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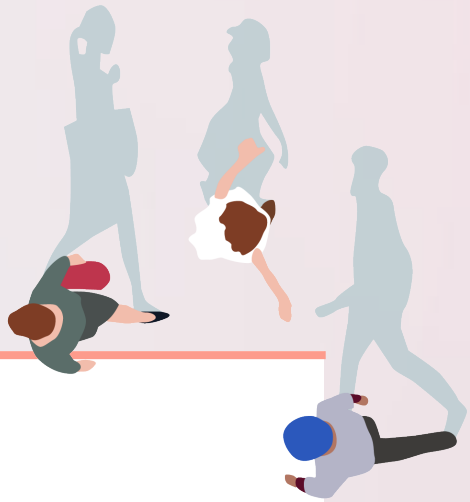

AN EXPLORATORY STUDY OF THE EMOTIONAL WELLBEING NEEDS AND EXPERIENCES OF CARE LEAVERS IN ENGLAND

May 2023

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Authors

Chloe Juliette, Senior Researcher

Hannah Scott, Research Associate

Ella Whelan, Research Associate

Alyssa Eden, Research Assistant

Taalibah Lionel-Levy, Research Assistant

Katherine Osthwaite, Policy & Public Affairs Manager

Bev Curtis, Practice Development Manager

Aoife O'Higgins, Director of Research

About What Works for Early Intervention and Children's Social Care

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) are merging. The new organisation is operating initially under the working name of What Works for Early Intervention and Children's Social Care.

Our new single What Works centre will cover the full range of support for children and families from preventative approaches, early intervention and targeted support for those at risk of poor outcomes, through to support for children with a social worker, children in care and care leavers.

To find out more visit our website at: **www.whatworks-csc.org.uk**

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Contents

Executive summary **4**

Background **6**

Evidence review **8**

Qualitative study **9**

Methods 9

Findings from background research 13

Findings from qualitative interviews 15

Deliberative workshop **35**

Purpose 35

Participants 35

Process 35

Findings 36

Discussion **40**

Summary of findings 40

Strengths and limitations of the project 42

Recommendations for policy and practice 42

References **44**

Appendices **46**

Appendix 1: Interview schedules 46

Appendix 2: LA resources for emotional wellbeing support as of May 2022 49

Appendix 3: Number of participants across each LA 66

Appendix 4: Participant demographics 66

Appendix 5: Summary of themes 68

Executive summary

Each year, more than 11,000 young people in the English care system turn 18, ageing out of child services and into care leaver services until the age of 25. This transitional period into adulthood is known to be a challenging time for any young person, and this is exacerbated by the experience of being in and leaving care. Care leavers are provided with Personal Advisors (PAs) who support them with life skills as well as practical and health needs; however, care leavers report relatively poorer wellbeing outcomes than their non-care-experienced peers (Coram Voice, 2020). Although there is statutory guidance that local authorities (LAs) should provide emotional as well as practical support, it is not specified what this should involve.

What Works for Children's Social Care (WWCSC) and the Department for Education (DfE) wanted to better understand the support for emotional wellbeing of care leavers available across LAs in England. We also considered the barriers and facilitators to using and benefiting from available support, and the evidence base for the effectiveness of available wellbeing support. We completed three strands of work as part of this exploratory project:

- An evidence review to synthesise existing evidence on mental health services for care-experienced young people (conducted by the Centre for Evidence and Implementation)
- A qualitative study to explore emotional wellbeing support in five English LAs selected for diversity in offer, supported by a review of publicly available information about support offers in LAs
- A deliberative workshop to discuss the findings and priorities for practice.

Through our three strands of work, we found that models of emotional wellbeing support for care leavers are typically not well defined within LAs, and there is considerable variation across England. Support offers generally rely on both local health and social care and voluntary sector services. PAs are central to providing care leavers with emotional wellbeing support, and positive relationships between PAs and care leavers were described as crucial to facilitating access to services through LAs. Services designed specifically for care leavers were preferred and tended to be described by participants as more accessible, as were models of support that approached emotional wellbeing holistically and accounted for a broad range of needs. Key barriers to access were: high thresholds for acceptance into and retention with services; practical access to appointments; and services that did not recognise and account for diversity, care leavers' experiences and internalised stigma (internal negative societal narratives about care leavers). Generally, there was no routine monitoring of the impact of emotional wellbeing support provided by LAs, and there was a broader lack of evidence on the effectiveness of mental health support for care-experienced young people, and how different identities (such as gender or ethnicity) may impact on their experiences of support.

We have made a number of recommendations for practice and policy based on our findings. We recommend a dual focus on meeting both practical need and emotional wellbeing needs

for care leavers, and further work to improve the quality of emotional wellbeing support available through LAs. We also recommend building the capacity of PAs so that they have the time and resources to support care leavers appropriately, and more training and support for PAs in how to respond to mental health needs. In addition, more work should be done to evaluate services and to monitor the emotional wellbeing of care leavers to understand the most effective ways to offer support.

Background

More than 11,000 young people age out of the care system for children every year once they turn 18 (DfE, 2022), and become "care leavers".[2] Transitioning out of the care system into more independent living is known to be a challenging period for care leavers. It is well known that care leavers experience higher rates of poor emotional wellbeing in comparison to young people who have not been in care; the Spotlight Inquiry by the All-Party Parliamentary Group (APPG) for Looked After Children and Care Leavers (2020) and Ofsted's *'Ready or not'* report (2022) shared that care leavers reported feeling isolated and alone and were unsure of where they could go to receive support.

While there is no national data collected concerning the mental health and wellbeing of care leavers in the UK, the Coram Bright Spots survey (Coram Voice, 2020) reported that 30% of care leavers experience low wellbeing and that 26% of care leavers aged 16–34 reported low life satisfaction compared to just 3% of the general population of the same age. Studies consistently find that care leavers also experience poor outcomes related to wider emotional wellbeing. Care leavers in England are at greater risk of experiencing homelessness than the general population (Gill & Dawn, 2017; Reeve, 2011), and have a higher likelihood of contact with the criminal justice system (Office for Policing and Crime, 2021). Furthermore, 38% of care leavers aged 19–21 are not in education, employment, or training (NEET) (DfE, 2022).

Local authorities (LAs) have a statutory duty to provide support to young people leaving care once they reach the age of 18 (DfE, 2018). However, research shows that professionals preparing young people to leave care often centre on more practical elements (e.g. securing housing) rather than emotional welfare (e.g. developing and maintaining a support network) (Bazalgette, Rahilly & Trevelyan, 2015).

Young people are entitled to a Personal Advisor (PA) until they reach the age of 25, with a duty for the LA to proactively "keep in touch" with care leavers under the age of 21. PAs are the main point of contact for young people leaving care; providing advice and the co-ordination of services to support them in making a successful transition into adulthood. The Children (Leaving Care) Act (2000) states that PAs should help to create and implement a "Pathway Plan" for each care leaver, which sets out support to develop life skills and relationships, and to meet health (including mental health), accommodation and financial needs.

[2] According to the Children (Leaving Care) Act (2000), a care leaver is legally defined as someone who has been in the care of the local authority for a period of 13 weeks or more following their 16th birthday. However, a broader definition encompasses young people between the ages of 16 and 25 who have spent any period of time in care, including foster care, residential care in a supported housing service or an alternative arrangement agreed with a social worker.

Although Pathway Plans include considerations for maintaining emotional wellbeing (as part of health needs), there is no further, more specific guidance on what this should involve. Research has shown most care leavers with mental health needs do not use statutory services through the NHS or social care (Smith, 2017).

As there is no specific statutory guidance on the provision of support for the emotional wellbeing of care leavers, little is known about what models and services are used by LAs to support them. With limited guidance and recommendations for best practice at the policy level there is likely to be considerable diversity in provision across England and limited awareness of those provisions. This project has therefore sought to better understand existing support across England and the effectiveness of those provisions.

Research questions

We posed the following research questions to form this exploratory study:

- Broadly, what models and approaches to wellbeing support for care leavers are currently provided across England and how do they vary across local authorities?
- How well defined are, and what are the key features of, the models and approaches to wellbeing support for care leavers currently provided?
- What are the benefits and drawbacks of the different models for care leavers, including from the perspective of different actors (practitioners, decision-makers, care leavers)?
- What are the enablers and barriers to accessing wellbeing support for care leavers?
- What are the enablers and barriers to the hypothesised benefits of the different models for wellbeing support for care leavers?
- How is the effectiveness of specific services that provide wellbeing support for care leavers monitored and measured across England?
- How can the evidence base for different wellbeing support for care leavers be improved?

We carried out three strands of work to answer our research questions:

1. An **evidence review** to synthesise existing evidence on the impact of mental health services for care-experienced young people, and the experiences of service users.
2. A **qualitative study** to explore the perspectives of care leavers and professionals working with care leavers on LA services designed to support emotional wellbeing.
3. A **deliberative workshop** with a diverse group of people with an interest in the emotional wellbeing of care leavers to explore the findings and what they mean for practice.

Evidence review

WWCSC commissioned the Centre for Evidence Implementation to conduct two reviews of mental health provision and interventions for care leavers. We summarise the findings of the reviews here, both are published in full on the WWCSC website. The research questions were as follows:

1. What is the impact of policies, programmes and interventions for care-experienced young people (CEYP) on their mental health in high-income countries?
2. What are the experiences with the implementation of mental health services for CEYP in the UK?

Five studies were identified to answer the first question. These studies suggested there could be promise in extending the age to which support for mental health is available, as well as some promise in interventions using cognitive behavioural therapy alongside intensive support programmes, or coaching with young adult mentors. The review highlighted a significant gap in the evidence base on the effectiveness of emotional wellbeing support for care leavers.

To answer the second question, 43 studies published between 2005 and 2022 were identified. The review highlighted the importance of relationships with professionals for young people with care experience, and the training that those professionals receive. The findings indicated there are systematic barriers to accessing the mental health system for young people with care experience, including thresholds, limited services and transitions to adult care.

Key recommendations arising from the commissioned reviews included:

- Creating referral pathways that address practical and systemic barriers to access
- Providing more funding for services as more resources, and a broader range of options, will allow more young people to access the care they need
- Incorporating psychosocial support (e.g. coaching or mentoring) into mental health support
- More consistent training for professionals to support young people to maintain mental health and wellbeing and to identify concerns.

Qualitative study

Methods

This study received ethical approval from the WWCSC ethics committee in August 2022. The methodology used is summarised below; the protocol and detailed methodology for the study can be found here.[3]

Expert advisory group

An expert advisory group was formed at the beginning of the project to support decision-making throughout. The group comprised academics, experts by experience, professionals in relevant voluntary sector organisations and representatives from the DfE. The group met during the initial stages of the project to advise on the design of the qualitative study, and in the final stages of the project to reflect on findings and discuss recommendations. Group members also separately provided input on the protocol, recruitment materials and interview schedules, and several members attended the deliberative workshop.

Identifying local authorities (LAs)

We used publicly available information to review emotional wellbeing support offers to care leavers across LAs in England (using the Care Leaver Local Offer website). We used this information, as well as care leaver population size, geographical region, Ofsted rating and unaccompanied asylum-seeking children [UASC] population to identify a set of diverse LAs that could be approached about participation in our in-depth research. We contacted leaving care teams in these LAs via DfE or our own organisation's contacts. After initial conversations with seven LAs to explore whether leaving care teams in LAs were interested in participating, and had capacity to support the research, five LAs from across England (Liverpool, London Borough of Barking and Dagenham, Stockport, Surrey, and Worcestershire) were selected based on capacity and diversity. Each LA nominated a lead as our main point of contact, who we interviewed informally to scope out what services to support emotional wellbeing were available to their care leavers and form an engagement plan, before conducting fieldwork and tailoring core interviewing materials to each LA.

Participant recruitment

Eligibility

Professionals were eligible to participate in this study if they worked in a role related to the support of care leavers in a local authority, either through the council or a third sector organisation. Care leavers were eligible to participate in this study if they met their LA's definition of a care leaver, were currently in contact with a member of the leaving care team and had past or current experience of receiving support for their emotional wellbeing

[3] The protocol references plans for theory of change work as part of the project – after initial exploratory work with LAs, it was decided that this was not possible due to the variation in support offered.

provided or signposted by their PA.

Diversity and inclusion

We actively sought to include care leavers with a disability, from a minority ethnic background, identifying as LGBTQ+ or having previously been an unaccompanied asylum-seeking child (UASC), to hear from young people who might face additional marginalisation. We made it clear to lead contacts within LAs that we were seeking this diversity and highlighted this in the information sheets created for care leavers, explaining why we felt this was important. Participants were asked to optionally identify themselves on a range of demographic variables at the beginning of their interview.

Interviews were offered over the phone, video conferencing software or in-person depending on participant preference, and on evenings/weekends as well as typical working hours to make them as practically accessible as possible. Professionals were invited to participate as part of their role; care leaver participants were compensated with a £25 gift voucher in recognition of their time and labour. Translation services were available for participants who wanted to be interviewed in a language other than English.

Sampling

Lead contacts (managers working within leaving care teams) in LAs acted as gatekeepers. They contacted staff in leaving care teams and partner agencies that they worked with to recruit professional participants. Similarly, they facilitated recruitment of care leavers through PAs who invited the young people they worked with to participate, or posted details of the study on social media and WhatsApp groups for their care leavers. All potential participants were provided with information sheets and given the opportunity to speak with a researcher about the study before deciding whether to participate. We interviewed all participants who decided that they would like to participate.

Recruitment and interviews with professionals took place between November 2022 and January 2023, and with care leavers between February 2023 and March 2023. In one LA, due to limited staffing capacity, we were unable to recruit care leaver participants.

Data generation

We generated data by conducting audio-recorded interviews with participants lasting up to an hour that took place over the phone, or on video conferencing software.

WWCSC researchers conducted the interviews with professionals; and peer researchers with experience of care (supported by a commissioned partner, the McPin Foundation) conducted the interviews with care leavers. Informed consent was recorded prior to interviews starting, and participants were given the option to take breaks at any point during the interview and encouraged to only answer questions they felt comfortable with.

We piloted interview schedules during the first two professional and care leaver interviews, with minor changes made to question phrasing based on participant responses and interview length. We asked participants about their perspectives on the impact of the support services

available to care leavers within their LA, and any barriers and facilitators to the access and use of these services. We also asked participants about any factors that might improve these services for care leavers, and whether there were any types of support or services that they felt were missing. Core interview schedules are attached in Appendix 1. The prompts were adapted to reflect the context and services available in each LA.

Audio recordings were transcribed and anonymised prior to analysis. All participants were given the option to review their transcript, with support, prior to analysis so they could check them for accuracy and redact any of their data if they wished to do so.

Analysis

We used a thematic approach to analyse the data, following the widely used cyclical stages of reflexive thematic analysis: familiarisation with data, generation of codes, searching for themes, reviewing themes and defining themes (Clarke, Braun & Hayfield, 2015).

A collaborative approach to coding and analysis was used. WWCSC researchers used an inductive approach to double-code six transcripts and created an initial set of themes through discussion and comparison of codes.

Following this, three researchers coded the remainder of the transcripts independently, meeting periodically to further develop and refine the thematic structure, with coding becoming more deductive over time. Peer researchers conducted analytic work in parallel with WWCSC, reviewing transcripts from care leaver interviews and feeding into analysis either at analytic meetings or by providing written notes which were utilised in meetings. Once all transcripts were coded, an analytic meeting was held to review and agree on the final thematic structure and definitions of themes, and to discuss key narratives that the research team felt important to draw out in the report.

Illustrative quotes to evidence our interpretation are presented in the results section below. We have used quotes from a range of participants from across LAs and with varying professional roles or experiences of care, but we have kept identifiers (broad job role vs care leaver status) attached to quotes unattributed to protect anonymity.

Reflexivity[4]

We engaged in reflexive practice throughout the research process. Reflexive group discussions were held during each stage of the study for researchers to discuss our personal views and experiences, and how this might impact our work within the study. Below we present some of the key considerations and decisions that came about as part of our reflexive practice.

This project was commissioned and funded by the DfE who fed into refining the research questions and design of the project through review of our protocol, and supported us to

[4] Reflexivity is a practice used by researchers to understand how their life experiences, values, perceptions and training impact on the way they conduct research.

decide on and make contact with the five LAs that we worked with for the study. It was the first time the organisation worked in a formal partnership to facilitate peer research in a study; over the course of the project, we have learnt how to practically facilitate peer researcher involvement in designing interview tools and generating data, and how to integrate peer researchers' perspectives and analysis of findings with our own.

All members of the research team, except for the peer researchers, had prior experience of qualitative research. There was a mix of professional experience and expertise in the topics related to emotional wellbeing and children's social care. Some team members also had lived experience of leaving care and/or of challenges to emotional wellbeing. We were not highly diverse, particularly in respect to ethnic and gender identities. We were conscious of the disparity between our research team and our participant group of care leavers, who are often significantly marginalised in society. During reflexive discussion, we challenged each other's personal views on methodological decisions and data to understand our thinking and make collective decisions and interpretations that balanced individual views.

As a team, we were mindful that we were conducting research in the context of the recent COVID-19 pandemic, and in the context of oversubscribed mental health services (Johnson et al., 2022; NHS England, 2023). We therefore expected to find considerable challenges to care leavers' access to and use of support for their emotional wellbeing at the beginning of the project, and so made efforts to balance this with reports of positive practice. Our project initially focused on mental health support exclusively, but through discussion we changed our language and thinking to encompass services that had the potential to address broader emotional wellbeing needs and include the experiences of care leavers who may not be receiving specific mental health support due to not having a diagnosis, not meeting the threshold for NHS services, or not believing that medically focused support met their needs As data generation progressed, we found that we had considerably fewer care leaver participants than professional participants due to recruitment challenges. We have tried to ensure that we did not discount their perspectives as the minority voice in our sample, so have chosen to disproportionately quote care leaver participants to illustrate analytic points and emphasise the importance of their narratives. We continue to reflect on how we can improve our work with care-experienced young people and care leavers in research and how we may further remove barriers to participation.

Finally, we aimed to reflect personal and organisational values around the importance of equity and equality. To achieve this, we took steps to make our research as inclusive as possible (by removing as many practical barriers to research as feasible, working with peer researchers and actively seeking to speak to participants from minoritised groups), and to actively listen to and speak up for minoritised groups. We report this work and findings below. We recognise that we have more to do to adequately represent the views and experiences of minoritised care leavers and will build on what we have learnt in this project.

Findings from background research

Context: the landscape of local authority support

Summary of our review of publicly available info about all LAs

We undertook an exploratory exercise in May 2022 to collect and collate information about the type of emotional wellbeing provision available across LAs in England. We collated information using the Care Leaver Local Offer website, and LA's published local offers, which are required to be publicly available by the Children and Social Work Act 2017. We reviewed offers from 150 of 152 LAs responsible for children's services in England (London Borough of Greenwich and North Lincolnshire missed due to administrative error) across the following overlapping criteria:

- No emotional wellbeing support listed
- Basic support – e.g. signposting and PA support
- Good access to generic mental health support (e.g. fast track, subsidised access to private mental health services)
- Mental health provision in the charity sector (but not specific to care leavers)
- Dedicated mental health workers or teams for care leavers (e.g. mental health workers, clinical psychology)
- Commissioned services specifically for care leavers (e.g. helplines, charities)
- Extended CAMHS support for care leavers
- Mentoring (excludes career/job mentoring)
- Wider provisions for wellbeing (e.g. arts-based groups, wellbeing workshops, drop-in sessions for general support).

At the time this exercise was conducted, the vast majority of the 150 LAs we sampled (87%; 131 LAs) listed at least basic support as part of their care leaver offer. Further additional support was less common. A large proportion of the LAs also listed mental health provision offered by the voluntary sector (but not specific to care leavers; 58 LAs), and/or dedicated mental health workers for care leavers (40 LAs), and/or, mentoring (43 LAs). Fewer LAs offered services in the other categories, with only a very small number offering extended CAMHS support for care leavers (6 LAs).

The full spreadsheet is attached as Appendix 2. This is included for context but is not intended to be used for reference as findings may now be out of date.

Context: support available in the five deep-dive LAs

Emotional wellbeing support across the five LAs varied significantly, but across the board none of the LAs were recording data to specifically monitor the effectiveness of their emotional wellbeing offer.

PAs referred care leavers they worked with to a range of voluntary sector and NHS services based on individual need. Local NHS mental health services, such as drop-in centres or services aimed at under-25s, were available in all five LAs. Most also had access to

subscription-based online mental health services such as Qwell, or PAs were able to signpost to online voluntary sector support services such as Shout. All five LAs were able to offer their care leavers free gym passes, and PAs had access to discretionary funds that could be used to support wellbeing, for example by paying for transport to appointments or for private therapy. The key services used by the five LAs to support the emotional wellbeing of their care leavers, that came up most frequently in interviews, are described below.

Barking and Dagenham

Barking and Dagenham has a full-time "emotional wellbeing and mental health practitioner" within their Leaving Care team, offering low-intensity therapeutic support and assisting with referrals to more specialist NHS services where appropriate. PAs make referrals to this practitioner for the care leavers that they work with.

The LA also runs a Children in Care council group that has practical, educational and social sessions for attendees as well as its function as a council. They additionally work with New Town Culture, a programme supported by the council to embed art and cultural activities into social care services, with a focus on children in care and care leavers. In 2022, they also had a programme of activities for care leavers to promote social connection and offer informal support to participants.

Liverpool

Liverpool has links with Talk Liverpool, a non-specialist NHS psychological wellbeing service, and YPAS, a charity offering wellbeing and therapeutic services to young people and families in Merseyside.

The Thrive Careers Hub is a social initiative (with a focus on care leavers) providing young people and social care professionals a coffee shop environment in which to meet and work together, and an informal environment in which to access financial, housing and employment advice. The Neurodiversity Academy is hosted by the ADHD Foundation and acts as a hub linking young people into work experience and employment opportunities, with a focus on supporting care leavers and young people who are neurodiverse.

Stockport

Stockport has links with Pure Insight, a regional voluntary sector organisation that provides psychological wellbeing support to care-experienced young people through mentoring, counselling services and support with referrals to other therapeutic services when necessary.

Stockport is also developing an internal mental health hub staffed by clinicians and support workers as part of its Staying Close programme.

Surrey

Surrey has links with New Leaf, a regional service run by the NHS and voluntary sector providing mental health and emotional wellbeing support to children in care and care

leavers. Practitioners offer therapeutic support and support with access to other services where appropriate. Some practitioners working within the service are designated to work only with care leavers, and others also advise and support personal advisors.

Safe Havens operates within Surrey as a general NHS service providing an out of hours drop-in service for anyone experiencing a mental health crisis. Big Leaf is a regional charity working to reduce social isolation for displaced young people, and work to support connection and community for UASC.

Worcestershire

Worcestershire has links with the Rees Foundation, a charity providing national and regional services to support care leavers, including mental health and emotional wellbeing support through counselling services, peer support, mentoring and cafes acting as social spaces. The Rees Foundation offers “Ask Jan” membership which can be paid for by the LA, giving members access to a 24/7 counselling helpline, eight sessions of counselling and self-guided online Cognitive Behavioural Therapy.

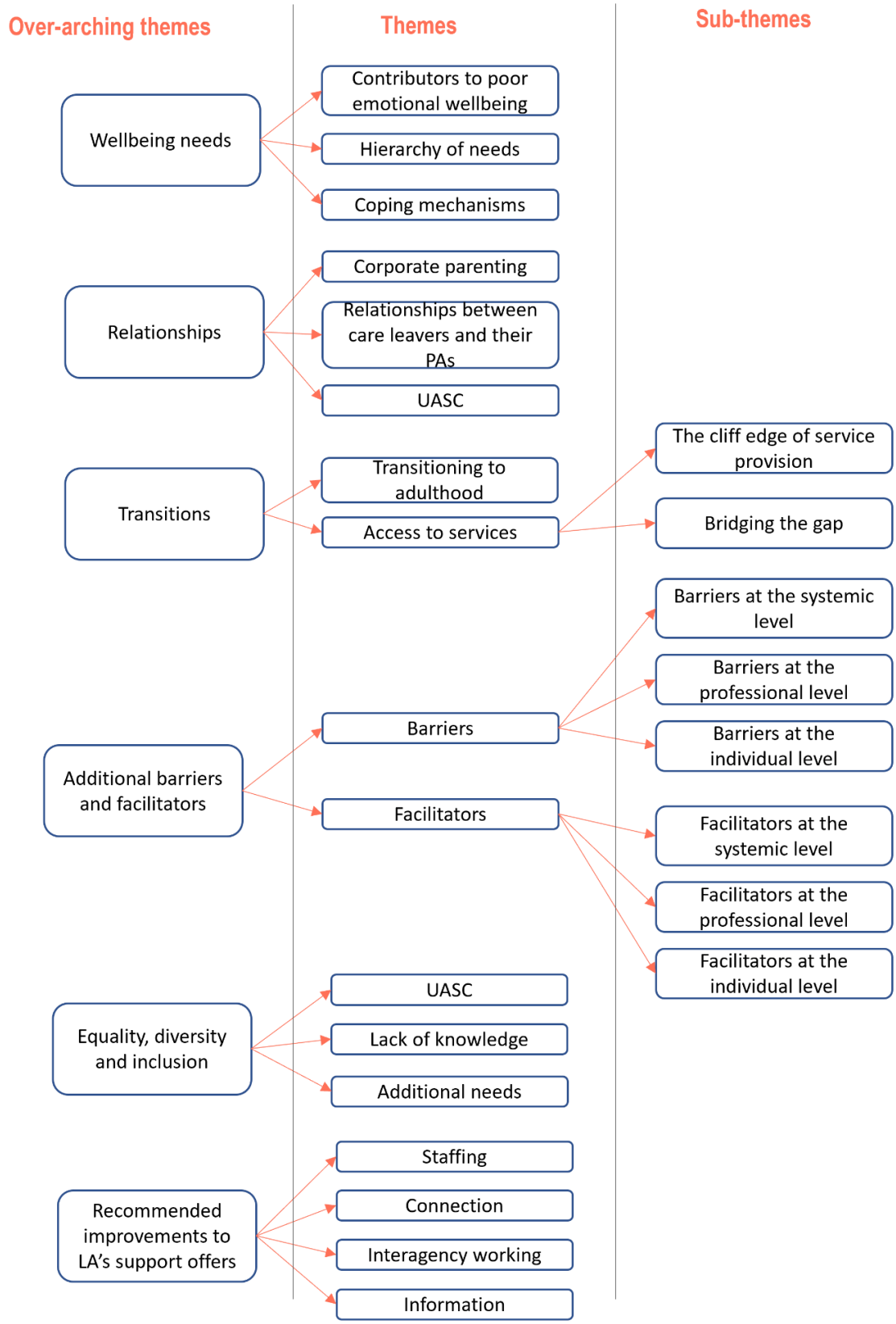
Worcestershire has a mentoring programme within the LA where care leavers are paired with members of their Children in Care team to provide social connection. Worcestershire is also currently working to create an improved policy around transitioning between child and adult services care services to improve continuity of care.

Findings from qualitative interviews

We interviewed 37 professionals across five LAs and nine care leavers across four LAs. Eighteen professional participants were PAs, six were senior social workers. Others were managers or directors within leaving care teams or social care services, youth workers, independent reviewing officers, clinicians working through LAs or voluntary sector organisations, or staff from care leaver-focused voluntary sector organisations. See the Appendices for a more detailed breakdown of participant numbers (Appendix 3) and demographics (Appendix 4).

Below are the findings from qualitative interviews with professionals and care leavers, presented by theme. The thematic framework is in Appendix 5, and a diagram of themes is presented in Figure 1 below.

Figure 1: Diagram of the thematic structure of findings from qualitative interviews



Wellbeing needs

Contributors to poor emotional wellbeing

Adverse childhood experiences and trauma were commonly referenced in interviews. It was felt that all care leavers have gone through some type of adversity at a young age which is likely to negatively impact their emotional wellbeing.

> *"All of these kids will have experienced some form of trauma I would argue, or I'd be hard pressed to think of someone who hasn't. We see different levels of coping and different levels of being settled but that doesn't mean the trauma and the difficulty is not there. It's just a very – it's such a chronically unmet need systemically."* – Service Manager

Isolation and loneliness were also prominent issues named by participants and were frequently identified as something that negatively impacts on care leavers' emotional wellbeing. Participants reported that a large proportion of care leavers have to cope with isolation and loneliness. Some of this isolation was described as having been compounded by the pandemic, with most services stopping or being moved online.

> *"She said it was the loneliest time ever in her life, kind of moving out and living independently and then it's in a pandemic, so you're completely shut off from everybody. So yes, it's had a huge impact on care leavers."* – Youth Worker

Interviews overall gave a sense that being care-experienced could mean that young people leaving care lack strong foundations of connectedness, amplifying a sense of isolation and otherness.

The hierarchy of needs

Participants felt that care leavers' needs were hierarchical; this could be conceptualised using Maslow's hierarchy of needs (Maslow, 1943), in that certain physical and safety needs are fundamental and must be met before others are addressed and met. It is not possible to meet these higher needs without first meeting more fundamental ones. Participants described needing to prioritise meeting needs due to lack of time, focusing on supporting care leavers with things like financial security or a home in a suitable location over things like loneliness or anxiety. Professionals often stated that many of the care leavers they work with are reliant on benefits or are working in low-income jobs and so are under considerable financial pressure, particularly since the beginning of the cost-of-living crisis.

> *"I sometimes have to sacrifice the rent for food or, like, travel for food, because travel nowadays is not cheap at all. Like, I'm talking it's either eat today or leave the house today, you know? So it gets very difficult."* – Care leaver

Participants felt that if basic needs were not being met, there was a limit to the impact of more specific emotional wellbeing services as these services were operating in the context of insecurity. Both professionals and care leavers tended to prioritise meeting these basic needs as they were deemed more urgent. Also, this was felt to be necessary; it had a knock-

on impact of professionals having less time to focus on and understand emotional wellbeing. This limited their ability to work holistically and to help meet specific emotional wellbeing needs that might further improve a care leaver's life, or prevent more fundamental needs not being met in the long run.

Coping mechanisms

Participants described care leavers seeking ways to cope with poor emotional wellbeing. Some professionals reported that some of the care leavers they work with use self-harm as a way to cope, suggesting a potential lack of alternative suitable support structures, or ability to use other coping mechanisms. Participants also stated that substance use is a common coping mechanism among care leavers, particularly cannabis use.

> *"We've got young people who are really struggling, that have significant cannabis habits for example, who are using cannabis to try and flatten their emotions."* – Senior Practitioner

This drug use was seen as cyclical, with professionals believing that it negatively impacted on emotional wellbeing. They also described instances of drug use having had an additional impact on care leavers' access to mental health services, as some services would not accept referrals if service users were using drugs or would discharge care leavers if they were found to be using drugs.

Relationships

Relationships between care leavers and professionals, particularly PAs, were believed to be central to care leavers' access and use of services to support emotional wellbeing (both through their LA and other agencies).

Corporate parenting

Professionals commonly referred to "corporate parenting" and their responsibility to fill, as best as possible, the role that biological parents would otherwise play for young people not in care – that is, as a safety net and unconditional source of support. Professionals, particularly PAs, felt that building strong and trusting relationships with young people critical to care leavers are able to view them as a reliable and invested supporter. Relationships between care leavers and professionals were not described as solely positive by care leaver participants, but they recognised and valued this work on the part of the professionals who supported them. There were suggestions that those who do not have strong relationships with their PAs could therefore experience a negative impact on access to further support.

> *"I'll say to her [PA] briefly how I am and stuff but I won't, like, go into details about things or how I am specifically on that day. Because often like, there's not really a lot of point because she's not really going to do or say a lot about it to help."* – Care leaver

PAs often described taking on an advocacy role, either advocating on behalf of services to care leavers or vice versa. As a trusted person, their opinion of services mattered to the care

leavers they had worked with to date, and they could vouch for the positive impact of services and reassure them about the experience that they would have.

> *"There was a woman who worked in my care home, called [name] and she was nice and I kept on coming in every day, saying: 'I feel so stressed out, I feel like I'm just struggling so much,' and she was like, 'Do you want to go and see the doctors?' And I was a bit wary, and I went, 'Yes, go on then.'"* – Care leaver

It was often noted that it is a PA's role to refer a care leaver into voluntary sector emotional wellbeing services or support self-referrals to NHS services and management of care pathways. Therefore, PAs felt they needed to understand care leavers' situations well enough to make judgement calls about what might be helpful for them, and to justify these needs to other agencies.

Once care leavers were using services, PAs described helping them to keep track of appointments and to understand what was required of them. PAs reported often attending appointments with care leavers, particularly assessments, to make them feel more comfortable, to explain their life story, or to help document and understand decisions being made about them.

Challenges to the corporate parenting role

Participants' views suggested that there was a tension between this "corporate parenting" approach to working with young people, and the fact that this role was being filled by a professional and therefore with limited time and resources shared across a case load of care leavers. Although many professionals, especially PAs, described working flexibly to meet the needs of young people, they also described that they could only be contactable during their working hours, and having to divide their time between the care leavers assigned to their case load.

> *"They're never there 24/7, so that's the issue; but whenever I needed her for something and she was in, she'd always be there to support me; she was always there for me. She was really kind, she was always listening … she was like a motherly figure for me."* – Care leaver

Some professionals discussed working with care leavers going through periods where they had intensive support needs that they were not fully able to meet. They found themselves having to make challenging decisions about how to prioritise the needs of care leavers and often relied on signposting to other services. One care leaver's situation illustrated that it could be difficult for professionals just to keep up with rapidly evolving events:

> *"We're supporting a young person at the moment and she's really struggling with her mental health: she's messaging at 02:00/04:00 in a morning and I don't reply then, obviously; but I speak to her the next day and she's trying to apply for a job so I've sat and written the application with her and we're going to do interview practice. But then, today, she's messaged and she's in hospital at 02:00 this morning and I don't yet know why. So it's kind of following up and it's of course, when you have those*

days, all those things that, when I was that age, my mum was saying, 'Right, come on, let's get this done; let me help you with that.' And you know, it's that massive gap in their life that's missing." – Youth Worker

Another key challenge to the "corporate parenting" approach to relationships raised by participants was the statutory work that professionals have to do with young people. Professionals explained that this can overshadow the personal relationships that they tried to build, and that it can get in the way of working on issues that are important to care leavers.

> *"So all roads lead to Rome: it all goes back to making that connection and then maintaining that connection and for me, the biggest, biggest thing is: just don't make it obvious, don't make it the overt centre of focus because they've spent however many years as looked-after children where that's exactly what their lived experience has been. 'This is your LAC review, this is your care plan, this is your pathway plan, this is your blah, blah, blah.' And they're sick to death of it. That's the common thing: they're just sick to death of it and actually, 'treat me like an adult'. But simultaneously, 'I feel isolated or I've got some concerns, I've got some issues and maybe those issues that are important to me, you wouldn't even guess at.'"* – Director

PAs felt that support networks and social connections were highly important for emotional wellbeing, both to reduce loneliness and isolation, and to provide support in times of need. Some LAs had programmes where volunteers (either external or LA staff not working directly with care leavers as part of their role) could be paired with care leavers as an additional source of support and connection. The intention of these programmes was described as offering relationships to care leavers where there was no time-pressure or professional agenda, allowing for more natural dynamics in a less conditional relationship.

> *"So, young people could be matched with a mentor, and the beauty of that was that this mentor is somebody who isn't paid to be working with them, and that's a huge thing for young people to know that. But actually, this person is going to be in my life for at least a couple of years. Maybe longer. They're not being paid to do it. They're doing it because they want to do it."* – Independent Reviewing Officer

Therapeutic relationships

Participants were conscious that, over the course of their childhood and early adulthood, care leavers are expected to build relationships with a considerable number of different professionals. Some of these relationships are lost as they age or due to staff turnover. This was acknowledged as creating burdensome emotional labour; care leavers have to repeatedly choose to trust and share vulnerable information about themselves with new professionals. It was felt to be critical for care leavers to have trusting relationships with professionals so that they felt able to have open conversations about their emotional wellbeing and their needs.

> *"I know that if I have any concerns or anything that I want to talk about, [PA]'s there and she is able to listen because this is why she's my main social worker, even*

though she's not, because she knows about my parents and I don't have to re-explain the whole situation to her." – Care leaver

Participants also acknowledged that care leavers accessing emotional wellbeing services through the voluntary sector or NHS have to build relationships with an additional set of professionals. Those on a care pathway within the NHS could have appointments and diagnostic assessments with multiple different clinicians before being put on a programme of therapeutic work that meets their needs. Care leavers may be put off engaging with these services by the fact that they have to keep re-telling their story, or keep building relationships with different professionals, which has a significant emotional toll.

"You get passed from pillar to pillar, so if you like, you don't want to repeat yourself constantly and I don't personally want to, because my trauma's a lot of trauma and I don't want to sit there and open up and traumatise myself further multiple times when that person might not be able to support me and then they pass me on and then I've got to do it again. Like I'm not going to go through that." – Care leaver

Some of the participating care leavers reflected on how much of their health information and life history was available to the LA and healthcare professionals who worked with them. They conveyed a sense of powerlessness over the level of disclosure that occurred whether they were comfortable with it or not. Some also expressed that the recorded information did not align with what they knew about themselves, and illustrated the difficulty they experienced while having to work with multiple clinicians:

"I had an assessment with them, and the woman there really wasn't nice, and she kept saying that she read my notes, and from my notes that she was telling me that I had BPD [Borderline Personality Disorder] even though I don't have BPD and it's been agreed that I don't have BPD and she was just going on about how, from her notes, she knows everything about me" – Care leaver

Transitions

The impact of the transition from childhood to adulthood on the services that are available to care leavers was a key theme arising from analysis, including the influence on how care leavers interact with these services. The model of health and social care services, in which there are separate child and adult services and a transition from one to the other at age 18, was not perceived to work well, in line with findings from the evidence review.

Challenges associated with the transition from childhood to adulthood

Participants reflected widely held knowledge that the period of transition from legal childhood to legal adulthood at 18 is a particularly challenging time for young people leaving care. In line with the hierarchy of needs described previously, one of the things felt to make this time particularly challenging is the considerable amount of practical change that a care leaver faces. Participants felt this could place considerable strain on care leavers, as the number of practical requirements (such as moving home and learning to manage finances and their own homes) from them could be overwhelming. The transition to adulthood was

seen as a key adjustment period for wellbeing needs and was seen as a period in which care leavers often lose the support network of peers and staff in children's homes or move to an area geographically distant from their existing networks of friends and family. This reduction in access to their social network may mean that a care leaver has to build up new support networks. Professionals also suggested that the change in circumstances may create space for rumination and result in care leavers confronting past trauma. Although this in itself was not necessarily reported as being a bad thing, it did result in a need for support to cope with that.

> *"As they start living independently, they've got a lot of time on their hands to start thinking about things; they've got a lot of time to start thinking about actually maybe things weren't great at home; actually, all those horrible things that have happened to me. And there is a bit of a floodgate really and it's just at a time when support is really diminishing."* – Senior Practitioner

At the same time, this transition was defined as a period in which care leavers, typically for young adults, seek independence and for the first time can make significant decisions about their life. As adults, they can choose to limit or entirely stop their contact with LA professionals and choose whether to accept health and social care services regardless of whether professionals feel that it may be in their best interest to be receiving support. Professionals recognised that disengagement could be due to past negative experiences with services, or care leavers wanting to gain control over their life.

> *"They'll focus on wanting to be independent, they'll focus on wanting to go out and live their own life and be free for the first time since being a child and not having social workers controlling or changing what they do, cause that's how they see it, they see that they didn't get any voice in what happened to them so they want to just go off and do their own thing and they don't necessarily want to focus on their mental health."* – Personal Advisor

Challenges to time-limited support offered between 18 and 25

Although support from leaving care teams typically focuses on the transition to legal adulthood from 18 through to 25, some participants implied that this limited window of transitional support was not suited to all care leavers.

Prior to 18, some professionals felt that LA and healthcare services should place more emphasis on preventative mental health support for children in care, to help them learn to cope with challenges and emotions at an earlier age and potentially avert mental health crises and the need for more reactive work once they have left care. However, other participants pointed out that this was not a suitable approach for all young people in care, and that readiness for mental health support is individual to each person.

> *"I wasn't given an option; they forced me to go to CAMHS [Child and Adolescent Mental Health Services], forced me to go to counselling, which made me not utilise it and made me not want to be there or want to go. Whereas now, when I'm in a place mentally where I'm ready for it and I want to do it, it's not there for me. And the*

waiting list is too high. So I understand they're trying to support the kids whilst they're young, before it affects them more; but really, you're not even ready." – Care leaver

Similarly, after 25, some professionals talked about care leavers that they worked with who did not want their support in their first few years of adulthood but later valued this help and connection to services in their early or mid-twenties. PAs stated that they were limited in their capacity to help if a care leaver was close to 25 and therefore at a point where PAs were expected to be tapering off services.

"By the time they probably feel like they're ready to address all of that stuff, our service might have even been gone by then. Because they might, 'cause you know, 25 is still young but for them, it might be like you know, emotionally, they might be more like 18 and that opportunity is kind of gone. We've got so many now who are like turning 25 now and panicking because they're not going to have the care leavers' support." – Personal Advisor

Access to services

The cliff-edge of service provision

A critical issue flagged in interviews was the time taken to discharge a young person from a service for children and reinstate support through a service for adults. While professionals working within LAs described being able to put internal processes in place to create a smooth transition from child services to adult services (such as PAs starting to build relationships with young people before they leave care), this seemed to be less possible where services were provided by other agencies such as the NHS.

Professionals frequently described experiences of the care leavers they have worked with turning 18 and as a result losing access to health and social care services. These were typically services provided through CAMHS, but some care leavers had gaps in services that support them with independent living. Ending of services could sometimes be abrupt and could result in critical needs not being met for indefinite periods of time:

"I had a young person come over who's on medication prescribed by CAMHS, turned 18, bang, everything stopped and he hadn't even transferred over to a doctor for a prescription. That young person went without medication for a bit of time and you can imagine the emotional distress they came into." – Senior Social Worker

Some participants felt that this put additional pressure on PAs to step in and try to fill some of the gaps that were created, without appropriate resources or expertise. PAs described challenging experiences of trying to get rapid referrals into services that were often under-resourced and had long waiting lists.

Participants also found that challenges in the transition between child and adult services could occur because of changes to the criteria for provision of care between services.

> *"In CAMHS it's very much, they kind of you know, take your hand and guide you through the mental health support. They contact you, and they make an effort with you because you're a child. However, in adult mental health services, in my experiences, the care leavers are just forgotten because they don't know how to communicate with different services."* – Psychological Support Worker

Adult Mental Health Services were believed to have much higher thresholds for accepting a referral, to be less proactive in their engagement with service users, and to have lower tolerance for missed appointments. This was seen as an abrupt change for care leavers, who are not necessarily equipped to know how to navigate a new set of services independently, and PAs often described supporting care leavers to engage with NHS services as part of their role.

Bridging the gap

All but one of the five LAs we worked with had services that bridged the gap between CAMHS and Adult Mental Health Services [AMHS] provision by providing either NHS or voluntary sector mental health support to young people from 16 to their early 20s. While these services were generally spoken about positively, participants indicated that there were still key systemic issues that they did not address. Multiple referrals in and out of these bridging services were noted as still necessary, and typically not set up to support care leavers with more intensive mental health needs, so those with the highest level of need continued to be reliant on CAMHS and AMHS.

> *"I was with the … service in CAMHS, and then I stopped seeing them a few months after I turned 18. So then in that time, I started seeing CAMHS Care-Leavers from a few months before I was 18 until a few months after I was discharged … So, it helped with the transition to Adult Services ... The only reason I'm with the Adults Team I'm with is because I was really, really unwell in the first place and in hospital a lot and stuff, whereas if I hadn't been on a Section 3 and got Section 117 Aftercare then I probably wouldn't be seen by Adults."* – Care leaver

Several participants across different LAs also highlighted assessments under the Care Act 2014 as a key step in accessing social care services as an adult. Although there is no statutory guidance as to when Care Act assessments should take place, participants stated that they did, or were trying to, ensure that these assessments took place as early as possible (sometimes at 14 or 15 years of age), so that there was as much lead-in time as possible to set up support in time for a young person's transition out of child services.

Additional barriers and facilitators to accessing and using services

Participants identified additional barriers and facilitators to those indicated in previous sections, which are described below. Although these are separated narratively, there was interplay between the barriers identified at the systemic through to individual levels.

Barriers to accessing and using services

Barriers at the systemic level

Barriers exist both in LA systems and wider health and social care systems. These systems were all felt to be understaffed and underfunded, putting pressure on services and the professionals working within them. PAs described typically working with an average of 25 care leavers each, although in one LA, PAs had an average of 42 care leavers in their case load.

Across all five participating LAs, local NHS services for the general population had long waiting lists for support and some PAs had seen low intensity NHS services being cut, further limiting opportunities for therapeutic work that may help to avoid mental health crises to take place. PAs recounted trying to fill gaps in support left by a lack of specialist services or high-intensity support. There were instances of appointments being missed or protocols not seeming to be followed, resulting in care leavers not getting expected support.

Under-resourcing was also perceived to create difficulties for some care leavers to get the diagnoses needed to enable access to certain health and social care services. Professionals additionally felt that the thresholds for care leavers being accepted into some of these services was too high and did not match actual need. Professionals found that it was even more difficult to find appropriate support for care leavers with multiple and complex emotional wellbeing needs.

> *"They told [him] to go to the local drug and alcohol service that we refer to. So he did some work with a worker from there and managed to get himself clean of drugs, did amazing and worked so hard and did really well. Then he went back to [mental health services] and they said oh well you've obviously got some anger issues so we think you need to get anger management before we'll do anything. So he went off, booked himself on to an anger management course, did that and it helped him to understand a bit more about his own anger and everything. Went back to [mental health service] and they wouldn't accept his referral because they were like 'well we don't think you need the help now'."* – Personal Advisor

AMHS services were widely seen to be inflexible in their service provision. The "three strikes" rule in some NHS services, allowing service users three opportunities to attend an appointment before being discharged, was referenced several times by participants. Care leavers were described as having emotional wellbeing challenges or instabilities in their lives that made it difficult to keep track of, and attend, appointments, and so it was common for them to be discharged from services without receiving help. Practical difficulties involved in communication between care leavers and AMHS were narrated:

> *"If our young people are moving addresses quite regularly, losing their mobile phones or changing their numbers, there's services they never get in contact with and they shut them down, you know. And sometimes, they've had their contact details with their PA or any other professional at all and they haven't reached out to any of the*

> *professionals, do you know what I mean? Because that could have prevented that young person being closed down."* – Senior Social Worker

Participants felt that there is currently a lack of recognition within AMHS of the specific needs of care leavers, particularly that professionals within AMHS do not always understand what it means to be a care leaver, or recognise the unique challenges to emotional wellbeing they may face.

> *"I want to be able to say certain things at certain times that only people who are familiar with the care system will understand. But if you go to maybe a normal psychologist that I'm having to explain, it's not their fault they're not specialised in that. But I think it's really important to come in and tell them this and that's happened, and the person doesn't look baffled on their face as to what I'm talking about. So, I think it's very important that they have something specialised in that."* – Care leaver

Barriers at the professional level

PAs had differing levels of confidence in supporting care leavers with more intensive mental health needs. PAs mentioned not having specific training in supporting emotional wellbeing, although some had undertaken mental health first aid courses, or training around trauma-informed practice. Some felt that their experience and training meant that they could competently offer support, whereas others felt more uncertain about whether they were taking the right actions, particularly in crisis situations.

> *"It's always the GP, because obviously, we're not mental health professionals; nor are we trained in mental health, but we've obviously developed a knowledge and skillsets through our work experiences over the years."* – Senior Social Worker

Although PAs were the first point of contact for most care leavers, many participants recognised their lack of expertise in mental health; this had the potential to lead to missed opportunities for appropriate care. Professionals also pointed out that PAs were expected to be a "jack of all trades" and to offer support to meet a wide range of needs, and so expecting expertise in every area was seen as unreasonable.

Professionals frequently noted the challenge of adequately supporting care leavers who were living outside of the LA they lived in as a child in care. To support care leavers within their LA, PAs had typically built up knowledge over time, through past roles, colleagues or research about local services, finding contacts in these services who they could work with for access to support, as well as building a sense of what that service was like for a user, and a perception about how impactful the service was. However, with care leavers in other areas, PAs described not having appropriate local knowledge and so relying on publicly available information to connect care leavers with resources. Some PAs mentioned that they had contacted LAs to access services for a care leaver who had moved there but had found them unwilling to share resources. PAs also reported limited responses from voluntary sector services outside their own LA.

Barriers at the individual level

Care leavers described facing several practical barriers to accessing emotional wellbeing support. Their awareness of the services that were available to them was low, limiting their choice of services.

Care leavers also had individual preferences about accessing support. Care leavers with high levels of anxiety described finding it difficult to leave their homes or be in public spaces. They told us that getting to physical appointments (where services didn't offer remote working) could be challenging practically too; these appointments could be geographically far from the care leavers' home, and they could not always easily afford to pay for transport.

> *"I have to travel, so it's like where do you want to meet? I always … I'd prefer it if they would come, obviously, here to the house."* – Care leaver

With the high workloads of PAs and the under-resourcing of services, care leavers described having to be proactive about seeking support. This required a level of confidence and persistence that not every individual would have.

> *"Sometimes they forget stuff that you've asked them to help with and you have to repeat yourself. Luckily, I'm one of those people who will keep them on their toes and I don't stop until it's done; but a lot of people just give up because it's not getting done."* – Care leaver

Some professionals linked a lack of proactive help-seeking with societal stigma around needing mental health support, or to uncertainty about what services entailed and a reluctance to engage with the unknown. Others felt that it could be associated with the structural inequalities care leavers face and the internalisation of common negative narratives about themselves, and therefore may not feel as though they have a right to seek support.

"I think a lot of care leavers just in general feel so negatively about themselves, and so judged and so much shame. So I think that's one of the big barriers of getting any kind of support, opening up about how they're feeling." – Personal Advisor

Facilitators to accessing and using services

Facilitators at the systemic level

In contrast to AMHS, emotional wellbeing support that was provided by professionals within the LA itself, or through care leaver-focused NHS services or voluntary sector organisations was generally felt to be more accessible and more compatible for care leavers' specific needs. These services were still seen to be facing resourcing pressures but were generally felt to have lower waiting times and fewer time limits on support offers, with the capacity to operate more flexibly to suit the needs of care leavers:

> *"I've got a young person who has been engaging with [voluntary sector mental health service] and he had the most fantastic counsellor, she was great; she really, really*

got him. He had lots of problems, like physically getting there, didn't like stepping out of the house. And she made so many adjustments for him; it was really, really just what he needed and he came on leaps and bounds." – Personal Advisor

It was also felt that these services allow for easy inter-agency working in comparison with other health and social care services. They were often noted for operating on simple referral processes, requiring a brief online form from a PA, or a walk-in service. The PAs we spoke to value being able to have open lines of communication with the specialists working with care leavers, allowing them to check on care leavers' progress, provide context to needs, and problem-solve individual issues that might be arising.
PAs working in the LA that had an in-house psychological wellbeing practitioner also highly valued the ease of communication that they have with them. They felt the fact that they are embedded within the team meant that they are familiar with the LA's care leaver population.

"She is available and all we need to do is discuss the case. You do a referral, you do the young person's background, introduce the [practitioner] to the young person giving the information, the challenges, you know, the experiences, things they are going through, what trauma and what you hope they would benefit, you know, and how you, as a [PA] you can best support them to get to where they need." – Personal Advisor

Despite common negative experiences with AMHS, there were some examples of positive inter-agency working with the NHS in one LA where the teams had managed to build a good working relationship.

"We've got a really good relationship with Adult Mental Health Services here: we have the access team, we can have consultations every week, really easy: we just contact them and we have a consultation about a young person, then we make decisions on whether or not an assessment is required. We support the young person to attend and then they have an assessment." – Senior Practitioner

Facilitators at the professional level
Many PAs focussed on building positive relationships with the care leavers they worked with and described being able to take a holistic and person-centred approach to emotional wellbeing. They felt able to respond relatively quickly to changing needs and use their professional experience and knowledge of a care leaver to anticipate those needs. Some PAs recounted making use of professionals working in mental health services and consulting with them about specific issues to ensure that they were working in the right way with care leavers.

Several professionals also emphasised the importance of repeated offers of support, recognising that care leavers may not be ready for support as soon as it is offered. Although there was a tendency among professionals to focus on mental health support, PAs did also flag that they make an effort to link care leavers with groups that meet other specific needs or interests.

> *"He just knows that I've got bad anxiety and problems like that, like depression and I find it hard to be outside in the real world and I find it quite uncomfortable to be in public. So he knows about all that and like he asks me if I want to do things. Like there was a [football team] meet-up thing for loads of people to go to and he was asking me if I wanted to go."* – Care leaver

Facilitators at the individual level

Professionals frequently described working to overcome the practical barriers that care leavers face in accessing services. PAs stated that they would remind care leavers of appointments or support them with paperwork. They also discussed using discretionary funds from LAs to provide transport to and from appointments:

> *"Whenever I couldn't make the appointment because of travel, because I take the bus, she [PA] arranged taxis for me and if she could, she's always been able to drive me there if she had no other appointments to be at."* – Care leaver

Many of the voluntary sector and care leaver-focused NHS services were also noted for being able to be flexible with the location in which work took place, to suit individual preferences. Some of these services were said to be set physical spaces designed to be welcoming and informal, removing the barrier of the formality of clinical spaces in hospitals. Professionals sometimes described trying to demystify services in order to help care leavers to feel more comfortable being referred into them. They also described working to help care leavers recognise when they needed support, and empower care leavers to seek help independently.

> *"We try and introduce our care leavers to [crisis service]: take them there ourselves, show them where that is, so just in case they have their own crisis, they know that there's support that they can access themselves. I doubt many care leavers use it, but we do try and encourage them and show them where it is, at least."* – Personal Advisor

Equality, diversity and inclusion (EDI)

None of the five LAs had specific approaches for working with minoritised groups, but all supported a diverse population of care leavers, including children who were formerly unaccompanied asylum-seeking children (UASC), and some were linked with services that support specific groups of young people. We asked participants to consider identity, and how identity may impact on care leavers' access to and use of services. Some professionals felt that services and support offered were suitable for all care leavers and did not feel as though those from minoritised groups had additional needs or barriers to accessing support, or additional challenges to maintaining good emotional wellbeing. The needs of UASC were commonly discussed in interviews, along with a smaller number of participants describing broader considerations relating to ethnicity, culture, sexuality and gender identity. There were particular gaps in provision noted in relation to care leavers experiencing neurodiversity or learning difficulties, and services that were not always culturally sensitive.

Interviews with both care leavers and professionals often conveyed a sense that being a care leaver was, itself, marginalising for young people. Participants highlighted the importance of having less access to resources and social capital, and instances of poor treatment or harsh consequences for actions because of prejudices against care leavers.

> *"I've gone missing from a care home because I've got issues at that home; but you go and arrest me. It's like I am always the issue. And that's how you're made to feel by the professionals."* – Care leaver

Some participants noted that other identities intersect with being a care leaver and compound the challenges they face. Being from a minority ethnic group or LGBTQ+ were most commonly seen as being identities that could result in additional specific support needs.

> *"Care leavers aren't the only things that defines, impacts on their day-to-day experience. These things do intersect."* – Service Manager

Professionals also talked about their own identities, and how shared identities, such as ethnicity, may help care leavers feel comfortable working with them due to an implicit understanding of experiences related to that identity, and how differences in identity may feel off-putting. Participants generally felt that working to build trust with care leavers from minoritised groups was particularly important, and needed to be more of an overt process:

> *"I've got a pride badge on my bag and things like that because I want to make myself accessible to young people. And when we talk about that trust, it's how do I make myself look like someone you can trust, because I'm aware of my ethnicity. I'm a man of a certain age. Some people might look at that and make a judgement of my personal views. So I want to be clear to young people, I'm the same person to talk to."* – Personal Advisor

UASC

Participants commonly reflected on UASC and the unique challenges they face in relation to their emotional wellbeing and accessing support. They were felt to have unique trauma they faced compared to other care leavers These young people were also perceived to have more pressing practical needs than other care leavers, as they tended to be transitioning to adulthood with even fewer material and social resources. They were also noted as having the additional challenge of making asylum claims which meant dealing with considerable uncertainty for long periods of time (with some professionals reporting that claims could take multiple years to be processed), impacting their ability to build a home and to access employment or education. This was felt to have a considerable negative impact on their emotional wellbeing. PAs felt that supporting asylum claims should be a priority and that going through the asylum process could leave UASC with little spare time and energy with which to engage with other services.

> *"One of my young people, he's literally ringing his solicitor every single day, and it's because he's looking for control, and I get very, very frustrated when professionals, just say, 'just forget about the Home Office for now,' and it's like, can you not see that's the only control they have in their life? You know, I always think, if I was in that situation where my whole … One of my other young people said this to me once, and he was like, 'How do you expect me to go to college when my whole life is literally waiting on this?'"* – Personal Advisor

Professionals frequently noted that language was a barrier to accessing emotional wellbeing support for UASC, with services not often available in a young person's first language. Even where translators were provided, needing a third party to communicate was felt to make it difficult to build a therapeutic relationship with a professional. Not speaking English was also felt to make it difficult to build social connections more widely and to express oneself, again negatively impacting on their emotional wellbeing.

A few professionals noted the importance of having communities from the countries they were born in for UASC. It was felt that these communities could provide informal support to young people, and that they could offer an opportunity for connection with people who could relate to that part of their identity.

> *"He told me he was lonely, and I know there's a Somali community quite near to where he lives. So I took him out to a little café, and we went to this Somali café, and we had some Somali food together. He got to chat in his language to the guys behind the counter.*" – Personal Advisor

Lack of knowledge

When care leaver and professionals were asked about diversity and the way it may impact on emotional wellbeing and support received, it was common for them to note examples of professionals from across LAs and healthcare services showing limited awareness of, or sensitivity towards, minority identities and characteristics. It was recognised that these experiences of being misunderstood, or having their minority status emphasised could have a negative impact on emotional wellbeing. This limited awareness could also impact their access to services, as their needs were not correctly recognised or they were discouraged from seeking help from somebody who they felt didn't understand them.

> *"I've always wished that I had been to therapy early on in my journey to help me manage my emotions a lot better than I did when I was younger. But they decided putting me in a residential home and calling me an angry black girl was the way they wanted to go with it, not a therapist. There you go, but what can you do?"* – Care leaver

There were, however, instances of professionals proactively undertaking training or research to better understand care leavers' identities and experiences.

> *"The [practitioner] didn't really have any understanding of this young girl, and what she had gone through, and going through, and what happened. But interestingly enough, the outcome of this was about three or four months later. The [practitioner] did actually come out to the family, and in that time she had done the autism awareness course. She had done the two-day course. She actually said to this young person that I'm really sorry. I understand now. I get it. I understand that you weren't just being difficult."* – Personal Advisor

Some PAs talked about responding to a perceived rise in the number of care leavers going through gender transitions or being uncertain about their sexuality. Some felt that they knew very little about these topics, but in response were seeking out more information and specific services for these young people, and were becoming more confident in how to talk to and support care leavers through these challenges.

There were also instances of professionals making assumptions about care leavers based on their minority identities. Examples of this included a professional stating they felt the prevalence of LGBTQ+ identities was higher in care leavers than the general population because of a response linked to the instability they experienced in life; or that refugees were less likely to accept mental health support because this tended to be more stigmatised in countries that they had been born in. It is unclear if these assumptions were evidenced or accurate, or if they are having an impact on the support provided to care leavers.

Participant views on improvements to LA's support offers

Considering the services to support emotional wellbeing currently on offer in their LA, professionals made recommendations for improvements in services, or additional services needed to fill in gaps in care more generally. Although asked, the care leavers interviewed did not make any specific recommendations for improvements or additions to services, and so recommendations presented here are based solely on the suggestions of professional participants.

Staffing

The most frequent recommendations for improvements to LA's emotional wellbeing support for care leavers related to staffing. Professionals stated that they would value a psychological wellbeing support worker or clinician working within their leaving care team (as one LA had already), whose job was solely to work with care leavers; both to provide support to them directly or to facilitate referrals to other mental health services.

Two LAs had systems of shared knowledge within leaving care teams, in which specific PAs had specific areas of expertise and supported each other when they needed guidance about needs relating to these areas of expertise. None of the PAs reported having sufficient mental health expertise, but it was suggested that this should be the case. Other professionals from across the five LAs also recommended more general training in mental health support for staff working in leaving care teams. Particularly, more training and supervision on managing complex mental health needs and mental health crises appropriately and safely was suggested.

Connection

Participants identified loneliness and isolation as a common contributor to poor emotional wellbeing; however, this seemed to be a gap in provision, with professionals often suggesting that care leavers would benefit from more services to reduce isolation. They believed it was important to encourage peer support between care leavers and to facilitate connection within their care leaver communities, both to alleviate loneliness and to have an opportunity to build relationships with people that understand that aspect of their identity. Recommendations tended to be for physical spaces which care leavers and leaving care teams could use to spend time with each other; similar to existing services offered by voluntary sector organisations in two of the LAs.

> *"More community-based hubs, you know, where people can just drop in, and it's not that 'I'm going because of my mental health.' You know, because there's still a stigma around people saying 'I've got mental health.' Just go and be somewhere to talk and make friends. There's not a lot of that youth stuff out there that people feel comfortable to go into. So people look for different ways of connecting with people, and sometimes maybe not healthy ways."* – Personal Advisor

It was emphasised by a number of professionals that these spaces should be warm and welcoming environments. Some professionals additionally recommended that these spaces could have clinical staff working within them, and so could serve as informal drop-in spaces for low intensity mental health support.

Participants (in LAs that did not have existing mentoring or peer support programmes) also suggested programmes to link care leavers with each other as "buddies" who could support and share experience each other, or with older care-experienced people who could act as mentors.

Interagency working

Professionals advocated for better communication with the other agencies they worked with so that they could better support young people, recognising that agencies had different pressures, priorities and ways of working that did not always "gel" together. They suggested developing multi-agency approaches to supporting specific emotional wellbeing needs, similar to partnerships that LAs commonly have with Department for Work and Pensions and housing services. A few staff mentioned improving joint working with GPs specifically, as the professionals who were often the first point of contact within the NHS for care leavers seeking help.

> *"We'd look at more focused work, not just about prescribing, but also social prescribing as well. More integration with the GPs and knowing what's going on the system. Information sharing, communication with the NHS, because we're just two different natures. There's the medical model, and there's the social model, and we're just so different."* – Personal Advisor

Staff believed that having a single point of contact within another agency could make a referral process easier and help to prioritise their care leavers' access to services, and could be used to resolve specific issues on a case-by-case basis.

Information

Some professionals referred to the lack of consistent information about services from the council itself, the NHS, and voluntary sector organisations that were available in each LA. They recommended improvements in the promotion of support services available to care leavers, such as advertising services online rather than using physical leaflets. They also felt that it would be useful for LAs to manage signposting more centrally, and to provide PAs with the same information to reduce the inconsistency in support offers to care leavers, and to ensure that they were making use of everything available.

Deliberative workshop

Purpose

A deliberative workshop was held on 22 March 2023 as the final strand of this project. Its purpose was to allow a group of experts by profession or experience to reflect on findings from the evidence review and qualitative study, and suggest priorities for practice and policy. Reflections on findings of the qualitative study also supported the validity and reliability of results.

Participants

We recruited participants to the workshop by inviting collaborators and participants from the qualitative study to be involved, and through public calls through WWCSC's newsletter and via Twitter. Individuals were eligible to take part if they were over 18 and had a personal or professional interest in supporting the emotional wellbeing of care leavers.

Participants were given information sheets and signed consent forms prior to attendance. Twenty-five participants joined the deliberative workshop, alongside six WWCSC researchers. Participants were nine academics/university staff, seven care-experienced people, nine LA professionals working with care leavers, three professionals working in charities that support care leavers, two mental health professionals, and one representative from the DfE.[5]

Process

The workshop lasted two hours and was held online. A member of WWCSC staff who is a qualified social worker was on hand to support any participant who wished to take a break from proceedings or reflect on their response to discussion. All participants who were not attending as part of their professional role were given a £25 voucher to thank them for their time.

After a welcome presentation and introductions, we presented key findings from the evidence review and qualitative study to participants. Four smaller groups were then formed to discuss findings, each facilitated by a WWCSC researcher. Participants were asked to comment on whether key findings reflected their views and experiences, and what they believed to be the most important actions for local services to take to better support the emotional wellbeing of care leavers. Following this, facilitators fed back key points from the discussion to the whole group.

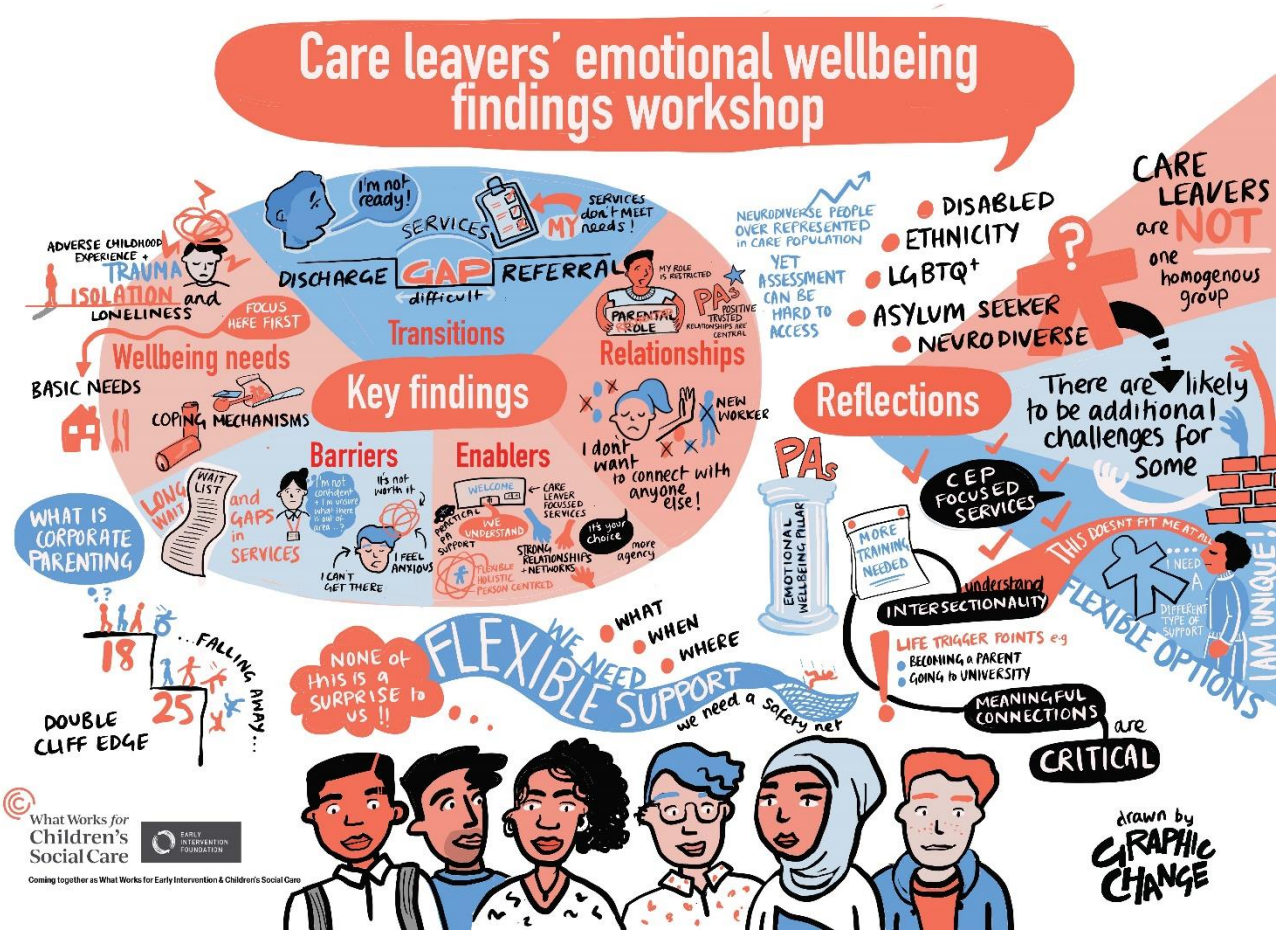
[5] Some participants are double counted as they were participating both as somebody with experience of care and a professional in the sector.

A second presentation focused on reflections from the research teams involved in both studies, and project findings related to EDI. Subsequent group discussion asked similar questions: whether findings were reflective of the group's views and experiences, and what more could be done by local services to support care leavers from minoritised groups. Again, the key points were fed back to the whole group before the workshop closed.

Facilitators took notes (supplemented by audio recordings of group discussions) to document participant comments. Two WWCSC researchers collated and grouped these notes thematically to identify key reflections and recommendations from the group as a whole. A graphic recorder was present throughout the workshop and created an image to represent key points from presentations and discussions, presented in Figure 2 below.

Findings

Figure 2: Graphic representation of key reflections from the deliberative workshop



Workshop participants broadly felt that project findings reflected their personal and professional experiences of leaving care. Some participants noted that project findings were not particularly new knowledge for the sector, which suggested that little progress has previously been made in improving policies and services to support care leavers. Key

reflections from the workshop are presented below according to the same thematic structure as the qualitative results. This summary aims to highlight where participants particularly emphasised the importance of certain findings to them or expanded on our interpretations. Recommendations and priorities from participants are also included.

Wellbeing needs

Participants felt that meeting basic needs and recognising the context in which emotional wellbeing support was offered was crucial, with one care experienced participant noting that after 18, care leavers could often be in “survival mode”. In addition to practical needs, participants talked about the importance of facilitating “psychological safety”; having a safe environment in which to live, and a solid support network of social contacts to turn to.

Recommendations for practice and policy were to:

- Use models of support that address emotional wellbeing holistically, rather than addressing aspects of wellbeing in isolation
- Increase the availability of services that are able to support multiple and complex needs, as these are becoming more common among the care leaver population.

Relationships

Participants recognised the importance of looking after the professional workforce who support care leavers. They felt that stretching of services and high caseloads had the potential to result in professionals being on “autopilot” and emotionally disengaging from their work, and therefore care leavers. There was also a potential issue with high staff turnover due to difficult working conditions resulting in care leavers having to repeatedly begin new trusting relationships. It was believed that boundaries that professionals created with care leavers was influenced by their team’s culture and could potentially have more influence than statutory obligations. Participants felt it was very important for professionals to support care leavers at a “human-to-human” level, but also noted that in reality, some would not feel readily able to do this, and would need support and training, specifically if working with care leavers who had quite complex or intensive needs.

Recommendations for practice and policy were to:

- Provide adequate managerial and pastoral support for professionals, as well as training in emotional wellbeing needs and how to support them, to ensure that they can support care leavers in the best way possible.

Transitions

Participants discussed the importance of not having hard boundaries around the beginning and ending of provision of support from LAs and the “softening” of transitions at 18 and 25. It was felt that the withdrawal of leaving care services at 25 could create a double cliff-edge of care (with the first being at 18), resulting in care leavers having to deal with the same abrupt losses and adjustments to independence twice. A voluntary sector professional highlighted that they worked with care leavers over 25, but as LAs typically did not work with (and therefore refer) over-25s, awareness of their service could be low. Participants emphasised

the individuality of readiness for support and the importance of options to return to offers of support over time. Certain life events, such as becoming a parent, or moving to university could trigger the need for specific support, and participants noted that some universities have specific support systems in place for care leavers.

Recommendations for practice and policy were to:

- Expand care leaver services to more in-depth and preparatory work before 18
- Take a phased and individual approach to withdrawing support after 25.

Additional barriers and facilitators

Participants picked up on the inflexibility and under-resourcing of services described in the findings. Although they felt that information sharing between services was important and should be prioritised, they also noted that at over 18, consent must be sought to do so, and perhaps wasn't a widespread, routine process. Some participants described support for care leavers as a "postcode lottery", given the variance of services available across England. They also felt that awareness and understanding of available services was low, and that increasing this among care leavers could increase autonomy and control over the choice of what support they accessed.

Recommendations for practice and policy were to:

- Facilitate the fast-tracking of care leavers into services to avoid long waiting times; it was suggested that these health and social care services fell under the umbrella of the "corporate parent" and so should prioritise care leavers
- Create more accountability for services supporting care leavers, and transparency to ensure that services were providing the support that they were supposed to
- Ensure that care leavers have options for both care leaver-focused and general population services.

Equality, diversity and inclusion (EDI)

Participants felt that recognising individual needs and preferences was critical to providing appropriate support to care leavers of different identities. It was felt that there was not enough known about how certain identities impacted the experience of leaving care and how to capture the wellbeing needs of care leavers from minoritised groups. Challenges to diagnosis and accessing support for particular groups were recognised (such as women, who may not present with the symptoms traditionally recognised by diagnostic guidelines for certain psychiatric disorders) and those who might face additional societal stigma in seeking mental health support, such as men and UASC.

Recommendations for practice and policy were to:

- Improve the evidence base on intersectionality (the interconnection between multiple identities) for care leavers, and the assessment tools used to capture emotional wellbeing
- Prioritise using co-production (collaboration between stakeholders) with diverse groups of care leavers in service development

- Offer as much choice as possible in support offers so that care leavers can choose services that they feel meet their individual needs.

Discussion

Summary of findings

Our findings from the evidence review and the qualitative study are well aligned and reflect other research carried out in this area (described in the evidence reviews), highlighting continued challenges in the sector. A summary of key results is discussed below in the context of the research questions posed at the beginning of the project.

Based on our review of publicly available information, we found that there was a reliance on mental health services (both for the general population and care leaver-specific) provided by the voluntary sector, and considerable variation in the approaches to emotional wellbeing support available to care leavers across LAs. This was reflected in the five LAs that we conducted in-depth work with; they had a range of in-house services, and links with a number of voluntary sector organisations providing both mental health and wider emotional wellbeing support. None of these LAs had clearly defined protocols for holistic emotional wellbeing support; rather their packages of support were developed organically with the local voluntary sector and NHS services available within the LA. At the time of publication, one LA currently has an emotional wellbeing and mental health practitioner working within their team, and another has plans to offer in-house mental health support.

All of the five LAs had PAs as a key feature of emotional wellbeing support provision. They were often the first point of call for support and acted as the link to additional services for care leavers aged between 18 to 25. PAs' important role in providing access to LA's emotional support provision, and being themselves providers of emotional support, had both benefits and drawbacks. Centring support through one person meant that they were able to develop trusting relationships with the care leavers they worked with, and act as a conduit between them and other services. However, this reliance on one relationship meant that if a care leaver did not have a good relationship with their PA, they might be less likely to be able to access services. It also brought complexity to the relational boundaries in a relationship between a care leaver and their PA. This role could also be challenging given PA's typically limited training in emotional wellbeing or mental health. Support also had to be provided in the context of a responsibility to meet a wide range of practical and emotional needs, and time split across all care leavers on their caseload. More widely, findings raised the question of how effectively "corporate parenting" could substitute a familial supportive relationship, where this was reliant on PAs with high caseloads.

Focusing support services on ages 18–25 could also be a drawback, as care leavers may not be in most need of these services within that timeframe. Although intended to create less of a "cliff-edge of care" at 18, statutory guidance to provide support up to the age of 25 may simply be delaying this cliff-edge to a later stage in life. Models of care also tended to primarily focus on meeting basic needs such as financial and housing security as it was recognised that meeting these basic needs was a priority, and that they were key contributors to emotional wellbeing.

Key barriers to accessing emotional wellbeing support were perceived by participants as under-resourced and inflexible services (typically general population NHS services) that had long waiting lists and high thresholds for access and were not proactive in their engagement with care leavers. There were also practical barriers, such as the physical location of services that could be difficult to access due to their geographical location or sterile and clinical spaces. A lack of provision where English was not the first language was highlighted by unaccompanied asylum-seeking children and provided an additional barrier. Care leavers may have to overcome internalised stigma faced as somebody with experience of care in order to access services, and could be put off by the need to build therapeutic relationships with a number of different professionals. Care leavers who lived outside of the LA they grew up in faced additional barriers due to a lack of local information of services on offer in their area, and the geographical distance from their PA. Key facilitators were good working relationships between PAs and staff in services that were supporting the care leavers that they worked with, and PAs who had the resources to respond to individual needs.

Services designed specifically for care leavers were perceived to be more effective in improving wellbeing outcomes than general population services, although the evidence review did highlight that a focus on these services may leave care leavers with few options for the kind of support that they felt would help them. Inflexible services may discharge care leavers before they have fully benefited from the support on offer, and may not be able to meet individual needs due to lack of flexibility, understanding of care leavers' experiences or sensitivity towards ethnic, gender, cultural or neurodiverse identities.

We generally found that the LAs we worked with did not maintain routine monitoring of wellbeing-related outcomes, except one, either for care leavers generally or for care leavers using emotional wellbeing services provided by their LA. This suggests that there is little understanding, at the population level, of the prevalence of poor emotional wellbeing or mental health needs among care leavers. Additionally, there is limited understanding of whether support services that LAs are using are having a positive impact. We were not able to find out if this was also the case in voluntary sector-led services as we did not interview many representatives from these organisations. There is a broad lack of evidence on the effectiveness of mental health support for care-experienced young people, and how different identities (such as gender or ethnicity) impact on their experiences of support. Ways of improving the evidence base for care leavers' emotional wellbeing support are discussed in the following section.

A number of our findings are in line with the findings and recommendations in the *Independent Review of Children's Social Care* (2022). Specifically, it states that the role of loving relationships for care leavers is difficult to fill with statutory services, but that mentoring-type relationships may go some way to offering less professionally restricted relationships. It also recommends that the identification and response to poor mental health should be a core part of training programmes for professionals working with young people that have involvement with children's services.

Strengths and limitations of the project

We were able to base conclusions on triangulated data from evidence reviews, offering broad information about experiences of support, and a qualitative study offering in-depth insight into support systems in practice across a varied set of LAs in England. These findings were sense-checked by a range of stakeholders and experts in the field. The qualitative study has a majority sample of professionals, so that data mostly represents the views of professionals, while the evidence reviews primarily drew on literature focused on the voices of care-experienced young people.

There are some limitations to the project. The LAs and the participants we worked with for the qualitative study were self-selecting, and so we may not have been able to capture the full range of experiences that exist across care leavers (such as those in prison or with special educational needs) and professionals in each LA. As we recruited through LA gatekeepers, we did not speak to care leavers who had little or no current contact with their PA, and who therefore may face additional barriers to accessing emotional wellbeing support over those who felt comfortable to maintain a relationship with their LA. It is also possible that using gatekeepers for recruitment could have led to a higher likelihood of care leavers with positive experiences of LA support being selected for the study.

Recommendations for policy and practice

This study was exploratory in nature, using qualitative data from both professionals and care leavers in a small number of local authorities to explore common perceptions of priorities for the emotional wellbeing support of care leavers. It helps to provide important insights into the experiences of those receiving services.

There are four key themes which have emerged:

1. Dual approach to supporting wellbeing

Our qualitative findings suggest that care leavers need both practical support to meet their basic needs (such as stable housing) alongside mental health support, in order to improve their emotional wellbeing: addressing a care leaver's basic practical needs alleviates stressors on an individual's emotional wellbeing, but alongside this there should also be a parallel focus on addressing a care leaver's individual emotional wellbeing needs.

It is promising that the government's recent children's social care strategy (DfE, 2023) has a focus on meeting both the basic needs and mental health needs of care leavers: for example, Mission 5 sets out steps to increase the number of care leavers in safe suitable accommodation (e.g. by prioritising care leavers for social housing allocation), and Mission 6 seeks to improve wellbeing for care experienced people (e.g. by committing to review current levels of knowledge and skills in relation to mental health among social care practitioners).

More research is needed as to the most effective way to address a care leaver's emotional wellbeing.

2. Improving the quality of support for care leavers

Current models of emotional wellbeing support are typically not well defined, with considerable variation between the quality and content of support offered. Consideration should be given to how to strengthen the support that is available for care leavers. This could be through amending existing statutory guidance (DfE, 2018), which may help to provide clarity to local areas on how to define their packages of support; or by exploring other mechanisms to drive quality in local areas' support for care leavers, including through the NHS long-term plan.

3. The importance of PAs

The qualitative research highlighted that PAs are central to providing care leavers with emotional wellbeing support, and positive relationships between PAs and care leavers were described as crucial to facilitating access to services through LAs. However, PAs frequently have high caseloads which impact their capacity to offer emotional wellbeing as well as practical support, and in addition staff do not always have sufficient training to know how to appropriately help care leavers with complex or intensive emotional wellbeing needs.

Therefore, building the capacity of Personal Advisers could be an important route to improving care leaver emotional wellbeing. This might include training and Continuous Professional Development for PAs which help them to recognise and respond to mental health needs; as well as ensuring that PA's caseloads allow for sufficient time to focus on emotional wellbeing.

4. Data collection and monitoring

Our research found that there did not seem to be routine monitoring of the impact of emotional wellbeing support provided by LAs, and there was a broader lack of evidence on the effectiveness of mental health support for care leavers. Improving the availability of data on care leavers' emotional wellbeing could be an important way to track how care leavers are doing and inform attempts to improve services available at local and national level. This might be done through identifying suitable measures that could be included as part of national monitoring systems.

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Appendices

Appendix 1: Interview schedules

Interview questions for professionals

Could you tell me about your role and what your day-to-day work is like?

- *How do you work with care leavers?*
- *How often, and for how long, do you have direct contact with the care leavers you support?*
- *Roughly how many care leavers are you working with? What about your colleagues?*

Roughly, how many of the care leavers that you're supporting would you say need support with their emotional health (being resilient, content, coping with emotions)?

- *How many need support with their mental health (emotional wellbeing issues that have a more significant impact on day-to-day life often resulting in a need for clinical support, or a diagnosis of mental illness)?*
- *Of the young people that you feel need support, how many are actively getting support?*
- *Have you had any training on mental health or emotional wellbeing that helps you to support your care leavers?*

What services to support care leavers' emotional well-being does [local authority] provide, or has it provided in the past, and how are you involved in these services?

- *Prompt with types of support: activities, peer groups, clinical support, signposting*
- *Probe if applicable on how relationship works between LA and commissioned/charity services*
- *Roughly how many care leavers access each of these services? Who enables access?*

What impact do you see on the care leavers using these services? [take each service in turn]

- *Is there any data recorded by the LA/service providers about impacts? If so, what data is collected, how frequently, and how accurately do you think it captures care leaver wellbeing?*

What is it about these services that you think makes an impact on the care leavers using them? What makes you say that?

- *Do you feel confident that these services do what they intend to do?*

- *Do you know why these services were set up?*

Is there anything that you think makes it easier for care leavers to access and use these services?

- *Targeting certain groups for certain activities e.g. UASC*
- *Relationships with service staff/peers?*
- *Referral process through LA?*

What, if any, challenges are there for care leavers accessing these services?

- *Barriers to care leavers in minoritised groups*
- *Practical issues like timing/geographical locations*
- *Not enough space for all care leavers who want to access*

What, if any, challenges are there in providing emotional wellbeing support to care leavers?

- *Are there any challenges to you specifically?*
- *Are there any operational or practical challenges to the LA?*

Thinking about everything we've discussed, do you think the identity of care leavers, such as UASC status, a disability, identifying as LGBTQ+ or coming from an ethnic minority, impacts their emotional wellbeing, or how they get emotional support?

- *Do you think that your identity has any impact on the way you support care leavers?*

How do you think the support offer that your local authority provides to care leavers could be improved, if at all?

- *Are there any unmet needs that could be filled by new services?*
- *Are there specific things about existing services that could be improved?*
- *Are there things that could be done to help YP access them?*
- *Where would more resources be best placed? What makes you say that?*

Is there anything else that you'd like to tell me?

Interview questions for care leavers

1. Could you tell me a bit about yourself and what your day-to-day life is like? For example, are you in work or education (probe: what do you do/study?) and who's in your support network?

2. Can you tell me about anything your Personal Advisor might do that helps you with your emotional wellbeing?
   - Does it feel as though you can talk to them about your wellbeing?

- Do they check in with you about your emotional wellbeing?
- How often do you talk with them about this?

3. Are there any wellbeing services you're using?
   - How did you hear about them?
   - How easy or difficult was it to start using them? e.g. referrals, practicalities (time/location), emotional or mental state at the time
   - Has your PA or anyone else supported you to use X service?

4. What, if anything, about the support you receive from your PA or through these services has been helpful?
   - Has it changed the way you think or feel about things?
   - Has it changed the way you do certain things?
   - Has it connected you to supportive people?
   - Was there anything the services/PA did or does that's unhelpful?

5. Do you get any mental health or wellbeing support elsewhere, like through the NHS or a charity? If so, how does that interact with the other support we've discussed?
   - Is it more or less easy to access these services?
   - Do services from the council help with things you couldn't get help with elsewhere?
   - Does having things that are specifically for care leavers make a difference?
   - Did the NHS and the LA communicate with each other and did you want them to?

6. (If participant referenced any services/programmes that they knew of but didn't use)
   - Was there anything that made you decide not to use X services?
   - Was there anything that made them feel off-putting?
   - Was there anything practically that stopped you from using them?
   - Was there something about their offer that didn't feel like they would meet your needs?

7. Thinking about everything we've discussed, how do you think services might be improved? (e.g. anything missing from services or PA support, changes to what is available, accessibility)

8. Thinking about everything we've discussed, do you think that your identity, such as being a refugee, having a disability, identifying as LGBTQ+ or coming from an ethnic minority, impacts your emotional wellbeing, or how you get the emotional support we've talked about?

9. Is there anything else that you'd like to tell me?

Appendix 2: LA resources for emotional wellbeing support as of May 2022[i]

Local Authority	Basic support – e.g. signposting and PA support	Good access to generic mental health support (e.g. fast track, subsidised support)	Mental health provision in the charity sector (but not specific to care leavers)	Dedicated mental health workers or teams for care leavers	Commissioned services for care leavers (e.g. helplines, charities)	Extended CAMHS support for care leavers	Mentoring (Excludes career/job mentoring)	Wider provisions for wellbeing (e.g. arts based groups, dance, workshops, drop-ins)	CLA Population OF 31 March 2021 (per 10,000 children)	Overall Ofsted rating
Barnsley Metropolitan Borough Council (Metropolitan District)	Y	N	Y	N	N	N	Y	N	64	Good
Bath and North East Somerset Council (Unitary Authority)	Y	N	N	N	N	N	N	N	49	Good
Bedford Borough Council (Unitary Authority)	Y	N	Y	N	N	N	N	N	66	Good

Birmingham City Council (Birmingham Children's Trust – Metropolitan District)	N	N	Y	Y	N	N	N	N	67	Requires improvement
Blackburn with Darwen Borough Council (Unitary Authority)	N	N	N	Y	N	N	N	Y	97	Requires improvement
Blackpool Borough Council (Unitary Authority)	N	N	N	Y	N	N	N	N	210	Inadequate
Bolton Council	Y	N	N	N	N	N	Y	N	90	Good
Bournemouth Borough Council	Y	N	N	N	N	N	Y	N	56	Inadequate
Bracknell Forest Council	Y	N	N	N	N	N	Y	N	51	Good
Brighton and Hove City Council	Y	N	N	N	N	N	Y	N	74	Good
Bristol City Council	Y	N	N	N	N	N	N	N	67	Requires improvement
Buckinghamshire County Council	Y	N	N	N	N	N	Y	N	40	Requires improvement

Bury Metropolitan Borough Council	Y	Y	N	Y	N	N	N	Y	80	Inadequate
Calderdale Metropolitan Borough Council	Y	N	N	N	Y	N	N	N	74	Good
Cambridgeshire County Council	Y	Y	Y	Y	Y	N	N	N	47	Requires improvement
Central Bedfordshire Council	Y	N	N	N	N	N	N	N	50	Good
Cheshire East Council	Y	Y	Y	Y	Y	N	Y	Y	66	Requires improvement
Cheshire West and Chester Council	Y	N	N	N	N	N	N	N	73	Good
City of Bradford Metropolitan District Council	Y	N	N	Y	N	N	N	Y	95	Requires improvement/inadequate
City of London Corporation	Y	N	N	N	N	N	N	N	110	Outstanding
City of Wolverhampton Council	Y	N	Y	N	N	N	Y	N	86	Good
City of York Council	Y	N	N	N	N	N	Y	N	76	Requires improvement
Cornwall Council	Y	Y	N	Y	Y	N	Y	Y	46	Outstanding

Council of the Isles of Scilly	N	N	N	N	N	N	N	N	0	Good
Coventry City Council	Y	Y	N	N	N	N	Y	N	92	Requires improvement
Cumbria County Council	Y	N	Y	Y	Y	N	N	N	80	Requires improvement
Darlington Borough Council	Y	N	N	Y	N	N	Y	N	120	Requires improvement
Derby City Council	Y	N	N	N	N	N	N	N	108	Outstanding
Derbyshire County Council	Y	N	Y	N	N	N	N	N	58	Requires improvement
Devon County Council	N	N	N	N	N	N	N	N	55	Inadequate
Doncaster Metropolitan Borough Council	Y	N	N	N	N	N	N	N	81	Requires improvement
Dorset County Council	Y	N	N	N	Y	N	N	N	66	Requires improvement
Dudley Metropolitan Borough Council	Y	N	N	N	Y	N	N	N	89	Requires improvement
Durham County Council	Y	N	N	N	N	N	Y	N	93	Requires improvement
East Riding of Yorkshire Council	Y	N	N	Y	N	N	N	N	54	Inadequate

East Sussex County Council	Y	N	N	Y	N	N	N	N	57	Outstanding
Essex County Council	Y	N	N	Y	N	N	N	N	34	Outstanding
Gateshead Council	Y	N	Y	N	N	N	Y	N	112	Good
Gloucestershire County Council	Y	N	N	Y	Y	N	Y	N	61	Requires improvement
Greater Manchester Combined Authority	N	N	N	N	N	N	N	N	111	None (new LA?)
Hackney London Borough Council	Y	Y	N	N	N	N	N	N	68	Requires improvement
Halton Borough Council	Y	N	Y	N	N	N	N	N	107	Requires improvement
Hammersmith and Fulham London Borough Council	Y	N	N	N	N	N	Y	N	66	Good
Hampshire County Council	Y	N	N	N	N	N	N	N	58	Outstanding
Harrow Council	Y	N	Y	N	N	N	N	Y	30	Good
Hartlepool Borough Council	N	N	Y	Y	N	N	N	Y	172	Good
Havering London Borough Council	Y	Y	N	Y	N	N	Y	Y	35	Good

Herefordshire Council	Y	N	Y	N	N	N	N	N	87	Requires improvement
Hertfordshire County Council	Y	N	Y	Y	N	N	N	Y	36	Good
Hull City Council	Y	N	N	N	N	N	N	Y	165	Inadequate
Isle of Wight Council	Y	N	N	Y	N	N	N	Y	109	Good
Islington London Borough Council	N	N	N	N	N	N	N	N	79	Outstanding
Kensington and Chelsea London Borough Council	Y	N	N	N	N	N	Y	N	36	Outstanding
Kent County Council	Y	N	N	N	N	N	Y	N	48	Good
Kirklees Council	Y	Y	N	Y	N	N	Y	Y	66	Requires improvement
Knowsley Council	Y	N	Y	N	N	N	N	N	91	Requires improvement
Lancashire County Council	Y	N	N	N	Y	N	N	Y	79	Requires improvement
Leeds City Council	Y	N	Y	Y	N	N	N	Y	75	Outstanding
Leicester City Council	Y	N	Y	N	N	N	Y	Y	74	Good
Leicestershire County Council	Y	N	N	N	N	N	N	N	49	Requires improvement to be good

Lincolnshire County Council	Y	N	N	Y	N	N	N	N	46	Outstanding
Liverpool City Council	Y	Y	N	N	Y	N	Y	N	157	Requires improvement
London Borough of Barking and Dagenham	Y	N	N	Y	N	N	N	N	61	Requires improvement
London Borough of Barnet	Y	N	Y	N	N	N	N	N	35	Good
London Borough Of Bexley	N	N	N	N	N	N	N	N	41	Outstanding
London Borough Of Brent	Y	N	N	N	Y	N	N	Y	37	Good
London Borough Of Bromley	N	N	N	N	N	N	Y	N	45	Good
London Borough of Camden	Y	Y	Y	Y	N	Y	Y	N	35	Outstanding
London Borough of Croydon	Y	N	Y	Y	N	N	N	N	72	Good
London Borough of Ealing	Y	N	N	Y	N	N	N	Y	37	Requires improvement
London Borough of Enfield	Y	N	N	N	N	N	Y	N	45	Good
London Borough of Haringey	Y	N	N	N	N	N	Y	N	66	Requires improvement
London Borough Of Hillingdon	Y	N	N	N	N	N	N	N	45	Good

London Borough Of Hounslow	Y	N	N	Y	N	N	N	N	39	Good
London Borough Of Lambeth	Y	N	Y	N	N	N	N	N	60	Requires improvement
London Borough of Lewisham	Y	N	N	N	N	N	Y	Y	69	Requires improvement
London Borough Of Merton	Y	N	Y	N	N	N	Y	Y	30	Outstanding
Kingston and Richmond	Y	Y	N	N	N	Y	Y	N	33	Outstanding/ Good
London Borough of Southwark	Y	N	Y	N	N	N	N	N	68	Good
London Borough of Sutton	Y	N	Y	N	N	N	Y	N	48	Good
London Borough Of Tower Hamlets	Y	N	Y	N	N	N	N	N	41	Good
London Borough of Wandsworth	Y	N	Y	Y	N	N	Y	N	39	Requires improvement
Luton Borough Council	Y	N	N	N	N	N	N	N	64	Inadequate
Manchester City Council	Y	N	N	N	N	N	Y	Y	111	Good
Medway Council	Y	N	Y	N	N	N	Y	N	67	Inadequate
Middlesbrough Council	Y	N	N	Y	N	N	N	N	172	Inadequate

Milton Keynes Council	Y	N	Y	N	N	N	N	N	57	Requires improvement
Newcastle City Council	Y	N	Y	N	N	N	N	N	116	Good
Newham London Borough Council	Y	N	N	Y	N	N	N	N	44	Inadequate
Norfolk County Council	Y	N	Y	N	N	N	N	N	63	Requires improvement
North East Lincolnshire Council	Y	N	Y	N	N	N	N	N	173	Outstanding
North Somerset Council (Unitary Authority)	N	N	N	N	N	N	N	N	49	Requires improvement
North Tyneside Council (Metropolitan District)	Y	N	N	N	Y	N	N	N	69	Outstanding
North Yorkshire County Council	Y	N	Y	N	N	N	N	N	36	Outstanding
Northamptonshire Childrens Trust (On behalf of North Northamptonshire Council and West	Y	N	Y	N	N	N	N	N	Unknown	Inadequate

Northamptonshire Council: Unitary Authority)										
Northumberland County Council (Unitary Authority)	Y	N	N	Y	N	N	N	N	74	Good
Nottingham City Council (Unitary Authority)	Y	N	Y	N	Y	N	N	Y	99	Requires improvement
Nottinghamshire County Council	Y	N	Y	N	N	N	N	N	59	Good
Oldham Council (Metropolitan District)	Y	N	Y	N	N	N	Y	N	89	Requires improvement
Oxfordshire County Council	Y	N	N	N	N	N	N	N	53	Good
Peterborough City Council (Unitary Authority)	Y	Y	N	Y	N	N	N	N	67	Good
Plymouth City Council (Unitary Authority)	Y	N	N	N	N	N	N	N	91	Requires improvement

Poole Borough Council	Y	N	Y	N	N	N	Y	N	Unknown	Requires improvement
Portsmouth City Council (Unitary Authority)	Y	N	Y	N	N	N	N	N	86	Good
Reading Borough Council (Unitary Authority)	Y	N	N	N	N	N	N	N	72	Requires improvement
Redbridge London Borough Council	Y	N	Y	Y	N	N	Y	N	31	Outstanding
Redcar and Cleveland Borough Council (Unitary Authority)	Y	N	Y	N	N	N	N	N	115	Requires improvement
Rochdale Borough Council (Metropolitan District)	N	N	N	N	N	N	N	N	104	Requires improvement
Rotherham Borough Council (Metropolitan District)	Y	Y	N	N	N	N	N	N	104	Good
Rutland County Council (Unitary Authority)	Y	N	N	Y	N	N	N	N	43	Requires improvement

Salford City Council (Metropolitan District)	Y	N	Y	N	N	N	N	Y	92	Good
Sandwell Council (Metropolitan District)	Y	N	N	Y	N	N	N	N	107	Inadequate
Sefton Borough Council (Metropolitan District)	Y	N	Y	N	N	N	N	Y	113	Inadequate
Sheffield City Council (Metropolitan District)	Y	N	Y	N	N	N	N	Y	Unknown	Good
Shropshire Council (Unitary Authority)	Y	N	Y	N	N	N	N	N	84	Good
Slough Borough Council (Unitary Authority)	Y	N	Y	N	N	N	N	N	51	Requires improvement
Solihull Borough Council (Metropolitan District)	Y	N	N	N	N	Y	N	N	111	Requires improvement
Somerset County Council	Y	N	N	N	N	N	N	N	46	Requires improvement

South Gloucestershire Council (Unitary Authority)	Y	N	N	N	N	N	N	N	37	Requires improvement
South Tyneside Council (Metropolitan District)	Y	N	N	Y	N	N	Y	N	97	Good
Southampton City Council (Unitary Authority)	Y	N	N	N	N	N	N	N	96	Requires improvement
Southend-on-Sea Borough Council (Unitary Authority)	N	N	N	Y - nurse	N	N	N	N	71	Requires improvement
St Helens Borough Council (Metropolitan District)	Y	N	Y	N	N	N	N	N	130	Inadequate
Staffordshire County Council	Y	N	N	N	N	N	Y	N	73	Good
Stockport Borough Council (Metropolitan District)	Y	Y	Y	Y	Y	N	Y	Y	64	Good
Stockton-on-Tees Borough	Y	N	Y	N	N	N	N	N	132	Requires improvement

Council (Unitary Authority)										
Stoke-on-Trent City Council (Unitary Authority)	N	N	N	N	N	N	N	N	172	Inadequate
Suffolk County Council	Y	Y	N	Y	Y	Y	Y	Y	62	Outstanding
Sunderland City Council (Metropolitan District)	Y	N	N	N	N	N	N	N	112	Outstanding
Surrey County Council	Y	N	Y	N	N	Y	N	N	38	Requires improvement
Swindon Borough Council (Unitary Authority)	Y	N	Y	Y	N	N	N	N	60	Good
Tameside Borough Council (Metropolitan District)	Y	N	Y	N	N	N	Y	N	134	Requires improvement
Telford & Wrekin Borough Council (Unitary Authority)	Y	N	N	N	N	N	N	N	102	Outstanding

Thurrock Children's Social Care (Unitary Authority)	N	N	N	N	N	N	N	N	66	Good
Torbay Council (Unitary Authority)	N	N	N	N	N	N	N	N	126	Good
Trafford Council (Metropolitan District)	Y	N	N	N	N	N	Y	N	69	Inadequate
Wakefield Council (Metropolitan District)	N	N	Y	N	N	N	N	Y	86	Good
Walsall Borough Council (Metropolitan District)	Y	N	Y	N	Y	N	N	N	97	Good
Waltham Forest London Borough Council	Y	N	N	Y	N	N	N	N	47	Good
Warrington Borough Council (Unitary Authority)	Y	N	Y	N	Y	N	Y	N	83	Good
Warwickshire County Council	Y	N	Y	N	N	N	N	Y	72	Good

West Berkshire Council (Unitary Authority)	Y	N	Y	N	N	N	Y	N	41	Good
West Sussex County Council	Y	N	N	N	N	N	N	N	50	Inadequate
Westminster City Council (London Borough)	Y	N	N	N	N	N	Y	N	33	Outstanding
Wigan Borough Council (Metropolitan District)	Y	N	N	N	Y	N	N	N	93	Good
Wiltshire Council (Unitary Authority)	N	N	Y	N	N	N	N	N	39	Good
Windsor and Maidenhead Borough Council (Unitary Authority)	Y	N	Y	N	N	N	Y	Y	37	Good
Wirral Borough Council (Metropolitan District)	N	N	N	N	N	N	N	N	123	Requires improvement
Wokingham Borough Council (Unitary Authority)	Y	N	N	N	N	N	N	N	24	Requires improvement

Worcestershire County Council	Y	N	N	N	N	N	N	N	72	Requires improvement

Appendix 3: Number of participants across each LA

Local authority	Number of professionals interviewed	Number of care leavers interviewed	Total
LA 1	7	2	9
LA 2	6	3	9
LA 3	11	2	13
LA 4	5	-	5
LA 5	8	2	10
Total	37	9	46

Appendix 4: Participant demographics

Characteristic (self-identified)	Young Person	Practitioner
Gender		
Male/Cis man	4	4
Female/Cis woman	5	28
Not recorded	0	5
Ethnicity		
Afghan	1	0

African	0	1
Black African	0	2
Irish Traveller	1	0
Mixed/Mixed Other	2	0
Nigerian	1	0
Turkish Kurdish	0	1
White and Asian	0	1
White British	4	26
White Northern Irish	0	1
Not recorded	0	5
Sexual Orientation		
Bisexual	3	1
Gay	0	2
Heterosexual/Straight	5	26
Queer	1	0
Prefer not to say	0	1
Not recorded	0	7
Identified as a separated person/refugee/asylum seeker?		
Yes	0	1
No	8	27
Prefer not to say	0	0
N/A	1	1
Not recorded	0	8
Identified as having a disability or long-term health condition?		
Yes	3	2
No	6	29
Not recorded	0	6

Appendix 5: summary of themes

Over-arching theme	Theme	Sub-theme	Description
Wellbeing needs			
	Contributors to poor emotional wellbeing		Adverse childhood experiences and trauma, and isolation and loneliness were felt to be common and considerable contributors to poor emotional wellbeing.
	Hierarchy of needs		PAs needed to prioritise more basic needs over emotional wellbeing support; these needs not being met could negatively impact emotional wellbeing.
	Coping mechanisms		Some care leavers used drugs and self-harm to cope with poor emotional wellbeing.
Relationships			
	Corporate parenting		Professionals felt a responsibility to fill a parental role for care leavers as much as possible, although this was challenged by the statutory requirements of their role.
	Relationships between care leavers and their PAs		PAs were the central tenet to care leavers access and use of emotional wellbeing support. Trust and personal relationships were critical, allowing PAs to act as a conduit between care leavers and other professionals.
	Therapeutic relationships		Care leavers had the challenge of building trusting relationships with a number of professionals; this could be emotionally laborious and discourage them from engaging with new services.
Transitions			
	Challenges associated with the transition from childhood to adulthood		The transition from childhood to adulthood brought about considerable practical change that could impact on emotional wellbeing, but care leavers were not always ready for emotional wellbeing support at times it was offered. Some care leavers also

			wanted to distance themselves from LA professionals as they asserted more control over their lives.
	Access to services		
		The cliff-edge of service provision	The transition from child to adult health and social care services was seen to be difficult, with changes in criteria for care and gaps between discharge and referral.
		Bridging the gap	Most LAs had services designed to support young people through late teens to early twenties, although these were not typically suited to those with more intensive needs.
Additional barriers and facilitators to accessing and using services			
	Barriers to accessing and using services		
		Barriers at the systemic level	Adult health and social care services were under-resourced, leading to long waiting lists and gaps in services. These general services were often inflexible in their provision of services, leading to premature discharges or difficulty meeting thresholds for access.
		Barriers at the professional level	Professionals did not always have training in support emotional wellbeing, and so could not always be confident in their decision-making around support. There were often difficulties knowing what services were available to care leavers who lived outside their LA.
		Barriers at the individual level	Care leavers could have practical difficulties with attending appointments, and low awareness of services available to them. They could have to seek support proactively, and could have difficulties with this due to stigma and internalised negative narratives about their care leaver identity.
	Facilitators to accessing and using services		

		Facilitators at the systemic level	Care leaver-focused services were felt to be more flexible in provision than general adult services, and to facilitate easier interagency working.
		Facilitators at the professional level	A person-centred and holistic approach taken by professionals was felt to improve care leaver's access to services that met their specific needs.
		Facilitators at the individual level	PAs were able to provide administrative support and transport to help care leavers attend services, and helped them understand how services worked.
Equality, diversity and inclusion			
	UASC		UASC were felt to face more practical challenges than other care leavers, including the instability of making asylum claims. They also often had language barriers to accessing services.
	Lack of knowledge		Professionals with LAs and other agencies sometimes had limited knowledge about diversity, leading to minoritisation or withholding of services. There were examples of professionals working to increase understanding of specific groups and of them making assumptions about specific groups.
Participant views on improvements to LA's support offers			
	Staffing		Participants recommended more specialist staff accessible to or working within leaving care teams, as well as more training and supervision around emotional wellbeing work.
	Connection		Participants recommended more facilitation of social relationships to reduce loneliness and isolation for care leavers, and for physical spaces in which to build these relationships.
	Interagency working		Participants recommended improvements to interagency working through developing multi-agency approaches to meeting specific

		needs, and through having single points of contact in other agencies.
	Information	Participants recommended more standardised knowledge of services amongst PAs, and better advertising of services to care leavers.

[i] Provisions are likely to have changed since our search was completed. London Borough of Greenwich and North Lincolnshire are not included due to administrative error.

What Works *for* Children's Social Care

EARLY INTERVENTION FOUNDATION

Coming together as What Works for Early Intervention & Children's Social Care

CONTACT

info@wweicsc.org.uk
@whatworksCSC
whatworks-csc.org.uk