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Summary

Research has found the support for the emotional wellbeing of care-experienced young people (CEYP) is inconsistent and insufficient (Bazalgette, Rahilly, & Trevelyan, 2015). With a transition out of care, young people have found that they are no longer eligible for support from mental health services, despite research showing a clear deterioration in mental health in their first year of leaving care. Over the last decade, there has also been an emergence of co-designed innovations in youth mental health care, including services which span a transitional age range from approximately 12-25 years (McGorry et al., 2022). However, it is not clear whether these innovative approaches have been implemented with CEYP in mind, and there is also a gap for young people's voices in terms of how to implement effective services.

Using the Preferred Reporting Items for Systematic Review and Meta-analysis Protocols (PRISMA-P) guidelines, this review will identify and summarise the experiences with the implementation of mental health services for CEYP in the UK, drawing upon qualitative (and if relevant, quantitative) research findings. We will search databases of published literature. Unpublished literature will also be searched. The CASP checklist will be used to critically appraise the appropriateness of studies for the question. GRADE-CerQual will be used as a framework for the assessing the confidence in findings.

This protocol details the qualitative evidence synthesis, which is linked with the intervention effect review. The intervention effect review looks at the international literature on the

The structure for this protocol template draws on the PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 checklist

effectiveness of interventions to improve the mental health of care-experienced young people whereas this review looks at experiences with mental health provision in the UK context to create greater understanding around access, design, and acceptability, appropriateness and fit of provision – no matter its effectiveness – in the UK context. The effective review works to aggregate quantitative knowledge on the topic, whereas this review looks to configure understanding on experiences. Both reviews will be completed by December 2022.

Part 1) Rationale and question formulation

Rationale

Care-experienced young people (CEYP) are disproportionately affected by mental health difficulties than their non-care experienced peers. Outcomes for CEYP care are also poor and recent longitudinal data found that young people who had been in care during childhood had a higher risk of mortality long after they had transitioned from care, and early death was more likely to be a result of suicide (Murray, Lacey, Maughan, & Sacker, 2020). Improving the life expectancy of care experienced people, by narrowing health inequalities with the wider population is a mission of the recent independent review of children’s social care (MacAlister, 2022). Mental health services offer an opportunity to improve the poor outcomes and change this narrative, but young people need to be able to access effective, appropriate, and acceptable services.

Although the greatest incidence of mental health problems occurs between the ages of 12-25 years, access to mental health services is the least accessible for this age group (Kessler et al., 2007; Singh & Tuomainen, 2015). Care experienced young people often need emotional and mental health support when they ‘leave’ care, but many view this transition as “care leaving them, not them leaving care” (National Youth Advocacy Service, 2019). Even if a child in care has been successful in accessing mental health support prior to turning 18, the transition to adult mental health services often occurs within a period of considerable instability, including changes in social care support and a lack of permanence in living arrangements. As the young person and professionals involved in their care navigate these changes, issues can get overlooked or not followed up, appointments are more likely to be missed, and treatment might not continue at the same stage or with the same practitioner (Hiller, Halligan, Meiser-Stedman, Elliott, & Rutter-Eley, 2020). A study of CEYP found that young people feel abandoned, isolated, and disconnected from services at this junction (Butterworth et al., 2017). An ongoing systematic review on interventions to improve mental health and well-being outcomes of care-experienced children and young people (protocol: Evans et al, 2021) indicates that much of the evidence focusses on parenting programmes for the carers of school-aged children, and further review work is needed to look at perspectives on mental health for CEYP.

Research by NSPCC found the support for the emotional wellbeing of CEYP is inconsistent and insufficient (Bazalgette et al., 2015). With a transition out of care, young people have found that they are no longer eligible for support from mental health services, despite research showing a clear deterioration in mental health in their first year of leaving care. Over the last decade, there has been an emergence of co-designed innovations in youth mental health care, including services which span a transitional age range from approximately 12-25 years (McGorry et al., 2022).

	<p>The NHS Long Term Plan also makes explicit reference to delivering an integrated 0-25 years approach to mental health which is universally accessible, and this shift in focus on need, rather than age could create a sense of safety and stability for CEYP (National Health Service, 2019). However, the mental health of CEYP is not just the responsibility of specialist mental health services – a whole system approach is needed across social care and health. So, whilst these innovative policy and service improvements show promise for youth mental health overall, these approaches are not always consistent and it remains unclear which interventions and programmes are most effective for care leavers, and whether and how any benefits can be sustained over time.</p>
<p>Research question(s)</p>	<p>In addition to understanding the impact of interventions for CEYP on their mental health as detailed in the first protocol, the research question for the qualitative evidence review is:</p> <p>What are the experiences with the implementation of mental health services for CEYP in the UK?</p> <p>Secondary research questions are:</p> <ul style="list-style-type: none"> ● What are the barriers and facilitators for accessing mental health services for CEYP, including equity in access? ● What are the barriers and facilitators in successfully engaging and continuing with mental health services for CEYP after access? ● What do we know about the acceptability, appropriateness, and fit of mental health services for CEYP (e.g., viewpoints on targeted versus universal services, preferences on the points of delivery)? <p>The PPICoS framework for qualitative research, presented below in summarised form, will be used to answer the aforementioned research questions:</p> <p>Population - Care-experienced young people aged between 16-30 and practitioners who support CEYP who have transitioned out of care</p> <p>Perspectives – Research that has captured the voices of young people, social care practitioners (e.g., personal advisors), accommodation providers (e.g., foster carers), youth practitioners (e.g., charities), and mental health practitioners (e.g., therapists)</p> <p>Interests - Experiences of accessing, engaging, and continuing with mental health services (e.g., including key implementation outcomes of acceptability, appropriateness and fit)</p> <p>Context – UK, and where possible, highlighting any geographic differences experienced across the four nations</p> <p>Study design - Any that expresses aspects experiences of CEYP with mental health services (e.g., surveys, interviews, focus groups)</p>

Part 2) Identifying relevant work

Search Strategy

<p>Electronic databases</p>	<p>The following databases will be searched for studies published between 2000 and July 2022:</p> <ul style="list-style-type: none"> ● Cinahl via EBSCO ● ERIC via Proquest ● PsycINFO via Ovid ● Scopus ● Sociological Abstracts via Proquest ● Social Services Abstracts via ProQuest
<p>Other sources</p>	<p>Additionally, we will look for unpublished additional grey literature material from the following websites, ensuring representation from across the four nations. These include:</p> <ul style="list-style-type: none"> ● Become: The Charity for Children in Care and Young Care Leavers ● British Association of Social Workers (BASW) ● The Care Leavers' Association ● Cascade: Children's Social Care Research and Development Centre ● Catch 22 (and the National Leaving Chare Benchmarking Forum) ● Centre for excellence for Children's Care and Protection (CELCIS) ● Coram Voice's Bright Spots research ● Drive Forward Foundation ● The Fostering Network ● International Research Network on Transitions to Adulthood from Care (INTRAC) ● National Society for the Protection of Children against Cruelty (NSPCC)'s Library and Information Service ● National Children's Bureau (NCB)'s library of research reports and resources ● Ofsted ● Social Care Online (SCIE) ● Voice of Young People in Care (VOYPIC) ● YoungMinds <p>Key authors — of either relevant primary studies or of systematic reviews — will be identified during the search process and will be contacted by email to ascertain if they are aware of any supplemental and/or additional literature.</p>
<p>Draft search strategy</p>	<p>("care leaver" OR "care-leaver" OR "care experience*" OR "looked after" OR "looked-after" OR "child in care" OR "alternative care" OR "out-of-home care" or "out of home care" OR "foster care*" OR "foster parent*" OR "foster famil*" OR "foster placement*" OR "children's home" OR "children's residential home" OR "children's residential care") AND ("mental health" OR "mental disorder" OR "wellbeing" OR well-being OR "well being" OR depression OR anxiety OR distress OR self-harm OR "self harm" OR "suicid*" OR PTSD OR "post-trauma*" OR trauma* OR therap* OR counsel* OR CBT OR DBT OR psychotherap* OR psychologist OR youth work* OR mentor* OR "peer support" OR "community mental health" OR CAMHS OR AMHS OR IAPT) and ("United Kingdom" OR "UK" OR "Great Britain" OR England OR Scotland OR Wales OR "Northern Ireland")</p>

Study selection criteria

Inclusion criteria	<p>Inclusion criteria organised by PPICoS domains are outlined below:</p> <p>Population Young people aged between 16 and 30 years and who have experienced Out of Home Care (OOHC) in the UK and are transitioning or have transitioned from care during these ages.</p> <p>This includes young people who have lived in the following settings:</p> <ul style="list-style-type: none">● foster care● formal kinship care (i.e., where carers are registered)● group care● residential care● semi-independent care● congregate care <p>Perspectives Young people (as defined above), plus professional staff who support young people who have experienced OOHC, including social care practitioners (e.g., social workers, personal advisors), foster carers, youth workers (including voluntary sector practitioners), and mental health practitioners (e.g., counsellors, clinical psychologists).</p> <p>Interests Experiences of mental health services for CEYP. This includes the perceived barriers/facilitators for accessing mental health services for CEYP, including issues of equity in access, and the perceived barriers/facilitators for successful engagement and continuation with mental health services for CEYP.</p> <p>Key implementation outcomes will be explored and extracted, including outcomes of acceptability, appropriateness and fit of mental health services for CEYP, e.g., viewpoints on targeted versus universal services and preferences on points of delivery.</p> <p>Context UK only, including England, Wales, Scotland, and Northern Ireland</p> <p>Study Design Any that expresses the experiences of CEYP with mental health services, including but not limited to qualitative interviews, surveys, focus groups, case studies.</p> <p>Publication status No restrictions are placed on the type of publication to be included.</p> <p>Language Publications written in English language only.</p>
Exclusion criteria	<p>Exclusion criteria are outlined below:</p> <p>Population</p> <ul style="list-style-type: none">● Young people in OOHC settings for reasons other than abuse, neglect, parental capacity, family breakdown, or due to a family illness, disability, or death, or for reasons of special educational needs and disabilities● Young people that have returned to the care of their parents prior to (and at the time of) their exit from the OOHC system● Young people that are currently incarcerated, but not otherwise considered CEYP, including in youth justice settings● Young people aged less than 16 and greater than 30 at the time of data collection

	<p>Interests Experiences that do not refer to mental health services for CEYP.</p> <p>Context Locations outside of the UK.</p> <p>Study Design The study design must be primary data collection. Reviews and opinion pieces will be excluded.</p>
Process of study selection	<p>Title and abstracts will be reviewed by one review author, with a second reviewer resolving queries that are 'maybe' and papers going to 'full text' if unsure.</p> <p>This will follow the same process for full-text studies. One review author will read the full-text versions of all potentially eligible studies that they have selected, bringing in a second, and as necessary, a third reviewer to resolve any uncertainties.</p>

Study records

Data collection	For included studies, data will be extracted independently by one reviewer (with a subset checked by a second reviewer) into an online form developed for this review.
Data management process	Citations identified from the search strategy will be imported into the online systematic review application Covidence for screening.
Data items	<p>The following summary information will be extracted and recorded for each study:</p> <ul style="list-style-type: none"> • authors, year of publication, and title • study design and methodology • study population and demographics (if given) • sample size • summary of overall findings • judgement on the critical appraisal of the study using the 10 item CASP checklist for Qualitative research <p>Data to be extracted for thematic or framework analysis could include:</p> <ul style="list-style-type: none"> • primary data on experiences with mental health provision including factors affecting successful implementation of mental health services for CEYP, including access, engagement, and ongoing continuation with mental health services • type of type(s) of service provision explored e.g., community mental health team; inpatient service; social care intervention • referral method(s) • reference to whether experiences • interpretation of primary data • voice of quoted participant (e.g., CEYP, foster carer, social worker)
Outcomes and prioritisation	<p>Outcomes of interest include perspectives on the following:</p> <ul style="list-style-type: none"> • Mental behavioural or neurodevelopmental disorders — we will include any mental health outcomes as specified by the ICD-11 • Subjective wellbeing — we will include any outcome that reports subjective wellbeing, including quality of life, self-worth, happiness and life satisfaction • Self-harm, suicidal ideation or suicide • Mental health service utilisation — we will include any outcome that reports if an individual received services from a medical or accredited

professional (i.e., psychiatrist, psychologist, counsellor) in either an in-patient or out-patient setting.

Part 3) Risk of bias assessment

Risk of bias assessment criteria	Risk of bias will be assessed using the Critical Appraisal Skills Programme (CASP) checklists for individual study designs ¹ and the GRADE-CERQual (Lewin et al., 2018) to assess the confidence of findings from the qualitative evidence syntheses.
Purpose of risk of bias assessment	Risk of bias assessments will be used to explore the validity and applicability of individual findings and assess the overall strength of inferences supporting GRADE-CERQual recommendations. The GRADE-CERQual can be used to describe the level of confidence decision makers and other users can place in the overall review findings.

Part 4) Summarising the evidence

Data synthesis	<p>There are currently no guidelines to direct the conduct of rapid qualitative evidence synthesis (Campbell et al., 2019). However, Cochrane² have produced a training manual to support researchers with qualitative evidence synthesis. It advises against deciding an appropriate approach to synthesis before firstly mapping out the number, type, richness, and quality of included studies. Potentially relevant approaches to synthesis include thematic synthesis and framework synthesis.</p> <p>Thematic synthesis is an appropriate method of synthesis where there is no pre-existing theory or framework and/or if framework approach is considered too constricting. It has three main stages:</p> <ul style="list-style-type: none">● line by line inductive coding● development of descriptive themes● development of analytical themes. <p>Framework synthesis is more appropriate as a synthesis method where there is a pre-existing or proximate theory. It has five stages:</p> <ul style="list-style-type: none">● Familiarisation – immersion in the included studies in conjunction with the aims and objectives of the review● Identifying or developing a thematic framework● Indexing – applying the framework to code individual studies● Charting – charts contain distilled summaries of evidence● Mapping and interpretation – using the charts to define concepts, map the range and nature of phenomena, create typologies, and find associations between themes as a way of developing explanations for the findings.
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¹ <https://casp-uk.net/casp-tools-checklists/>

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https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/resources/downloadable_resources/Training%20workshop%20Cochrane%20Global%20Health%20.pdf

	Once the initial searches have been completed and there is an understanding of the depth and breadth of the eligible studies, we will consult with WWCS and our project advisory group to agree the most appropriate method for data synthesis.
Meta-bias(es)	The presence of publication bias arising due to missing results will be assessed by examining the distribution of results in a funnel plot.
Reporting and interpreting findings	<p>Relevant sections from included studies will be extracted into a data extraction template (Excel) and then themes coded in the qualitative software Dedoose, based on pre-existing and emergent codes. The data will be synthesised using one of the methods outlined above.</p> <p>The findings will be discussed with the lived experience and policy and practice advisory groups, and an implications section co-created to maximise relevance for beneficiaries and stakeholders.</p>

Registration

This review is registered with PROSPERO. The registration number is: CRD42022354456.

Personnel

The members of the review team and their roles are outlined below:

- **Arild Bjørndal** — Associate Director, Centre for Evidence and Implementation — will be the project director
- **David Taylor** — Senior Advisor, Centre for Evidence and Implementation — will provide coordination with other review
- **Stephanie Smith** — Senior Advisor, Centre for Evidence and Implementation — will provide content expertise related to mental health, co-lead this review, and lead consultation work
- **Eleanor Ott** — Senior Advisor, Centre for Evidence and Implementation — will provide methodological expertise and co-lead the review
- **Emma Wills** — Research Assistant, Centre for Evidence and Implementation — will provide research assistance
- **Amaka Dominic-Udeagbaja** – Intern, Centre for Evidence and Implementation – will provide research assistance
- **Sarah McEnhill** — Head of Practice, The Fostering Network — will provide policy and practice expertise

Timeline

Date	Activity	Staff responsible/leading
21 July 2022	Submission of draft protocol to WWCS	SS
28 July 2022	Submission of updated protocol to WWCS following receipt of comments	SS

1 Aug 2022	Submission of registration	EW
22 Aug 2022	Completion of title and abstract screening of electronic search results and grey literature search	SS, ADU & EW
12 Sep 2022	Completion of full text screening of electronic search results	SS & EW
Sept 2022	Search and contact experts to identify unpublished work	EW, EO, SS
26 Sep 2022	Complete data extraction from studies which meet inclusion criteria including CASP checklists	EW, SS
31 Oct 2022	Finish coding and synthesise results	EW, SS
30 Nov 2022	Submission of draft review to WWCS	EW, EO
Dec 2022/Jan 2023	Submission of final review to WWCS	EW, EO
Feb 2023	Submission of manuscript to peer reviewed journal	EW, EO

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