindy presents with agoraphobia-like symptoms, often unable to leave the accommodation for days or weeks on end which means that her basic needs are not met.

When Cindy turned 18 her support worker attempted to liaise with adult mental health services. They stated that they could not work with Cindy since she was not physically or mentally able to attend a meeting outside of her accommodation and they were not willing to offer any alternative or bespoke service in her own home.

Cindy has made some progress due to the hard work of support staff in her accommodation but she is likely to suffer from enduring mental health issues. An earlier and sustained intervention at the right time may have made a significant difference to Cindy's quality of life.



What services have been shown to make a difference?

In addition to the barriers young people face to accessing services, this review also highlights some good practice ideas for overcoming these problems. Workers in the field commented that they firmly believed that, with some flexibility, services could be redesigned to better meet the needs of care leavers. Given the £1.4 billion to be invested in children's mental health, plus the Government's promise to recruit more mental health workers, these examples could provide a blue print to Clinical Commissioning Groups on how resources could be used to support care leavers.

Embedding mental health workers in leaving care teams

The most effective solution identified by care workers was to employ a mental health professional directly in a leaving care team. For example, in one area where Barnardo's provides a leaving care service we identified a lack of provision for emotional health and well-being as a significant concern. As a result we are investing charitable funds into the recruitment of one whole time equivalent therapist post (comprised of two part time staff) that will provide 1:1 counselling as well as group work.

The approximate annual cost of this is £41,000 per annum. However workers interviewed for this research spoke very positively of the benefits to young people of providing bespoke mental health support which took into account the specific challenges of working with the leaving care population.

Having a named mental health professional working within a leaving care team had a number of advantages:

- They could offer immediate help to a young person who requested it, often in the informal and familiar setting of a leaving care service avoiding waiting lists and much of the stigma associated with asking for help.
- They could help with referrals to statutory services and as they "spoke the language

of mental health" they were more able to navigate the system and push to get young people the help they needed.

- They acted as an information source on mental health issues and worked to skill up others involved with supporting care leavers. This helped raise awareness of the importance of mental health support and how best to assist a young person who was struggling.

As a worker within one of the services who have had this support commented:

"the Barnardo's CAMHS worker was a brilliant service – it meant all the leaving care young people had access to a CAMHS worker via our internal referral system...having a specific Barnardo's CAMHS worker made communication about how best to support the young people so much easier."

Providing youth specific provision designed around the needs of young people

Another model which worked well in providing young people with low level support was bespoke youth services. These can be developed either specifically to meet the needs of care leavers or with a wider remit to help vulnerable young people across the population. The advantage of this model is it can ensure that care leavers are not prevented from accessing a service due to high thresholds or age cut-offs, and low level emotional support can be provided to them in an age-appropriate way.

Barnardo's uses charitable funds to provide a service in Manchester called "My Time" which is an emotional health and well-being service for care leavers operating at a tier 2 level. The service works with young people between the ages of 16 to 25 and is open to all care leavers who can self-refer. The caseload at any one time is around 25 to 30 young people and the young people present with a range of additional complex needs including special educational

needs and traumatic life experiences such as asylum seekers, refugees, and child sexual abuse. The service employs therapists and a mentor and offers a mixture of 1:1 counselling, group work, drop-in support and mentoring. It also provides telephone mentoring. It is delivered in locations across Manchester as directed by the young people and thus is able to offer an open and accessible service – not restricted to clinical settings. The approximate annual cost of running this service is £110,000 per year, which provides for a therapist, mentor, part-time team manager and some administration support hours.

Similar models were described by workers in other areas of the country during this research, often provided by other local charities. This included one in Bristol set up to work with young people with mental health needs between the ages of 11 and 25 (not specifically care leavers). The service was staffed by a mixture of youth workers and mental health practitioners and they offered young people a range of services. These included 1:1 support, talking therapies, group work where young people can meet those in a similar situation to themselves, and group work aimed at helping build coping techniques for example on managing low mood swings. Young people were able to self-refer thus avoiding the long waiting list for statutory services.

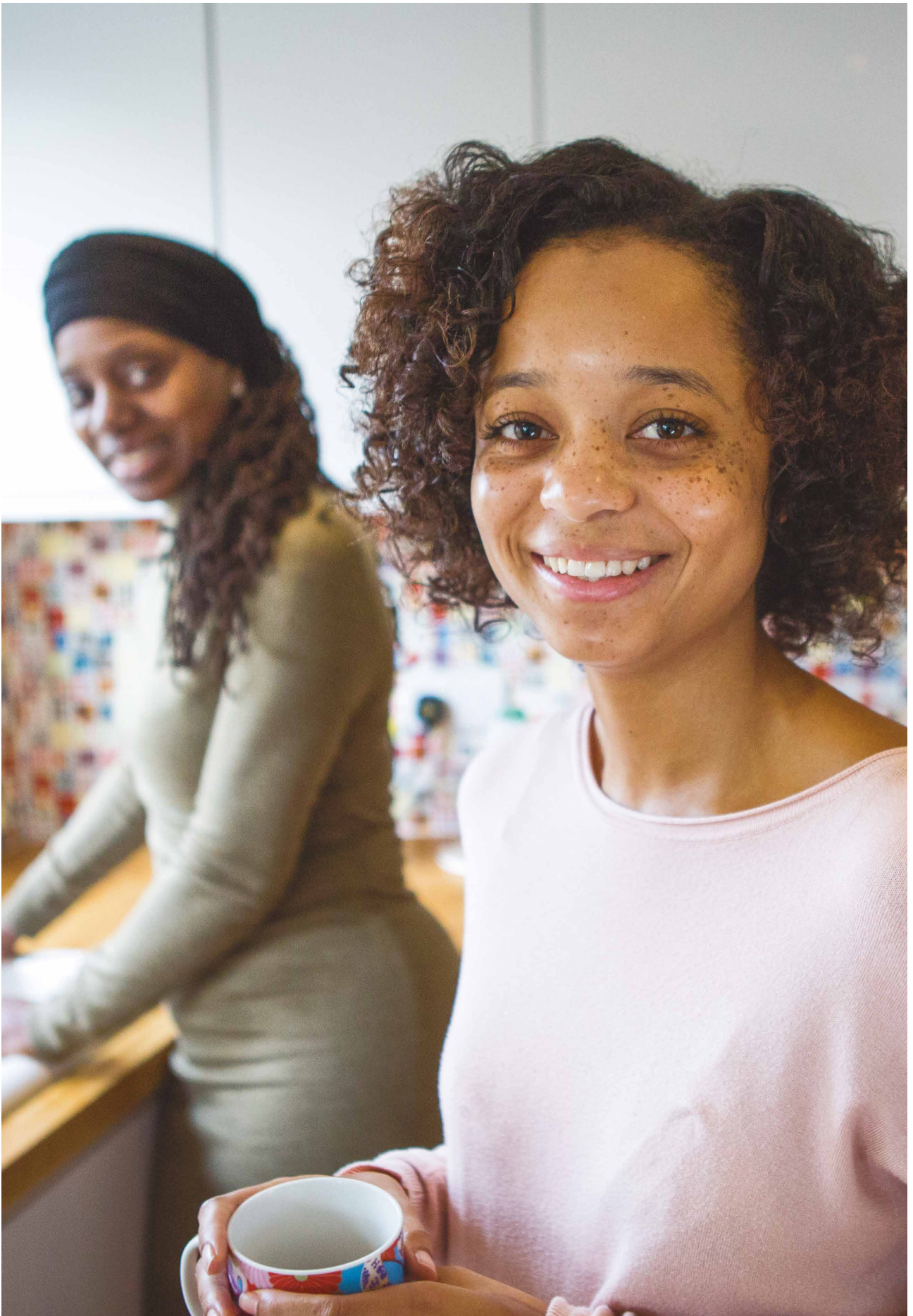
Training personal advisers and others who work with care leavers on how to support those with mental health issues

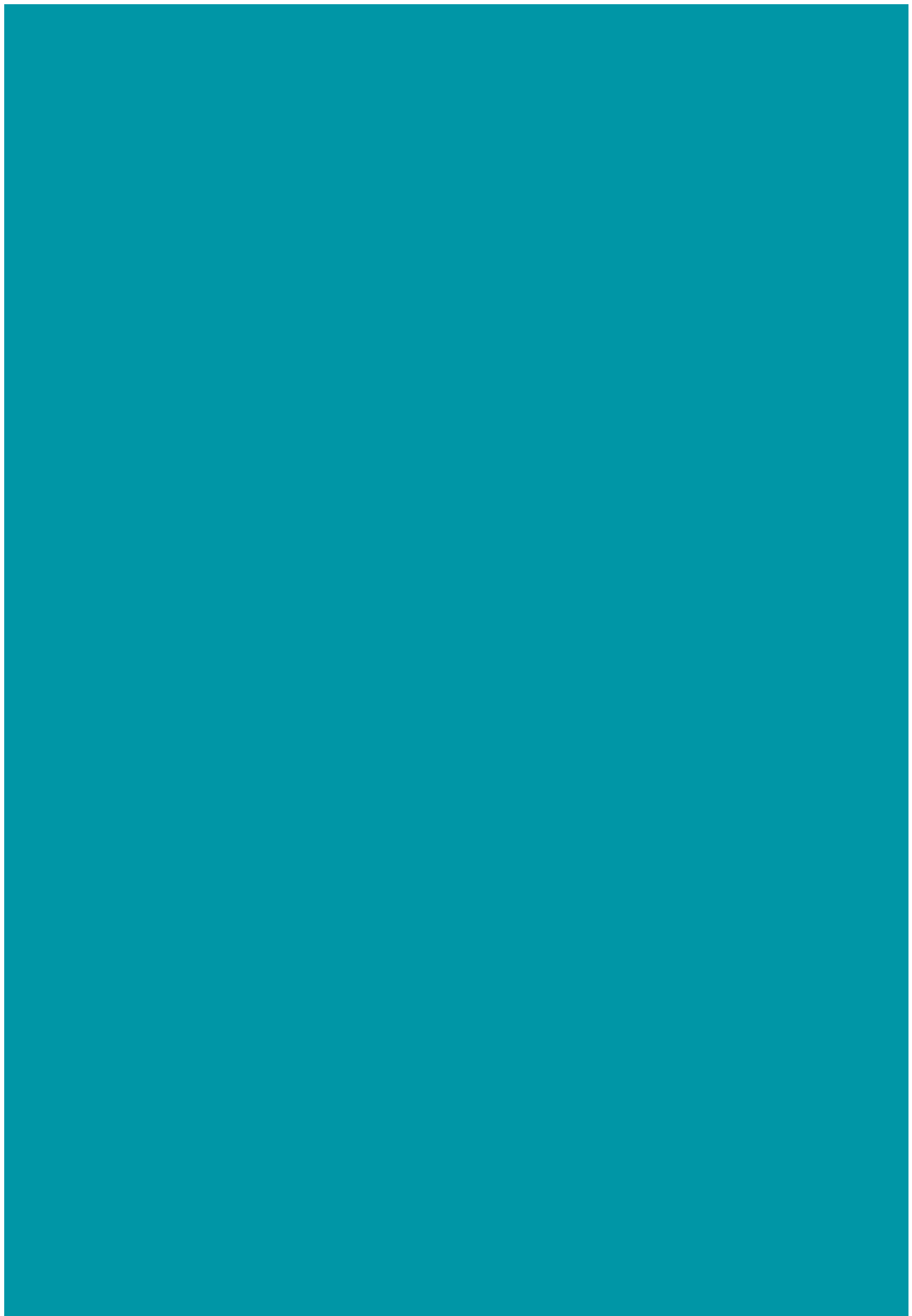
A third model of support is to look at what can be done to upskill those who support care leavers – particularly personal advisers – in helping care leavers with mental health needs. Work in this area could be similar to what is taking place within school settings with the roll out of “mental health first aid” training to help schools identify and respond to early signs of mental health issues in pupils⁶. This type of approach can never replace the need for specific and bespoke services but can at least help to provide better early intervention to ensure those at the front line are able to spot and respond to mental health issues as soon as they are identified.

One of Barnardo’s services reported receiving specific help in this area. A team of clinical psychologists who were commissioned by the local authority to provide services for children in care was also able to offer consultation to those in leaving care services to help spread effective practice. They offer workers in the Barnardo’s service monthly reflective practice sessions which take a variety of different forms but include the opportunity to talk in depth about a particular young person or to discuss mental health concerns more generally. Workers spoke very positively about these sessions and the help they were providing:

“just having that time has been really helpful to me. We do mindfulness exercises with them which I like, and then they do check-in sessions, to see how we’re all doing.”

⁶ See government press release <https://www.gov.uk/government/news/secondary-school-staff-get-mental-health-first-aid-training>





The way forward

The results of this review show that there is significant unmet need amongst care leavers who require mental health support. Allowing this need to continue to go unmet will continue to result in care leavers being more prone to many problems in later life including a greater risk of suicide and a greater chance of entering custody.

Barnardo's is therefore calling on those working in this area, including the Expert Group and CCGs, to consider how money invested in children's mental health could be used to develop a service response specifically aimed at supporting young people at the point at which they leave care. As highlighted in this report, such support can be provided at a comparatively low cost – if each local authority in England were to introduce a mental health worker into their leaving care teams, for example, this could be achieved at a cost of around £40,000 per year per local authority.

Of course children's mental health services should ideally be developed locally with local needs in mind. Barnardo's is not therefore intending in this report to be prescriptive in exactly what CCGs should offer to this group and instead would highlight that there are a number of options available to commissioners. These include:

- Embedding a mental health worker within leaving care teams to work specifically with care leavers during the process of transition both to provide mental health support directly and to help access statutory services. In our experience this can be done for approximately £40,000 per year.
- Developing youth specific services. This can be aimed at those in their teenage years and early 20s and could provide low level interventions and preventative techniques in a manner and setting which is appropriate to this age group. In our experience, providing such a service specifically for care leavers can be done at a cost of around £110,000 per year.
- Developing training and mentoring opportunities where workers trained in mental health can work to upskill those in leaving care services so that they understand how to support young people better. These could include reflective practice sessions with personal advisers on mental health issues.

As shown, interventions such as these do not have to involve significant costs, however we believe that they could offer major improvements to a group of very vulnerable young people. Currently all too often these young people are falling through gaps in service provision, unable to access the support they need from either children's or adult mental health services in a way that fully recognises the difficulties they face.



Annex A – Research methods

Barnardo's surveyed personal advisers working in two of our leaving care services. We asked personal advisers working in these services to review all of their current open cases and answer the questions below. In total personal advisers looked at 258 open cases when considering the answers to these questions.

| Question <i>[Please provide the total numbers]</i> | Your response |
|---|---------------|
| 1. How many care leavers are you currently working with (on your caseload)? | |
| 2. In your professional opinion, how many have mental health needs? | |

| For those care leavers in Q2 above: | Your response |
|--|---------------|
| 3. How many of these have mental health support indicated in their pathway plan? | |
| 4. How many are receiving support from CAMHS or Adult Mental Health Services <u>AT PRESENT</u> ? | |
| 5. To your knowledge, how many have received support from CAMHS or Adult Mental Health Services for a mental health <u>crisis</u> at any point since they left care? | |
| 6. How many are on a waiting list to receive support from CAMHS or Adult Mental Health Services <u>IN THE FUTURE</u> ? | |
| 7. How many have been assessed as meeting the criteria for CAMHS or Adult Mental Health Services but are not receiving a service as they are not in stable accommodation? | |
| 8. In your professional opinion, how many are NOT receiving any support from CAMHS or Adult Mental Health Services, and are NOT on a waiting list, but (in your professional opinion) would benefit from it? | |
| 9. How many are receiving informal support for their mental health <u>AT PRESENT</u> , such as through a charity (including Barnardo's)? | |

Please provide any additional comments or information about care leavers' mental health here.

In addition we also conducted direct research with workers in services which work closely with care leavers through in-depth semi-structured interviews. We asked workers their experiences of working with care leavers to support their mental health needs including helping young people to access services locally. We interviewed around 20 workers individually and in groups in five Barnardo's services. The services visited included those which provide advocacy for children in and leaving care as well as those which provide a personal adviser service.

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