healthwatch

Deep Dive Report

Root causes of good and poor teenage mental wellbeing and health outcomes when you've been in care as a child.

healthwatch Staffordshire

Healthwatch Staffordshire 0800 051 8371

Support Staffordshire, Civic Centre, Riverside, Stafford ST16 3AQ

Website	www.healthwatchstaffordshire.co.uk
Email	enquiries@healthwatchstaffordshire.co.uk
Twitter	https://twitter.com/HWStaffordshire
Facebook	https://www.facebook.com/HWStaffordshireOfficial
Instagram	https://www.instagram.com/hwstaffordshire/

Contents

‘We respect therapists and counsellors, because they are very capable, highly educated, and they are there to help us.’

‘I would like to see better training for therapists, more assessments and support for young people, before prescribing them medication.’

‘The people I met, the experiences I’ve had, have helped me progress as a person.’

‘Life in care, for me, has influenced character development, in the long term. It influenced maturity, through life lessons, reflection, and philosophy’.

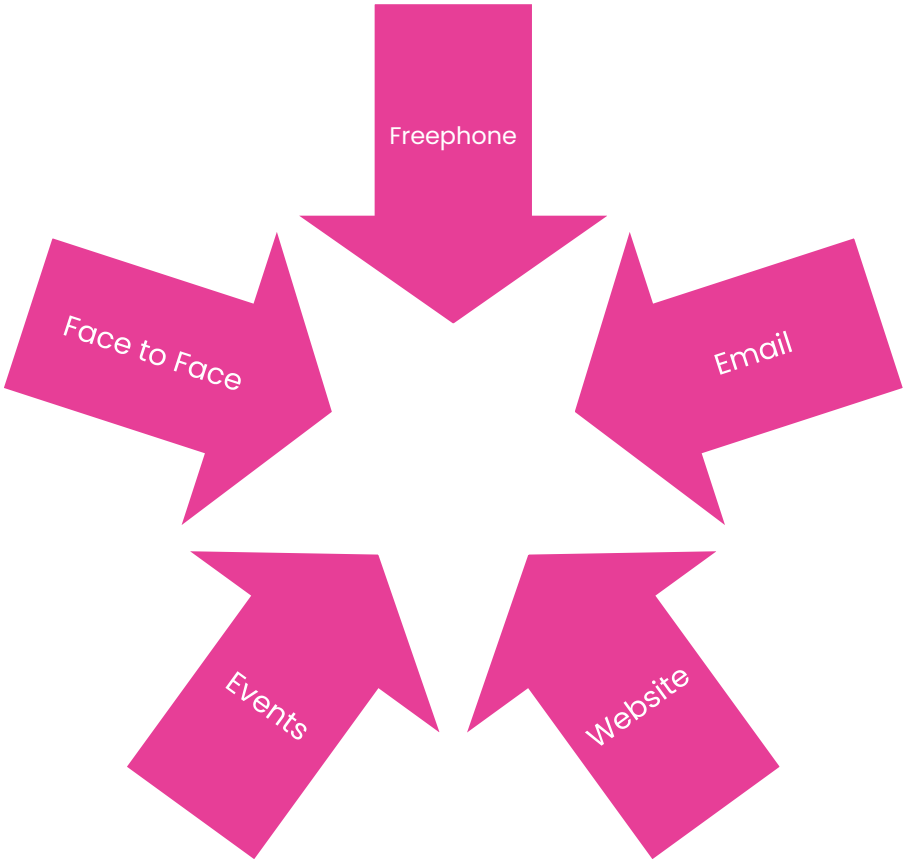
‘Through my experiences both good and bad, these have taught me a valuable lesson in life. Bad experiences, as traumatic as they can be, are the best to learn from, and mentally and emotionally progress as a person, through exposures to the harsh reality, that is the world we live in.’

Executive Summary

Mental health issues among young people have increased, with the government adopting measures to support the achievement of improved emotional wellbeing and mental health. Staffordshire County Council (SCC) has developed a joint Strategy to improve mental health outcomes for young people and the Staffordshire population, through collaboration with key stakeholders.

This report focuses on the root causes of good and poor mental health, among care leavers in Staffordshire. The report is based on a survey of care leavers in Staffordshire. The focus population is young people with age between 17/18 to 25 years, inclusive of additional needs or SEN, if applicable.

There is additional data from previous surveys compiled, such as national and Staffordshire data which was reported to the government over the past five years, as well as a wealth of qualitative data gathered through our Healtwatch Staffordshire lines of enquiry, illustrated in the diagram below. We continue to receive feedback.



The major risk factors for poor mental health include exposure to abuse and neglect before the care period, for example, due to family dysfunction characterised by mistreatment and / or absent parenting. Other factors were vulnerability to socially unacceptable behaviours, such as drug abuse and offending acts or criminality.

It is vitally important that careful selection of foster families and placement centres is considered by the local authority, to minimise exposure to factors that increase the likelihood of poor mental health conditions.

A positive aspect which was highlighted in the study, is that most of the care leavers which now live independently, have acquired suitable accommodation and are feeling more optimistic about their future.

Securing education, employment, or engaging with training programmes, is also positive for the care experienced young people's mental health and emotional well-being, thus it contributes to better outcomes, in the longer term.

What Young People Told Us

Feedback about NHS CAMHS

The main issues which young people brought to our attention, regarding accessing health and social care services, specifically the NHS Child Adolescent Mental Health Services (CAMHS), were:

- long waiting lists to be seen by a therapist, clinician or specialist, from the point of referral to their first appointment,
- cancelled or delayed appointments,
- session not always tailored to the person's individual needs, and
- sometimes young person (patient) felt 'rushed';
- too much focus on medication alone, rather than on the counselling and psychotherapy they felt they needed, for sustained emotional support.

Feedback about Transitioning to Adult Services

Transitioning from children's mental health services into the adult services proved problematic for some young people, due to the following factors:

- there was not a clear pathway: some cases were transferred from CAMHS to AMHS; other young people were discharged on their 18th birthday, without too much involvement or say into those decisions; they were just informed via a letter they received, at a later stage.

- Care experienced young people expressed that they were not always listened to, or not taken seriously, by the practitioners, when attending on their own. When an adult/ carer was present, clinicians tended to rely more on what the adult carer was saying.

Feedback about being an Inpatient.

Care experienced young people who had the experience of being an inpatient in a hospital, due to their mental health, had mixed views, in the sense that they stated that some staff were lovely and caring and supportive, and always there for them, while others were 'looking down on them', so they felt excluded or stigmatised, at times.

Some of the **positives** within the NHS- CAMHS services, which care experienced young people shared with us through direct discussions and short interviews, which then formed part of our qualitative data, were:

- staff was very knowledgeable and well trained in their field or speciality.
- professionals were polite and treated the young people with dignity and respect; they offered them a safe space, to talk about their emotional problems, worries or concerns.
- the number of sessions was, in most cases, the right amount they needed; in some instances, young people said that they felt would have needed more intervention, but the treatment came to an end, after 6-8 sessions.
- the flexibility of face-to-face appointments, mixed with online sessions.

Our **recommendations** are summarised below:

- **Transitioning** from CAMHS into adult mental health services needs to be smoother, thus less problematic for care experienced young people (CEYP).

- Reduce the risk for vulnerable people of **'slipping through the net'**, thus potentially having exacerbated problems, or even reaching crisis point.

- **Reducing waiting times** should be a priority, by increasing capacity across the mental health system (within NHS provision, community-based support and other commissioned provision), to ensure that needs are met by the most appropriate service. There should also be an increased focus across the system on prevention and

early intervention to reduce demand on specialist services and to achieve more positive outcomes for children and young people.

NHS CAMHS provision is available via MPFT or NSCHT, alongside other commissioned services, such as: Action for Children, Your Emotional Support Services (YESS), MIND, Changes, Starfish Health and Wellbeing, STARS – for people suffering from addictions.

- **Face-to-face appointments** to be kept as the main form of intervention, as this is what patients told us they prefer, while also maintaining the option of benefiting from the **flexibility of online sessions**, for those who need them, when they need them = **CHOICE**.

- **Increase overall effectiveness of one-to-one appointment**, by improving initial assessment methodology, and early intervention, making it more productive, with **less focus on medication alone**, but more focus on emotional support (counselling sessions, talking therapies, CBT, advice on self-help, and support groups in the community etc.)

- If possible, **increase the number of interventions**, /or **offer alternative support network**, to sustain progress achieved through counselling and psychotherapy.

Introduction **Background**

The existing Mental Health Strategy "Mental Health is Everybody's Business", went live in 2014 and is joint between Staffordshire County Council, Staffordshire, and Stoke on Trent Clinical Commissioning Groups, now known as the ICB (Integrated Care Board). During December 2020, the Staffordshire Health and Wellbeing Board approved a recommendation for a joint approach, by Staffordshire County Council and the then Staffordshire CCGs to co-ordinate, contribute and develop a new Staffordshire Joint Mental Health Strategy to replace the previous strategy 'Mental Health is Everybody's Business'.

In July 2022 Healthwatch had agreed with the Staffordshire Health and Wellbeing Board to take on 3 deep dives. One of these deep dives being **'Root causes of good and poor teenage mental wellbeing and Health outcomes when you've been in care as a child'**.

Healthwatch will be working with Staffordshire Health and Wellbeing Board, Staffordshire County Council and the ICS to co-ordinate and contribute to the development of the 'Staffordshire Joint Mental Health Strategy'.

The current joint strategy was developed in partnership across Staffordshire and has had a period of meaningful engagement that took place in partnership with people

with lived experience, their families, and carers, as well as a range of organisations across the public sector, private sector, and the voluntary and community sector.

The revised and updated strategy considers a range of national changes, the impact of the Covid-19 pandemic and compliments the existing strategies and work programmes to address mental ill-health and wellbeing.

To address and help to improve the mental health and mental wellbeing of people across Staffordshire, key priorities were identified from the engagement activities.

The Good Mental Health Strategy *is now published.* Staffordshire and Stoke-on-Trent Integrated Care Board have published a refreshed **Children and Young People Mental Health Local Transformation Plan** (LTP), which provides an update on progress and challenges associated with improving mental health services for children and young people in 23/24 and provides a forward view into 2024/2025.

'**This Plan has nine (9) priorities:**

1. **To continue to develop the THRIVE framework locally as our way of thinking about and delivering children's mental health services.**

2. **To involve young people more in co-production of our services.**

3. **To focus on prevention, including targeted prevention for those we know have other vulnerabilities in addition to poor mental health, to turn the tide of demand on children's mental health services. This includes building the resilience of our families and communities to support children to thrive.**

4. **To expand and develop our workforce for children's mental health while recognising that improving the mental health of children is everybody's job (business), not just that of specialist services. This requires us to think differently about how we upskill everyone who works with children to support good mental health.**

5. **To continue to improve and simplify access to services so more young people can get easy access to advice and help when they need it. This includes understanding where we may need additional capacity to meet demand.**

6. **To continue to review and improve services for children who have complex and additional needs, including those who are looked after by the local authority and care experienced children and young people.**

7. **To continue to review and improve services for children who have complex or additional needs, including those who have a neurodevelopmental condition or are neurodivergent.**

8. **To have a better and more joined-up approach across agencies to children and young people who are in crisis and need risk support.**

9. **To enhance and improve services for young people up to the age of 25 and improve the transition from CAMHS into adult services. '**

Focus of Deep Dive:

This deep dive focuses on establishing the root causes of poor teenage mental health that affect care leavers, the systems that are in place through a person's journey through care and what could be recommended from the findings, that could lead to positive systematic changes.

In carrying out this investigation, there will be an evidence-based approach from past surveys and reports compiled, strategies that were previously in place and how they have changed over time, access routes to services and how they function, support networks and organisations that are working towards a more inclusive and benefiting transformation strategy.

The investigation will seek to conduct its own surveys and interaction with various forums, steering groups, and support groups already in place, through co production and partnership working.

Key Findings and recommendations:

- **1. Care experienced young people have access to a wide range of services within Staffordshire, from the local authority, the NHS, and other organisations, including the voluntary and non-voluntary sectors.**

- **2. The young people we talked to, told us that services are fit for purpose; services are person-centred, and they focus on prevention and early intervention, thus reducing the risk of heightening needs and people potentially reaching crisis point.**

- **3. The referrals process for mental health and emotional support, has been streamlined into a single point of access, which has been a positive change.**

- **4. Waiting times should be reduced, by increasing capacity across the mental health system (i.e. within NHS provision, community based support and other commissioned provision), and by increasing focus on prevention and early intervention to reduce demand.**

- **5. The young people we talked to, told us that mental health support services offered by the NHS are adequate; however, certain services and pathways are still in need of further improvements.**

- **6. NHS services need to continue to work jointly with the Local Authorities, other government bodies, Healthwatch England, to improve mental health outcomes for all, nationally. Locally this would be Staffordshire County Council, Staffordshire and Stoke on Trent ICS, Healthwatch Staffordshire and Healthwatch Stoke.**

Steering Groups engaged by Healthwatch Staffordshire:

The Voice Project of Staffordshire County Council (S.C.C);
The Hive project of Staffordshire County Council (S.C.C.)

Methodology

Methodology approaches - How we carried out the project, who we engaged with and how we did this in partnerships and with co-production:

- *The Voice Project and the Hive of Staffordshire County Council (SCC).*
- *Support Staffordshire and the Healthwatch Intelligence Network (HWIN)*
- *National Health Service (NHS)/Midlands Partnership Foundation Trust (MPFT)/ Integrated Care Systems (ICS)/Integrated Care Board (ICB) Integrated Care Partnerships (ICP).*
- *The Education sector: the Virtual School for Children looked after and care leavers; local colleges.*
- *The Voluntary Community Social Enterprise (VCSE) sector, for example: Staffordshire Council of Voluntary Youth Services (SCVYS).*
- *Healthwatch day-to-day work: enquiries from patients received in inbox and via duty phone calls, or on our website, via Healthwatch England (HWE) web submission form, through relevant enter and view (**E&V**) visits to NHS MPFT Mental Health services, followed by writing our independent reports, with joint recommendations.*
- *We primarily focused our efforts on those who are care leaving young people, and the root causes of their mental health and well-being.*
- *Length of Deep Dive – November 2022 to November 2023.*
- *This project has been vitally important, as it is giving deep insights into service delivery and service improvements that need to be implemented, with the overarching aim of improving the mental health and wellbeing of the young population of Staffordshire, which is aligned to the principal aims of the* 'Staffordshire Joint Mental Health Strategy'.

Research/desktop

PowerPoint Presentation (staffordshire.gov.uk) – CYP EHWB Strategy 2018 – 2023.

Health and wellbeing strategy 2022 - 2027 - Staffordshire County Council

We organised the data collection for this project, during the summer months of 2023, between June/July to September.

Insights obtained to date, indicated a need of reorganisation of mental health services: this will form part of the joint Strategy between NHS/ ICB and Staffordshire County Council, and Healthwatch Staffordshire will produce an independent report with the findings of the deep dive research, in November 2023.

***Other highlights of the engagement in this deep dive*:**

Several sessions (minimum of six) at the 'Hive', with care experienced young people, exploring their experiences of using children and adult mental health services, and transitioning between the two.

On 2nd August 2023– Healthwatch Presentation by Daniela via Microsoft Teams, with the Virtual School Deputy Head and staff, to discuss semi-structured interview questions for professionals working with children looked after (CLA) or Care Leavers CL.

On 16th August 2023 - Focus Group with Young People at the Voice Project, by Daniela & SCC. **On 13 September** – the same as above, just evening time, instead of a morning session.

All surveys were promoted via digital communications, as well as when **we attended other engagement events in the community**, within all Staffordshire areas.

- LeDer Conference with the NHS, MPFT, ICS and ICB: Disabilities & CLA.
- Stafford Team Programmes – with the Prince's Trust, for young people;
- Several Effective Practice Development Officers have been informed, at S.C.C.;
- Several SCC Senior Practitioners, Social Workers, Personal Advisers/SCC.
- We informed the library services at Codsall Offices, and the SEND teams.
- Residential settings and respite settings for young people were contacted via email by Daniela (the Alders, Cannock Resource Centre, the Hawthorne, the Firs).
- We reached out again to Staffordshire Together for Carers colleagues that we collaborate with, at regular intervals, plus, the Family and Friends team.

- Surveys sent to South Staffs. Colleges and the Stafford & Newcastle college NSCG
- Surveys sent to Housing Association managers and private or voluntary sector: 'this is Concrete' (Stoke-on-Trent), Bromford Housing, WHG group.
- Utilising any other ideas or suggestions, to maximise reach and impact.
- Reassessing GANT chart, regarding project management outcomes, and adapting as necessary, to achieve predicted outcomes.

What Is Mental Health?

Mental health refers to our emotional, psychological, and social well-being. We all have mental health. Our mental health affects how we think, feel, and act. It also impacts on how we cope, interact and form relationships with others, as well as our daily functioning.

Our mental health can vary and be dependent on several factors which may include: our physical health, the number of demands and stressors we have, significant life events, how much sleep we get, relationships with other people, our diet/ nutritional intake, how much we engage in leisure activities, hobbies and interests, environmental, societal and cultural factors.

What is Mental illness?

Mental health is different from mental illness (which can also be referred to as having a mental health disorder). Poor mental health and struggling to cope is also different from having a mental illness. A mental illness or mental health disorder is an illness that affects that way people think, feel, behave, or interact with others. There are many types of mental illnesses/ health disorders with different signs and symptoms.

Generally, the difference between poor mental health and a mental illness is the nature of and degree to which the difficulties someone is experiencing are having on their wellbeing and functioning (socially, occupationally, and academically). Mental illness typically has more of a significant detrimental impact across many areas of an individual's life than episodes of poor mental health which may be situation specific or time limited.

Anyone of any age, gender, geographical background, race, ethnicity, class, background, religion, ability, appearance, culture, caste, education, economic status, spirituality, sexual orientation, can experience mental illness.

Factors that contribute towards good mental health and emotional wellbeing

It is important to have the basics of wellbeing consistently practised and in place. Young people may need help establishing and maintaining these wellbeing practices:

- Having a routine; getting up and going to bed at similar times.
- Good sleep hygiene.
- Being organised and having a plan of what to do and how to do it.
- Eating and drinking regularly; this includes having breakfast every day.
- Engaging in hobbies and interests, regularly.
- Making sure there is a balance of activities; academic work, social time and rest as these are all equally important.
- Having limits as to how much they use technology, social media, and online gaming.
- Having short and longer-term goals and ambitions; things to look forward to, strive and work towards.

How adult caregivers can support a young person struggling with their mental health.

- Ensure you have support for yourself; ask for help or let someone know if you are struggling either with your own emotional and mental health or if you are struggling with supporting a young person.

- Role model that you are human too; normalise and validate that we all have thoughts and feelings and can experience difficulties and struggles with our emotional and mental health.

- Share information; joined up working between adult caregivers (e.g., home and education) ensures consistency and containment for young people.

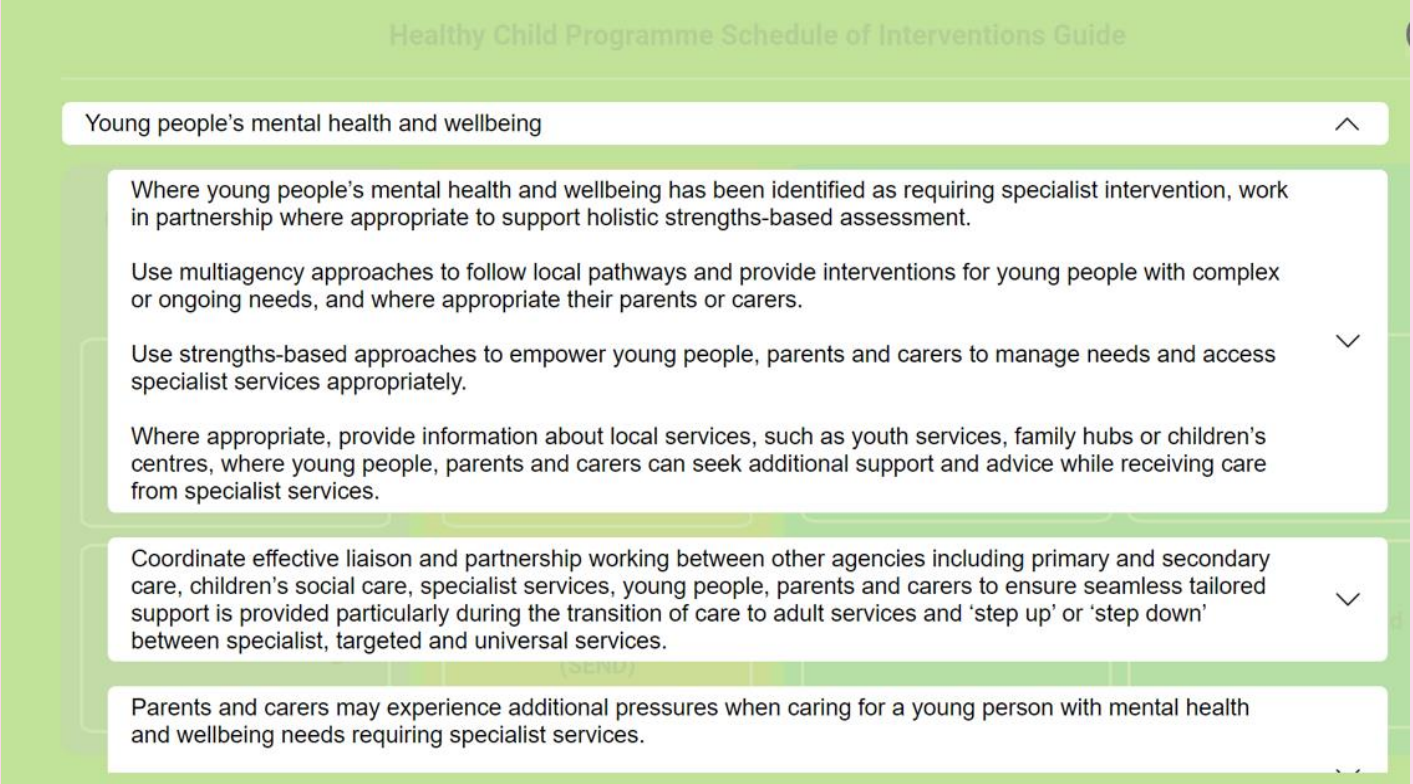
- Be calm, consistent, clear about boundaries, as well as kind and compassionate.

- Remember that your verbal and nonverbal communication and responses will have an impact on how a young person thinks, feels, and behaves.

- Work with a young person to help them better understand, express, and communicate how they are thinking and feeling.

The government is providing online tools with evidence, guidance, information and resources to support local implementation of the *healthy child programme*.

Desktop tools being offered by the gov.uk website on resources to support health child programs.



Specialist - 16 to 24 years - Healthy Child Programme Schedule of Interventions Guide - DHSC (e-lfh.org.uk)

Legislative Framework

An important piece of legislation is the **Equality Act 2010**; 2021.
Starting with the **Children Act 1998** and Children (Leaving Care) Act 2000, legislation was introduced, then further improved, to provide support for young people leaving care:

• **Children (Leaving Care) Act 2000** – introduced requirements for local authorities to: "assess the needs of the young person once they left care; appoint a Personal Adviser for them; and develop a pathway plan. This support was available to care leavers up to age 18, or to age 21 if the young person was in education".

• **Children and Young Persons Act 2008** – "required local authorities to provide assistance to care leavers in education (including a £2,000 bursary for those in higher education); and extended support from a Personal Adviser to age 21 for all care leavers; and to 25 if they remained in education".

• **Children & Families Act 2014** – the "Staying Put" policy was legislated for, requiring local authorities "to support young people to remain with their former foster carers to age 21, where both the young person and carer want the arrangement to continue".

• **Children and Social Work Act 2017** – the Act required local authorities to publish their offer of support to young people leaving their care (the "local offer") and removed the requirement for certain care leavers to be in education and training in order to obtain support from a personal adviser and get other help from the local authority between 21 and 25 years of age. It also introduced the corporate parenting principles for local authorities in respect of both looked after children and care leavers.

Terminology related to children looked after (CLA)
The legislation and statutory guidance referred to in this section, uses a number of terms to relate to children, who are or were looked after. These are drawn from the **Children Act 1989** section 23C, and the 'DFE Statutory Guidance for the Local Authorities', February 2018.

Eligible child:
• aged 16 or 17.
• been looked after by Children's Services for a period of 13 weeks since they were 14 (this does not have to be continuous). They will still be 'eligible' if the period of 13 weeks began after they turned 16; and
• they are still looked after.

Relevant child:
• aged 16 or 17; and
• are no longer looked after; and
• were previously an 'eligible child'.
Or
• are aged 16 or 17; and
• are not subject of care order and at the age of 16 they were detained or in hospital and immediately beforehand they had been looked after in the care system.

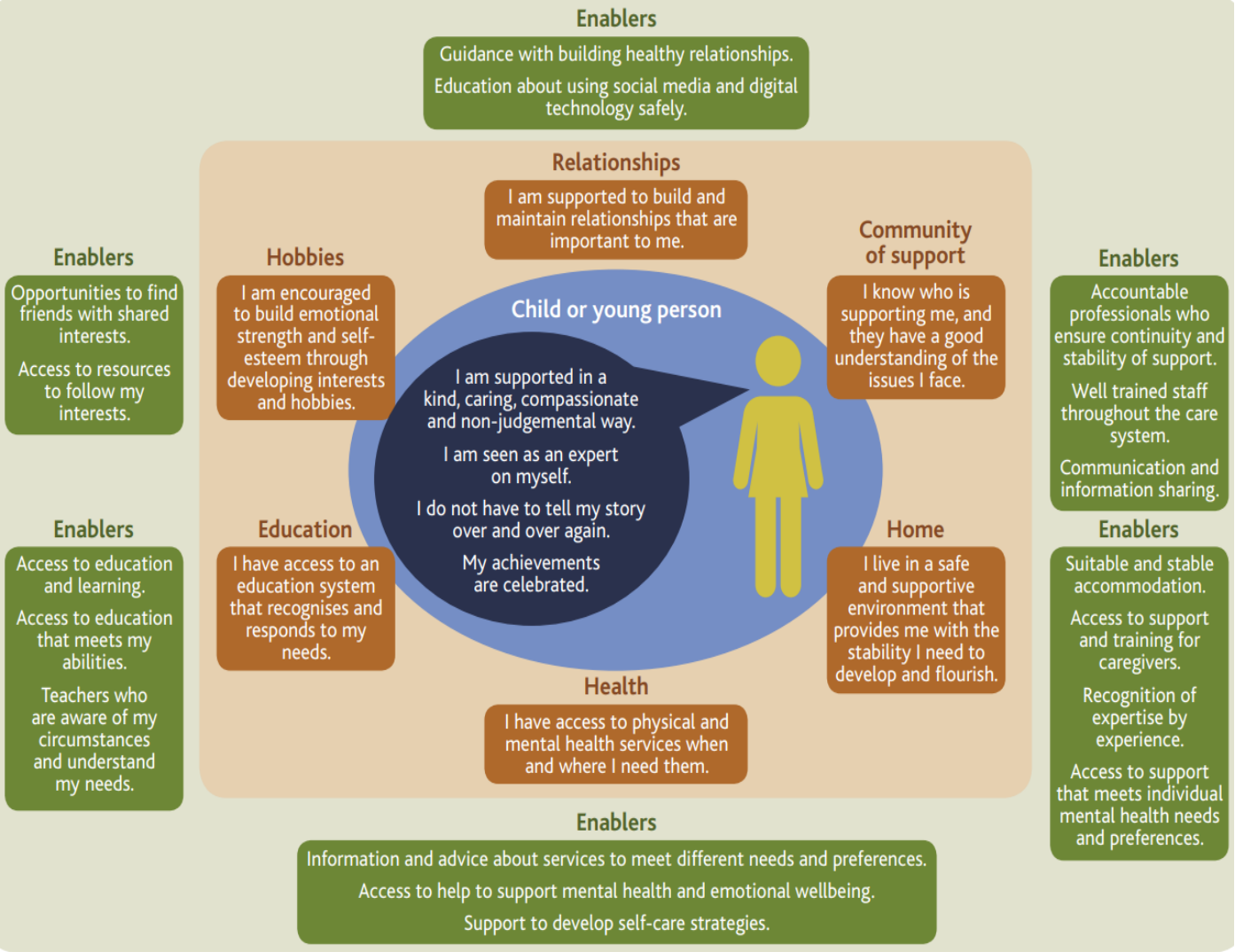
Former relevant child:
• aged 18 or over.
• are under 21 or are still in full time education; and
• were previously an eligible or relevant child.

Care leaver:

This term can vary depending on the context; for example, in regard to personal advisers, it means:

• a relevant child; or
• a former relevant child up to the age of 25.

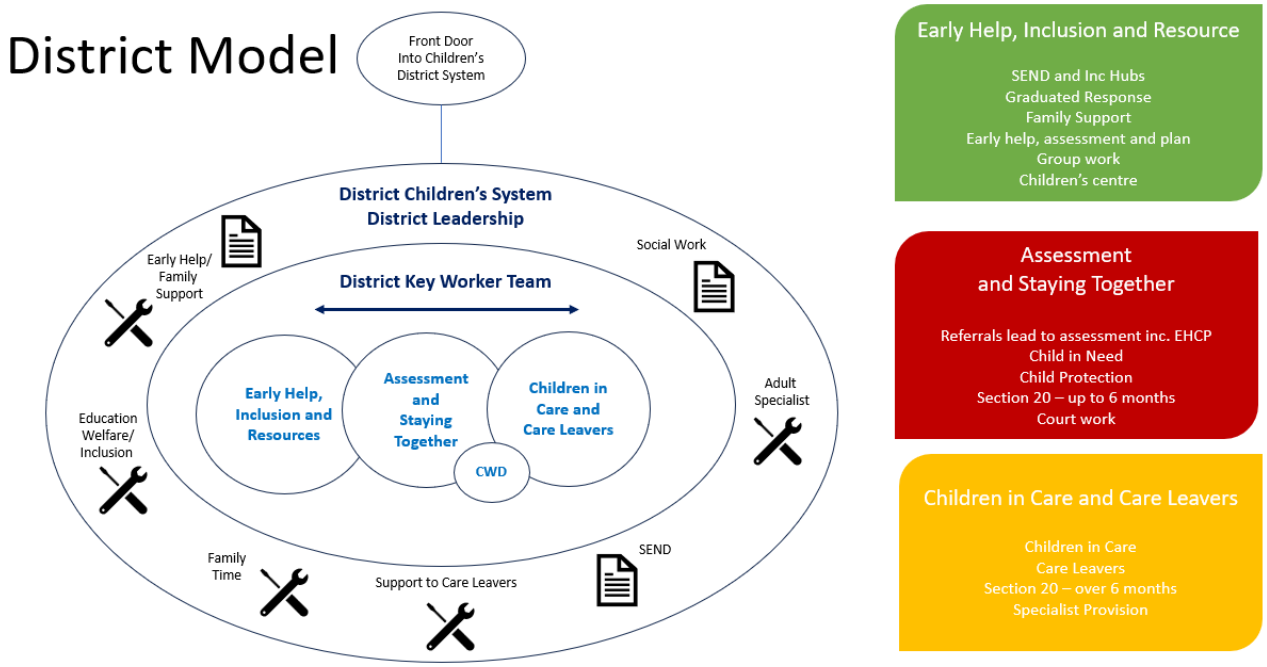
EWG model: Mental Health practice – Enablers of Relationships of Child or young person



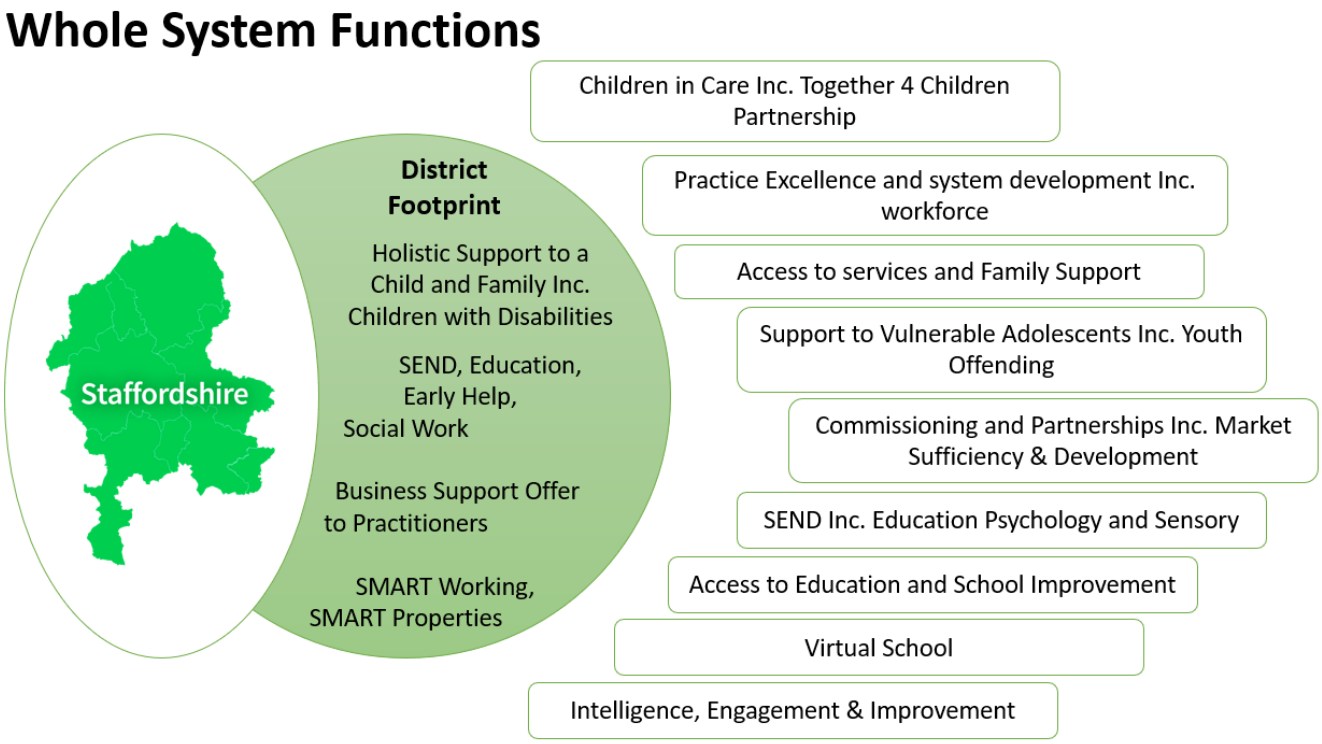
ewg-model.pdf (scie.org.uk)

The diagram above explains the main enablers for the child or young person, within their local community: Home, School/ Education, Relationships and socialising, Community of support, Hobbies, and interests, IAG (information, advice and guidance) services.

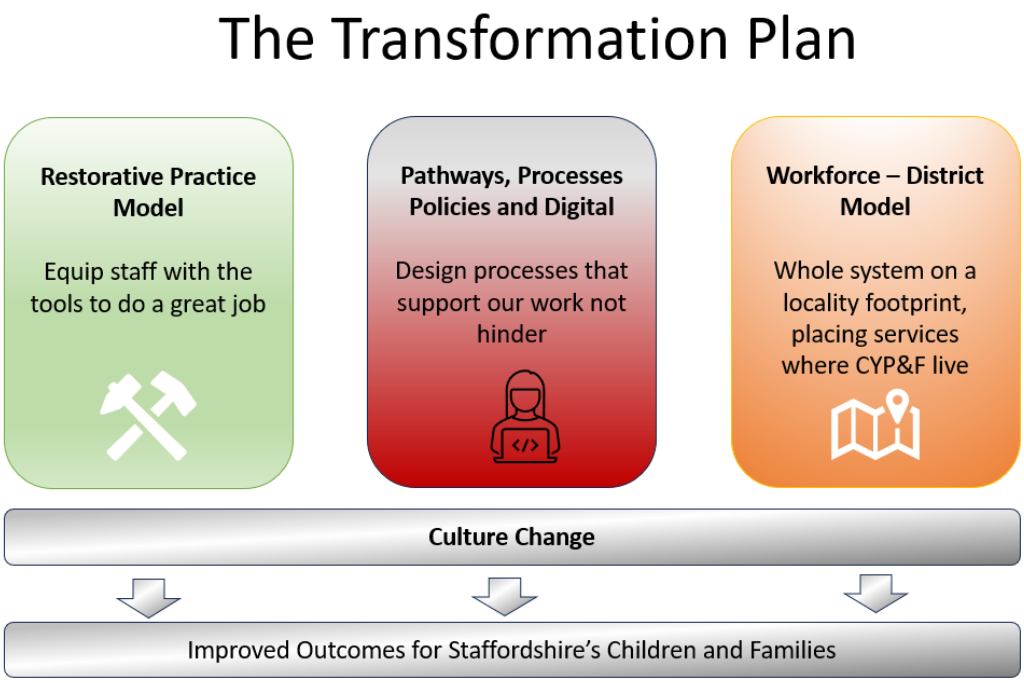
The above model of intervention is similar to the *Staffordshire County Council's* **- District Model**.
As can be seen in the diagram below.



The Whole System Functions of the Staffordshire local authority model of intervention to children, young people and families is captured in the diagram below, which demonstrates a holistic approach.

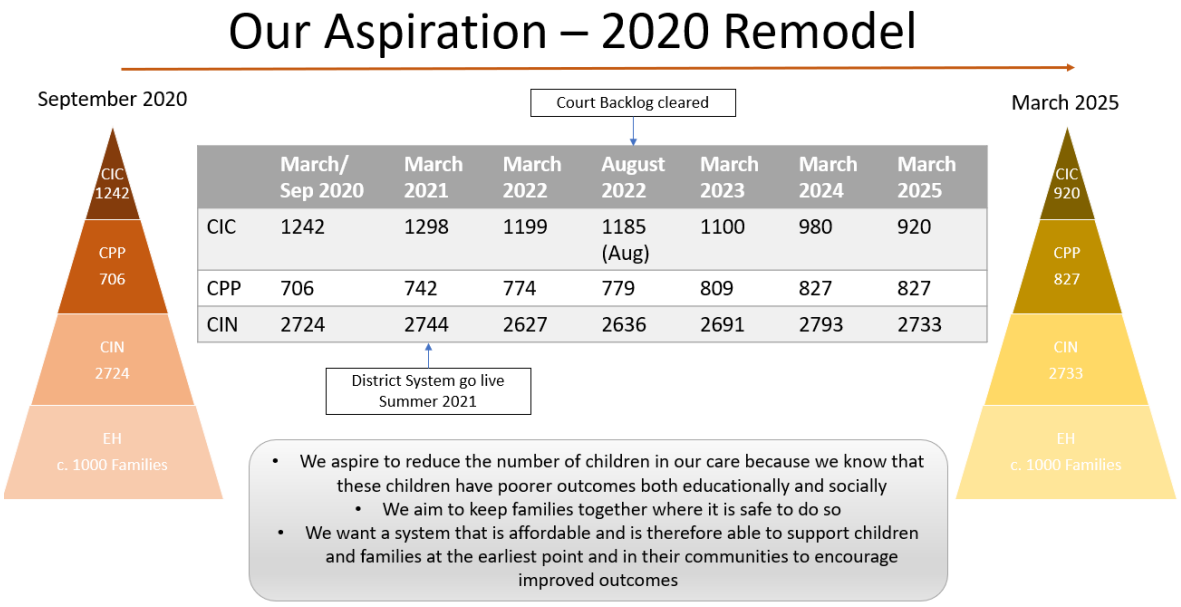


The Transformation plan shows the processes and pathways to improve outcomes for children and families in Staffordshire.



SCC's Transformation and Remodel 2020- 2025.

Staffordshire County council promotes a system that is affordable and able to support children and families at the earliest point, and in their communities, to encourage improved outcomes. The diagrams show that, in recent years, there were approximately 1000 families benefiting from early help.



	March/ Sep 2020	March 2021	March 2022	August 2022	March 2023	March 2024	March 2025
CIC	1242	1298	1199	1185 (Aug)	1100	980	920
CPP	706	742	774	779	809	827	827
CIN	2724	2744	2627	2636	2691	2793	2733

The October 2023 figures for Staffordshire, are illustrated below:

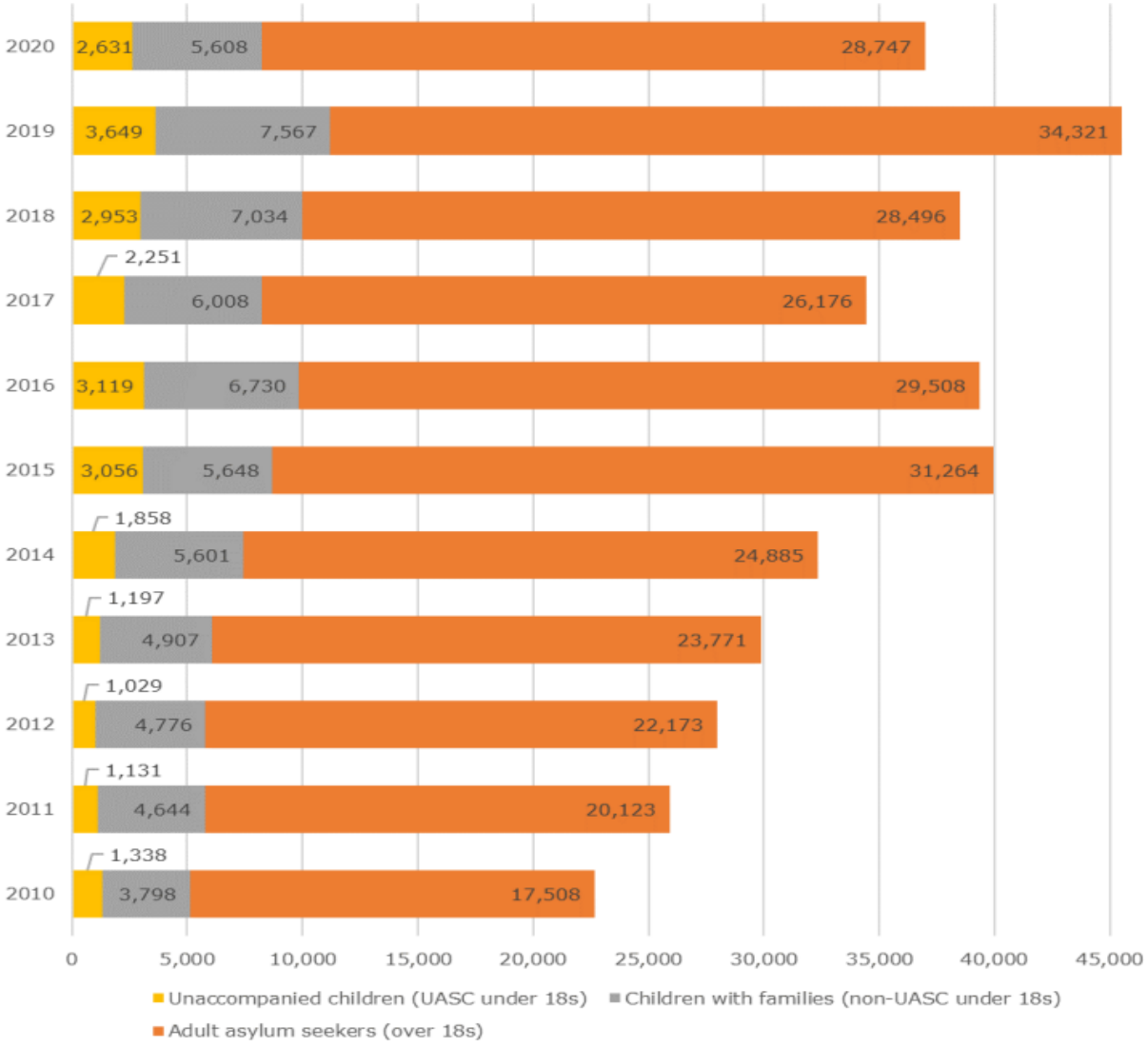
Currently, there are over two thousand families benefiting from early help in Staffordshire. There are **1391** Children in care and **587** care leavers.

Note: Some of the young people within the looked after population, including in Staffordshire areas, are unaccompanied asylum -seeking children (UASC).

Unaccompanied Asylum-Seeking Children (UASC) are children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority.

For example, London continues to have the highest proportion of UASC in the UK by a considerable margin; the number of UASC across London has increased to 1606, at the 31st December (based on most recent submissions by local authorities to the LASC, London Asylum Seekers Consortium).

Number of asylum applications from main applicants and dependents each year broken down by age



Source: Home Office quarterly immigration statistics published in August 2021. Author's analysis of data from detailed table Asy_D01: Asylum applications raised, by nationality, age, sex, UASC, applicant type, and location of application: https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets#asylum-applications-decisions-and-resettlement

casebrief41.pdf (lse.ac.uk)

Pinter, I. (2021) Children and Families Seeking Asylum in the UK. CASEbrief/41. Centre for Analysis of Social Exclusion, LSE.

Latest Government Data – Children Looked After (CLA) in England, including adoptions.

Headline facts and figures - 2022

Summary | Chart | Table

Children looked after (CLA)
82,170
Up 2% on 2021
What is this?

CLA per 10,000 children
70
(Not comparable to previous years)
What is this?

CLA who were UASC
5,570
Up 34% on 2021
What is this?

CLA starting
31,010
Up 9% on 2021
What is this?

CLA ceasing
30,070
Up 7% on 2021
What is this?

CLA who were adopted
2,950
Up 2% on 2021
What is this?

In 2022, the number of CLA by local authorities in England rose to 82,170, up 2% on last year and continuing the rise seen in recent years.

Both starts and ceasing were up on last year - last year's figures were likely impacted by the pandemic.

The number of CLA who were adopted was up 2%, however, this is a modest increase given the decrease of 18% last year due to the pandemic where court cases progressed more slowly or were paused.

The number of unaccompanied asylum-seeking children (UASC) is above pre-pandemic levels - after a 20% decrease last year, the numbers of UASC are up by 34%.

Number of children looked after continue to rise

	Number		
	Children looked after at 31 March	Children starting to be looked after during the year	Children ceasing to be looked after during the year
2013	68,060	28,980	28,650
2014	68,800	30,730	30,600
2015	69,470	31,350	31,350
2016	70,400	32,170	31,850
2017	72,600	32,940	31,410
2018	75,360	32,190	30,050
2019	78,140	31,780	29,570
2020	80,000	31,020	29,710
2021	80,780	28,480	28,120
2022	82,170	31,010	30,070

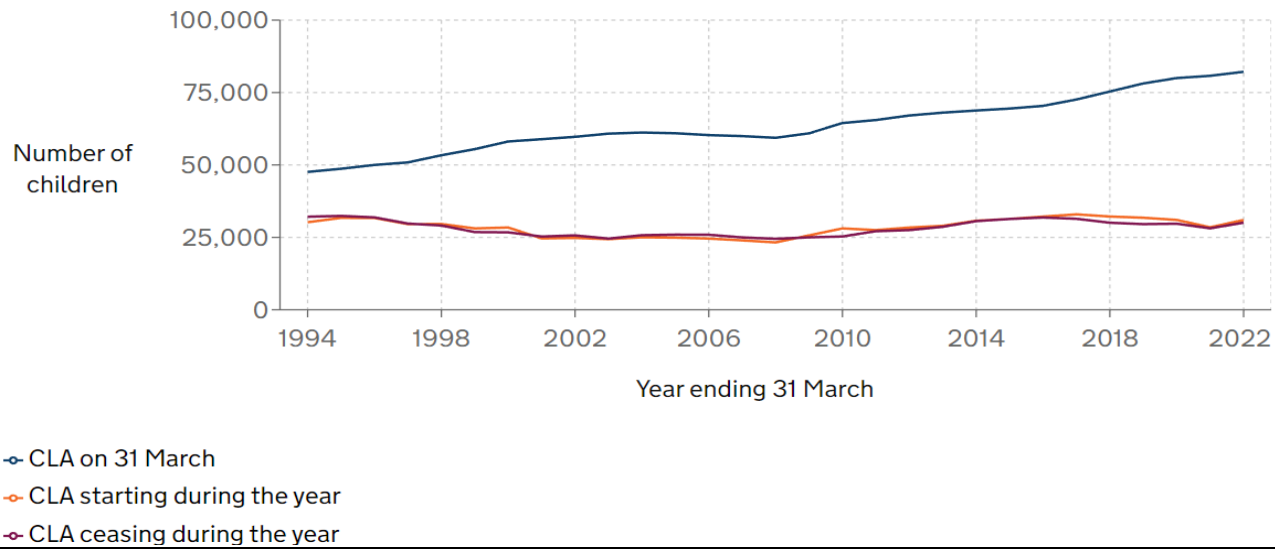
Footnotes

1. Numbers have been rounded to the nearest 10. Percentages rounded to the nearest whole number. Historical

Headline facts and figures - 2022

Summary | Chart | Table

Number of children looked after continue to rise



Characteristics of children looked after (CLA)

The general characteristics of CLA are similar to previous years: Males account for 56% of children, females account for 44%. At 56%, males are slightly over-represented in the CLA population, compared to 51% in the overall child population.

Figure 1 below shows the gender distribution of the care leaver population. There are more male than female care leavers in England, and in Staffordshire. In terms of ethnicity, three-quarters of the children studied, were of white ethnicity.

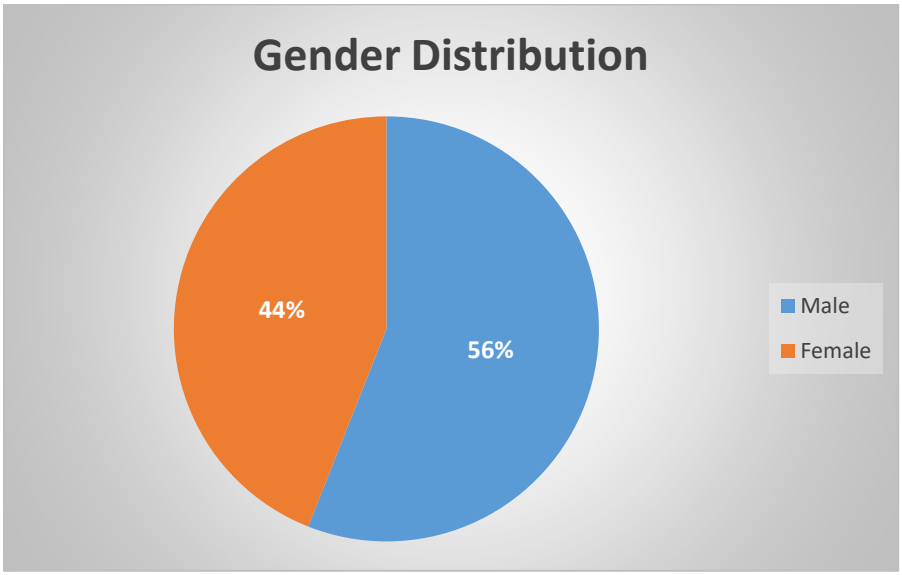


Figure 1. *Gender distribution*

CLA are predominantly older: 10 to 15-year-olds account for 39% of children, 25% were aged 16+ years, 18% aged 5 to 9 years, 14% aged 1 to 4 years and 5% aged less than 1 year.

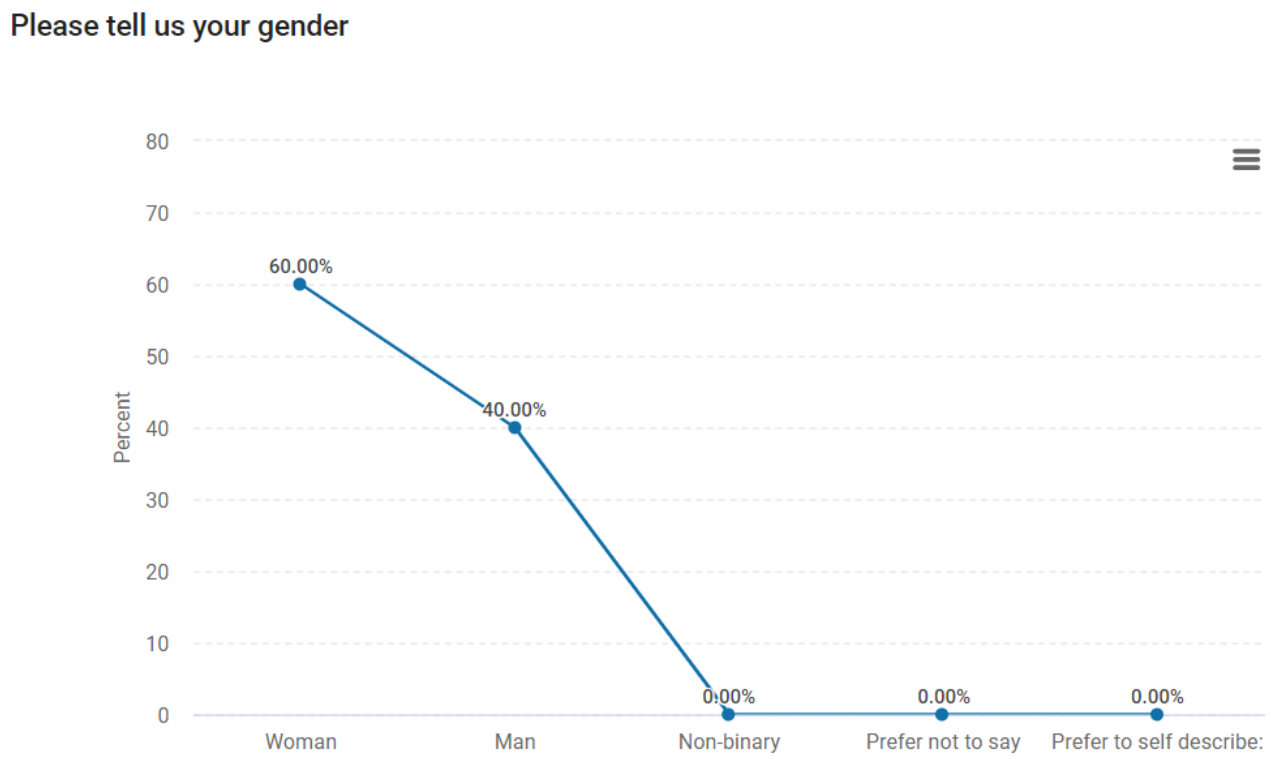
Children from Black, Mixed and Other ethnic groups were over-represented in the numbers of children in care. Children of White ethnicity account for 73% of children looked after, 10% were Mixed or Multiple ethnic groups, 7% Black, African, Caribbean or Black British, 5% were Asian or Asian British, 4% other ethnicities, and ethnicity was not known or not yet recorded for 1%.

Figures relate to the 58,350 CLA on 31 March for at least 12 months in the year ending 31 March 2022 unless otherwise stated. Definitions and explanations of the information collected can be found in the collection guide.

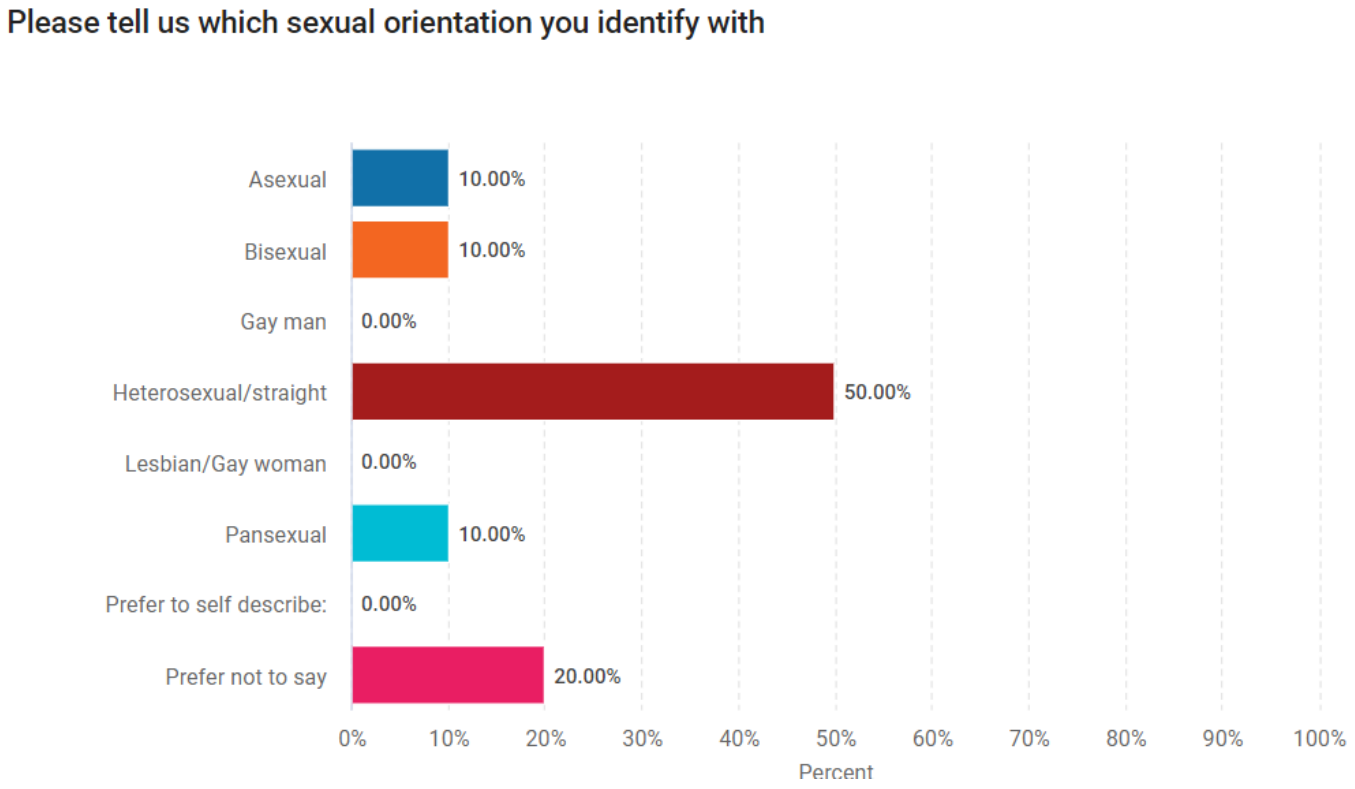
The collection guide has *national data.*

Survey findings *We had 60 responses in total.*

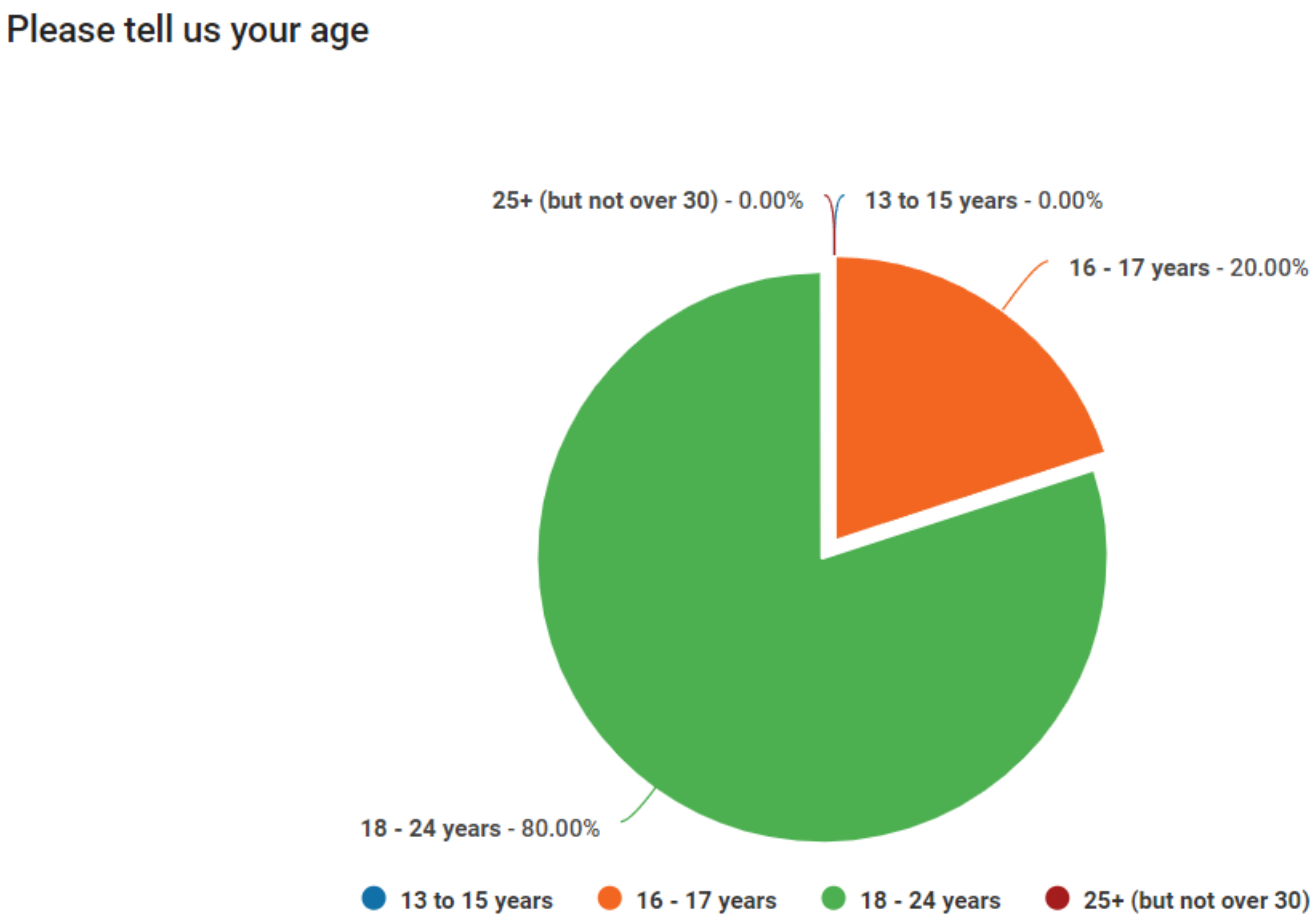
In Staffordshire, there are more males in care than females, as could be seen from statistical data presented above. However, we had a greater response to our CEYP surveys, from female care leavers, as can be seen below.



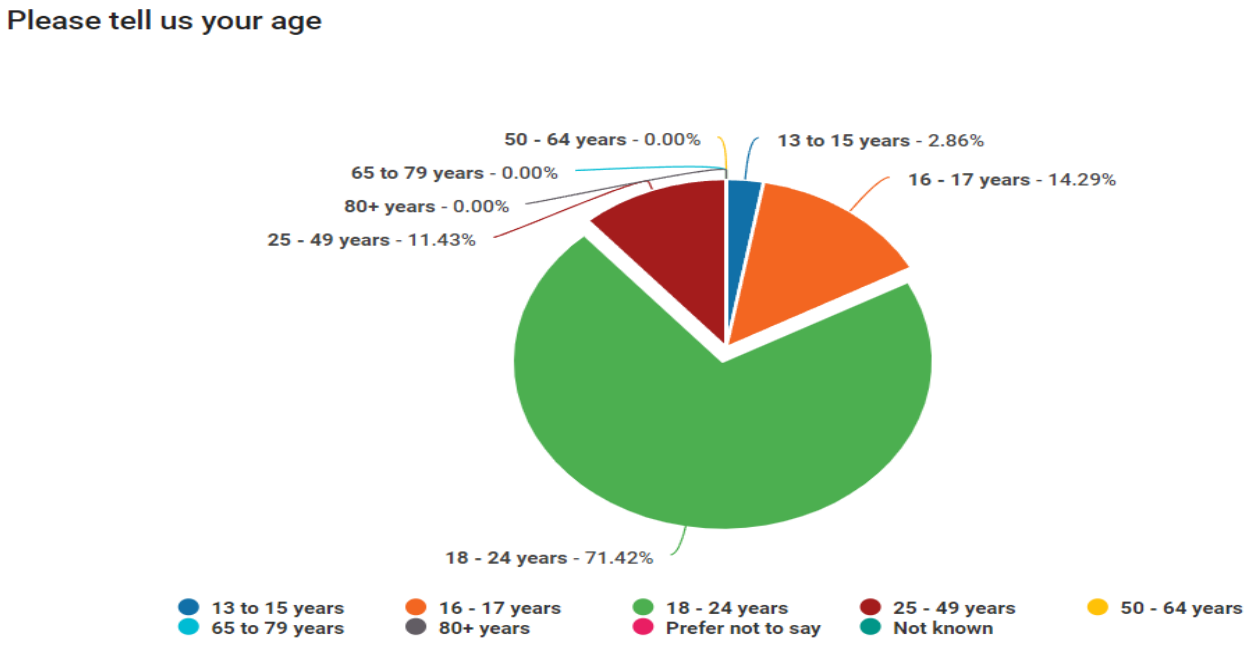
Most young people identified as Heterosexual.



This pie chart shows that most respondents to our survey (80%) were aged between 18-24 years, while (20%) were between 16 – 17 years old.



On our shorter survey, we had respondents who were younger, between 15 – 25+years.



The 25-year-olds were captured into the next age category by default, however all of them were age 25/ 25+, so they were in the lower age margin; none were 30 or above.

The survey examined the *specific needs of care leavers* in England, and in Staffordshire. Study findings are summarised in Figure 2 below. Based on the findings below, neglect and abuse were the most common challenges facing care leavers, nationally and locally (Staffordshire). Survey results indicate that the reporting of children who have previously experienced abuse and neglect was between 63% in 2018 and 66% in 2022. Similarly, there were issues of family dysfunction, with over 20% of participants being in dysfunctional families between the years 2018 and 2022. Another category of needs was absent parenting. At least 5% of the participants had previously experienced absent parenting.

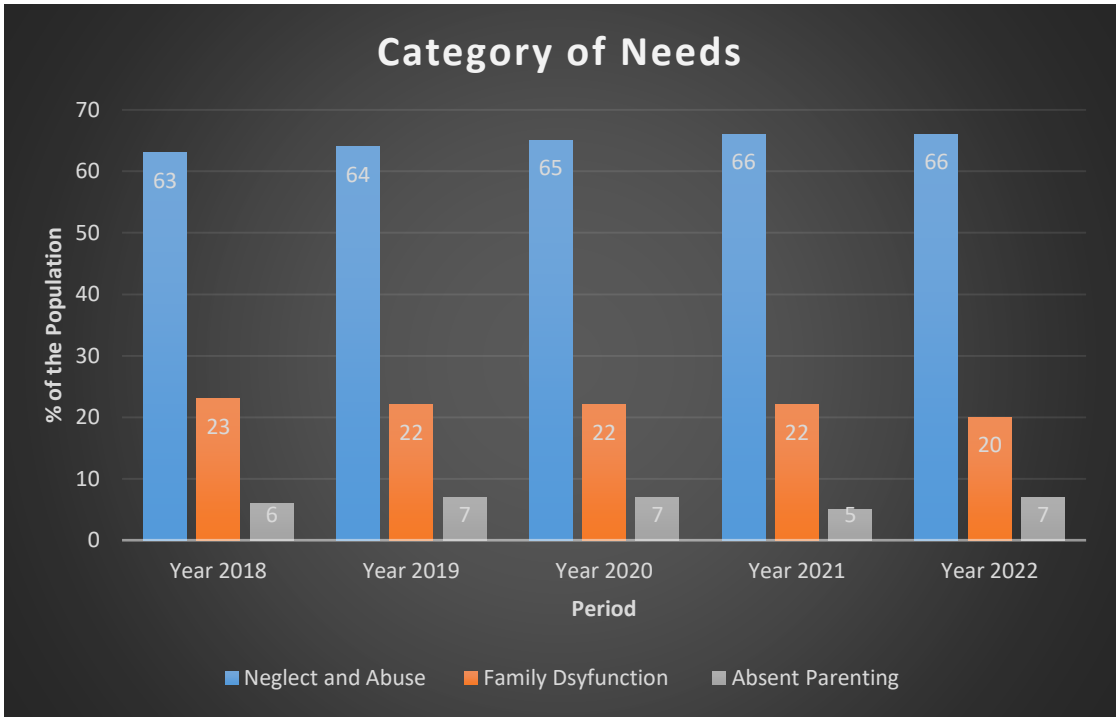


Figure 2. *Category of needs*

Findings from the study indicated that neglect and abuse are the main challenges facing children leaving care (CLA), having increased from 63% in 2018 to 66% in 2022.

This is the *national data covering 2018 to 2022*; the *data from Staffordshire* was filtered and it revealed abuse and neglect (over 60%), as prevalent factors.

According to Coram Voice (2015), neglect and abuse amongst children lead to psychological distress, which manifests itself as depression, increased anxiety, and fear.

Similarly, Cassidy (2020) explained that child abuse and neglect are linked to poor emotional development, which may persist into adolescence and adulthood.

Education, Employment and Training (EET)

The education, employment and training levels of young people could be a determinant of their mental health conditions. Findings indicate that the percentage of young people either in education, employment or training is higher for young persons aged between 17 and 18 compared to those aged between 19 and 21 (Figure 3). The findings, in this case, indicate that there is still a significant group of young people who are neither in education, employment or training. For instance, in the year 2022, only 60% of care leavers aged between 19 and 21 were in education, employment or training, meaning that 40% were in none.

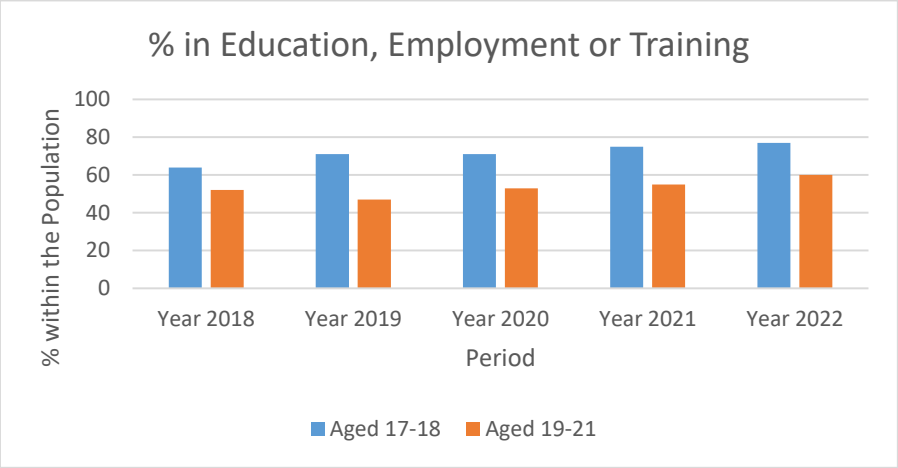


Figure 3 *Education, employment, and training*

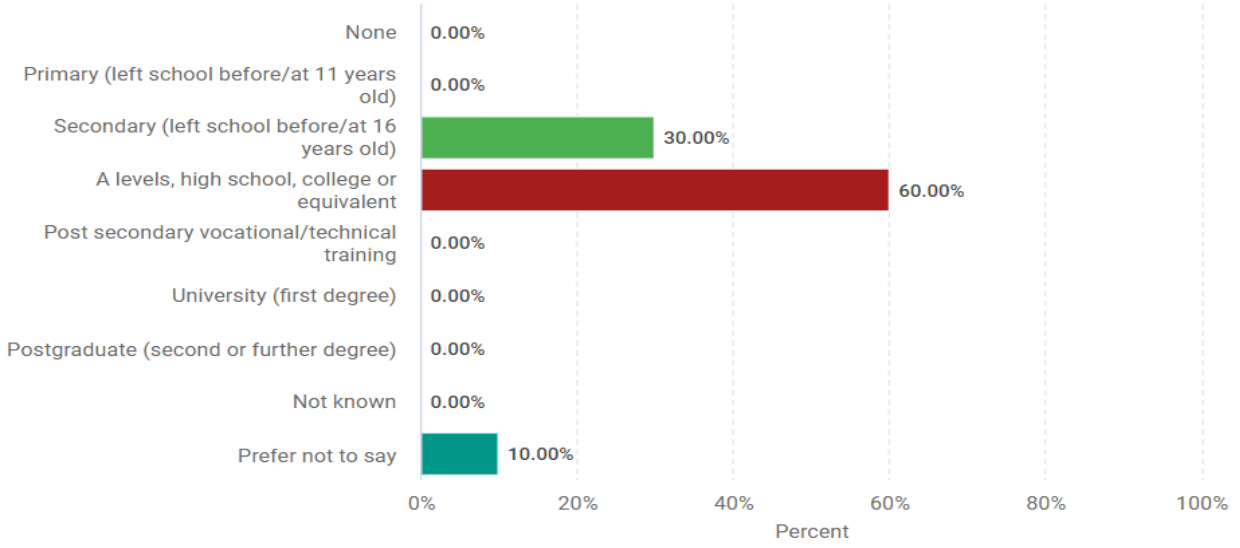
Findings from the study indicate that although a significant percentage of young people leave care in education, employment and training institutions, a great deficit is still unaccounted for.

Observation from the study in England indicated that across the 19-21 age group, a big percentage of children leaving care are neither in education, employment, nor in any training institution.

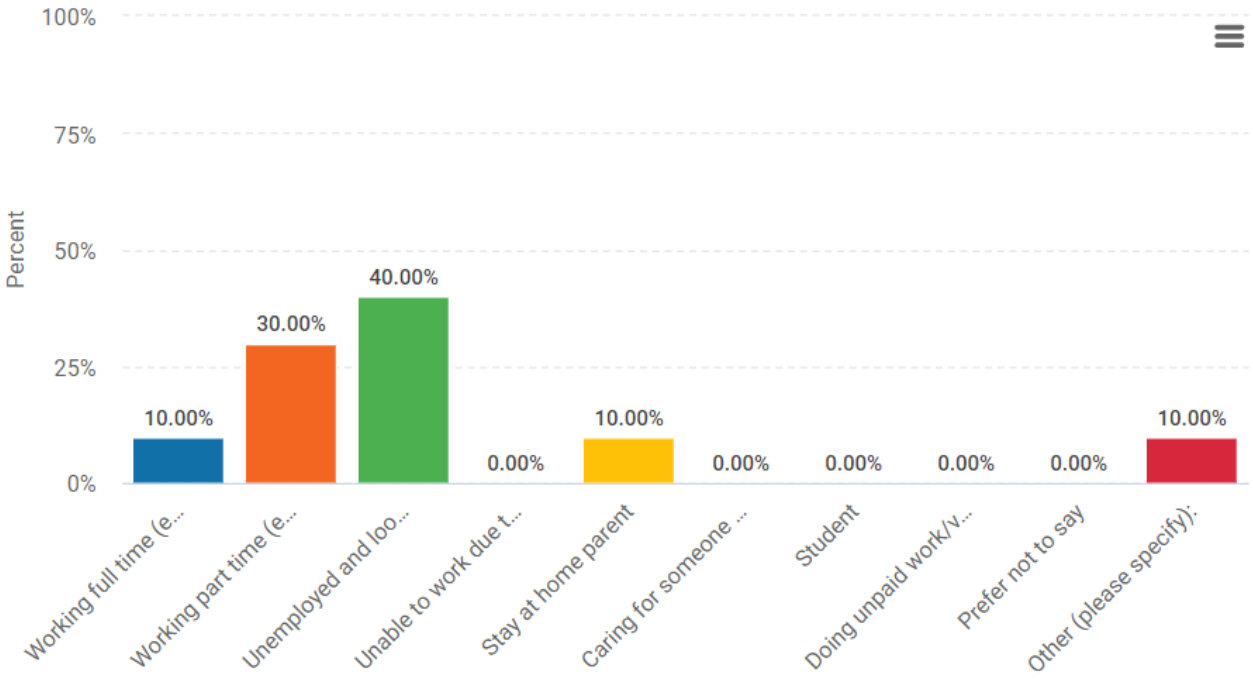
The above implies a lack of good follow-up on children leaving care, which increases their risk of poor mental health. Findings from the study aligned with the previous observations by Cassidy (2020), who noted that young people's education, employment, and training levels are determinants of their mental health conditions.

Please see responses from the care leavers *in Staffordshire*, regarding their academic level:

What is the highest educational level you have achieved?



Which of the following best describes your current employment status?



Our CEYP respondents in Staffordshire: 40% are in work (full-time or part-time), 10% are young parents with caring responsibilities for very young children (i.e. babies), 10% fall

under 'other circumstances' (i.e. undergoing training programmes etc.), and another 40% are currently unemployed and actively seeking for work.

Accommodation Suitability

The CLA accommodation survey examined the suitability of accommodation patterns for care leavers aged between 17 and 21. Figure 4 below indicates that nationally, accommodation suitability improved over time with an increased population, especially those aged between 17 and 18, getting suitable accommodation.

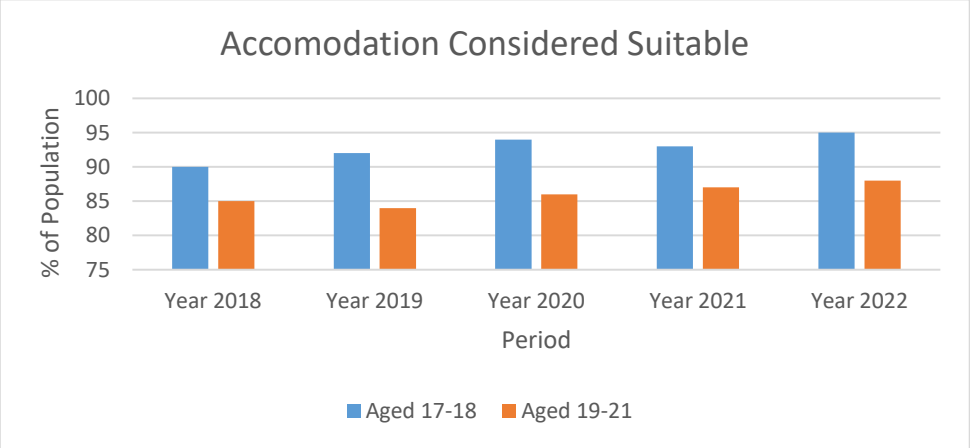


Figure 4. *Accommodation suitability*

Findings from the study indicated accommodation standards for children leaving care, have been improving, with an increasing population over the years, from the year 2018 to 2022. However, for quite a significant population group, no information was present about the accommodation status of care leavers, nationally. The lack of records for the significant percentage of the population leaving care implied that their accommodation was considered unsuitable.

Findings by Hambrick et al. (2016) indicated that children living in poor accommodation standards are more likely to exhibit negative behavioural and emotional problems such as depression, increased anxiety, and aggression. Similar findings were noted by NYAS (2019), who explained that poor accommodation conditions characterised by overcrowding and home hazards lead to poor psychological health in children. Hiller (2020) elaborated on NYAS's (2019) observation by noting that children living under poor accommodation standards often experience feelings of helplessness which negatively affects their internalising abilities.

Rees (2013) observed that unsuitable accommodations prevent children from participating in playful and social activities essential for their social, cognitive, and emotional well-being. SSIA (2007) emphasised that cramped accommodation conditions restrict children from interacting and exploring their surroundings, which slows their psychological development. Unsuitable accommodation standards deny children the opportunity to engage in playful interactions that are essential for cognitive and emotional development, which are important for their mental well-being.

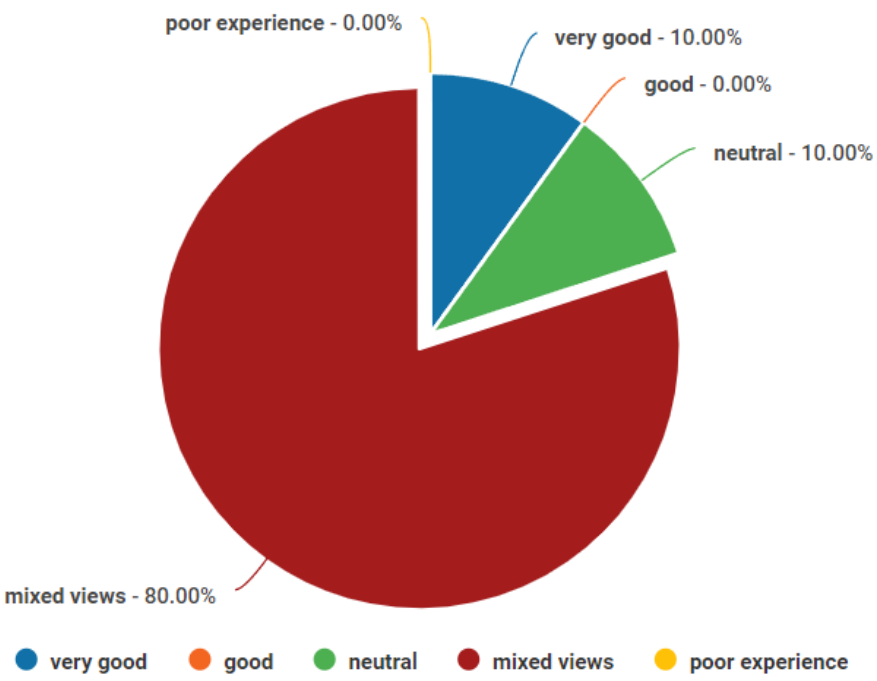
In Staffordshire, details about accommodation of care experienced young people (CEYP), can be seen through additional information on pages 35-36 of the report.

Further examples of responses from CEYP -illustrated with infographics, below:

We had 60 responses in total, collected via surveys completed by Care experienced young people and interviews with professionals who work with them, such as specialists from the Virtual School for Children Looked After and Care Leavers.

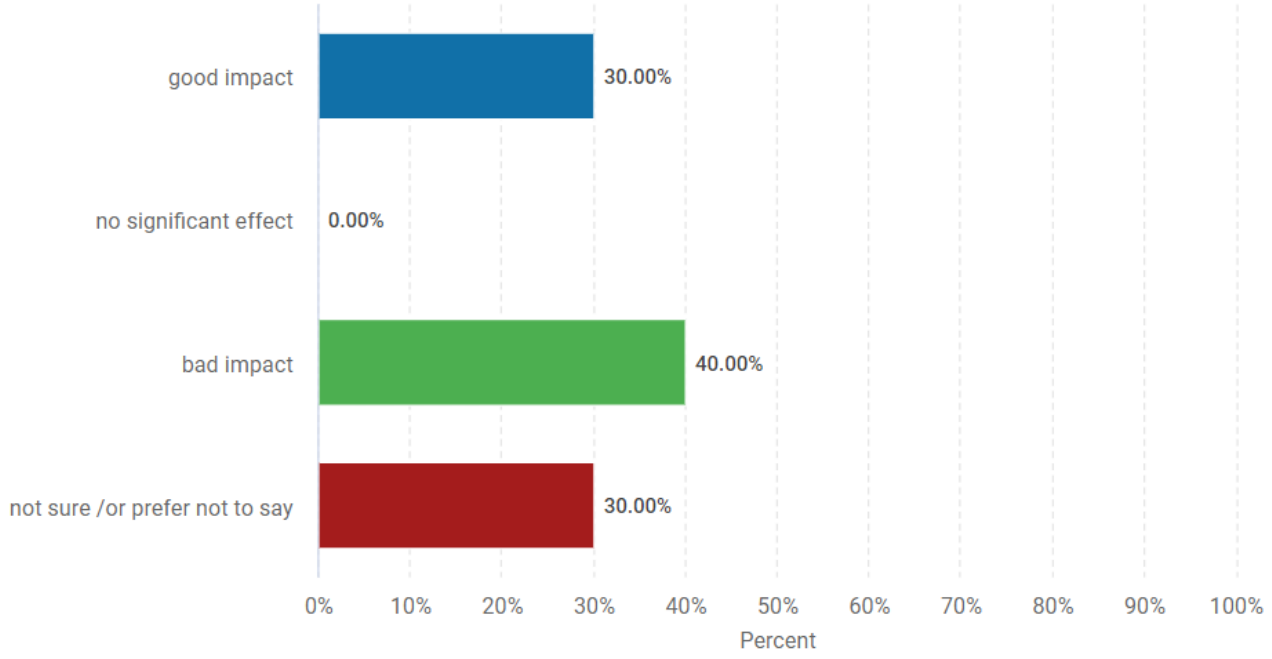
The above data we gathered, was then corroborated with robust data for Staffordshire, available from the Gov.uk website, the Office of National Statistics (ONS), and the NHS Live data.

How would you rate your experience as a child or a young person, through the Care journey?



80% of young people had mixed views about their journey through care, 10% very good, 10% neutral. The larger 80% had mixed view with some aspects of their care being good and not so good.

How has your experience of care, influenced your emotional well-being? (select one answer)



40% of young people responded that the experience of being in care, had a bad impact or influence, on their emotional well-being. Some of these reasons being:

They did not want to leave their family home or did not have a thorough understanding why this happened.

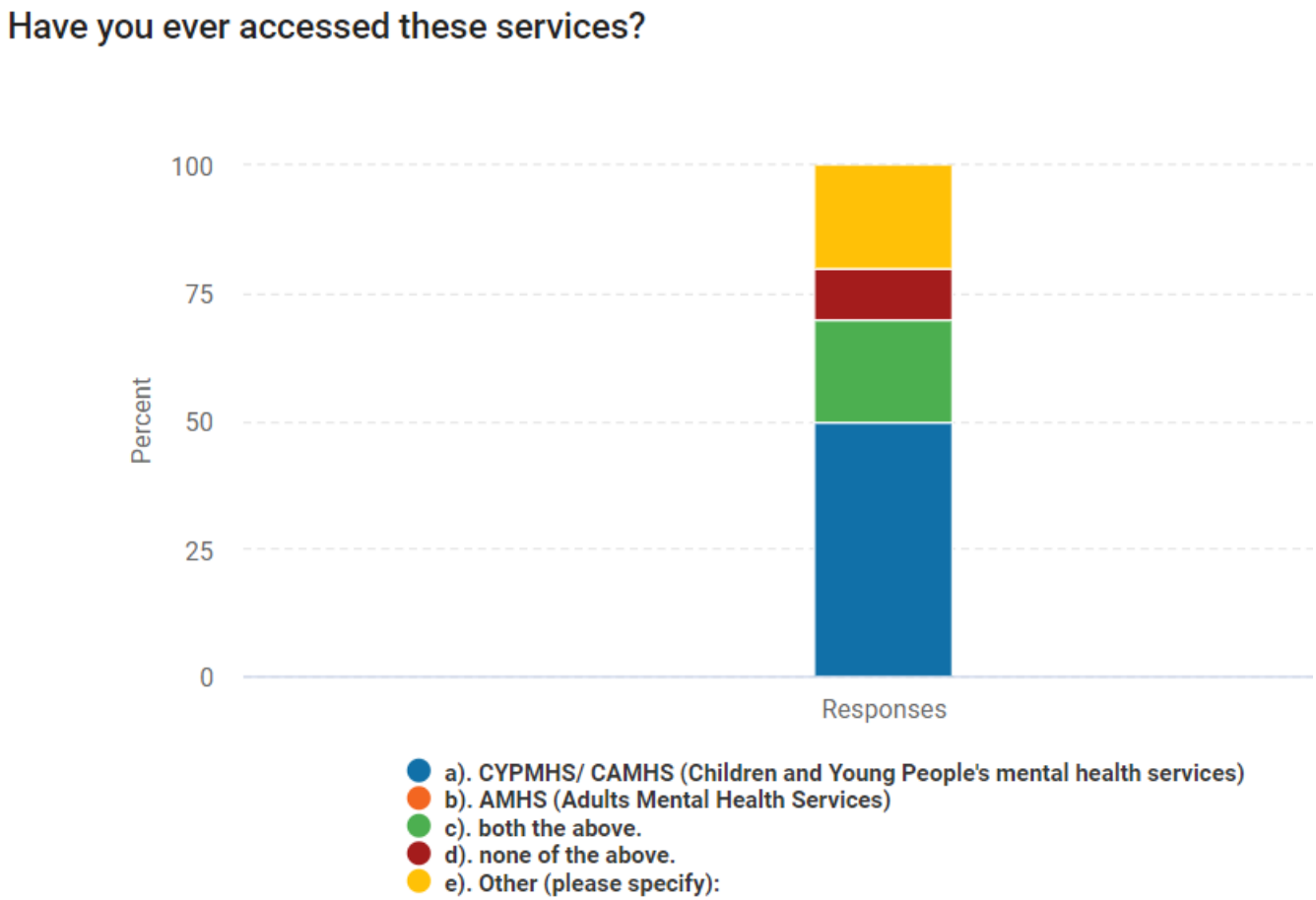
Separation from siblings (if applicable), was difficult.

Contact with family members was not always made clear to the young people and not being explained to, about possible safeguarding issues. Some young people explained they were too young to understand fully all implications, but in hindsight, they now understand better why certain decisions were made, at the time.

Moved often – some young people experienced instability of placements, for a variety of reasons.

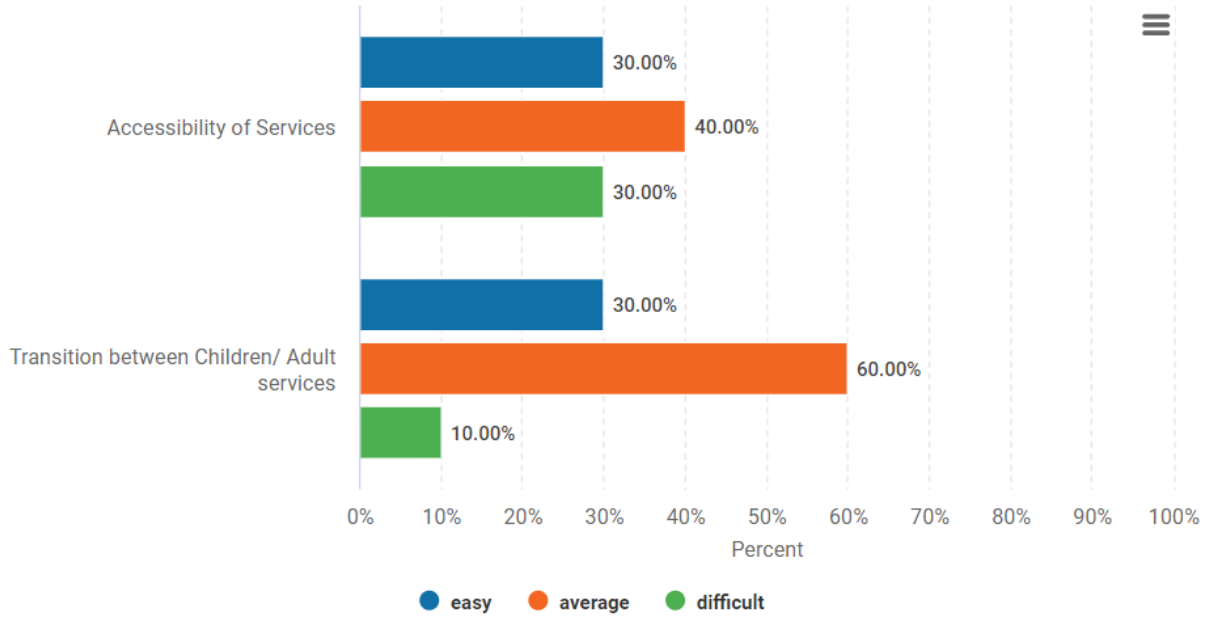
Further work to be explored by the relevant organisation, following this study:

What could help improve the care experience based on young people's views/carers feedback/local HW and national HWE/local services to improve and have better outcomes.



50% of the young people that completed the surveys, stated they accessed CAMHS; some young people also had experience of accessing the AMHS adult mental health services.

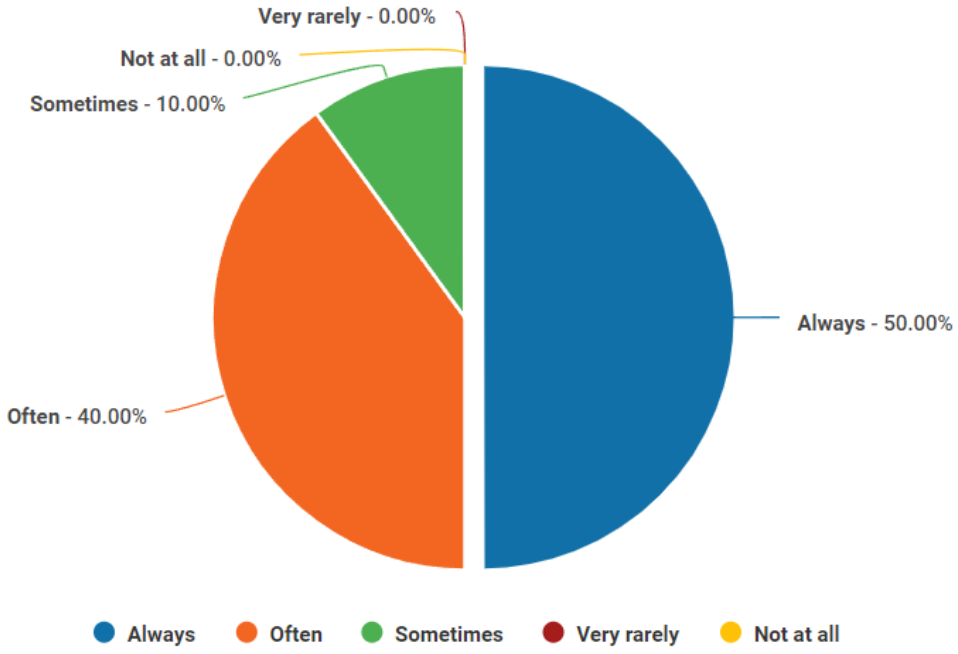
Were the above services easy to access and how did you find transitioning between services, if applicable.



The Transition between Children to Adult services – is still posing some challenges and difficulties. This is mainly due to lack of robust transition pathways based on professional judgement.

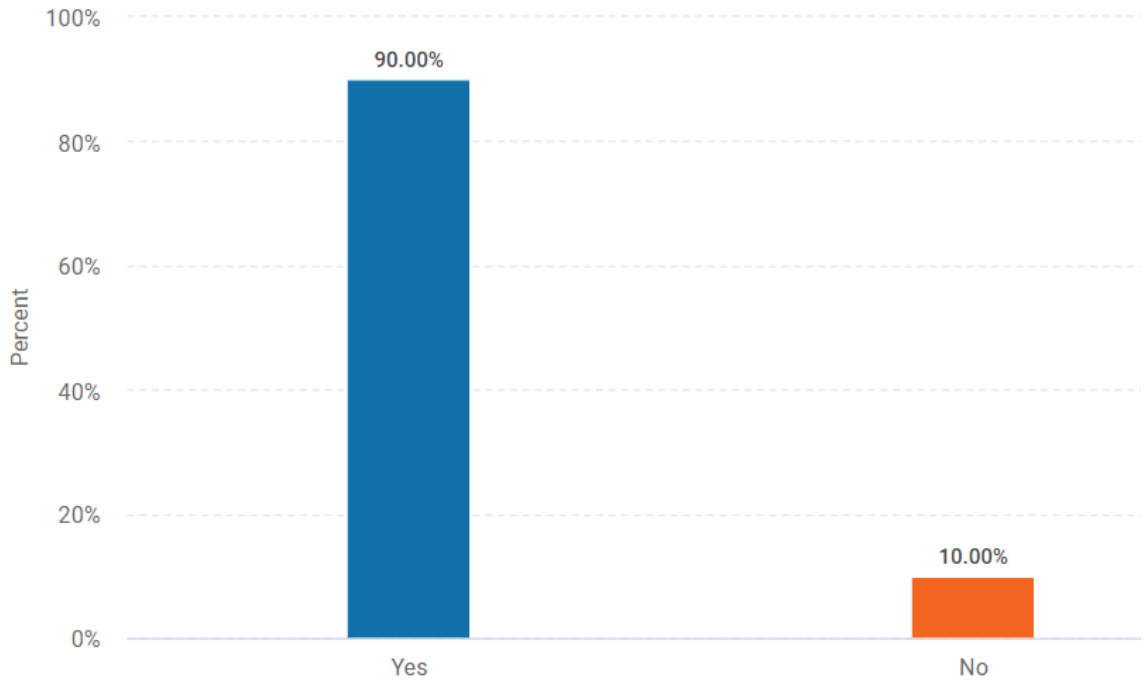
The overwhelming responses from the feedback we received was that care experienced young people felt their voices were not always heard, and that they were not sufficiently involved or informed regarding decisions and outcomes.

While in the care of the local authority, have you been kept informed about your Care Plan and Pathway Plan , through regular meetings and reviews with your social worker and/ or personal advisor?



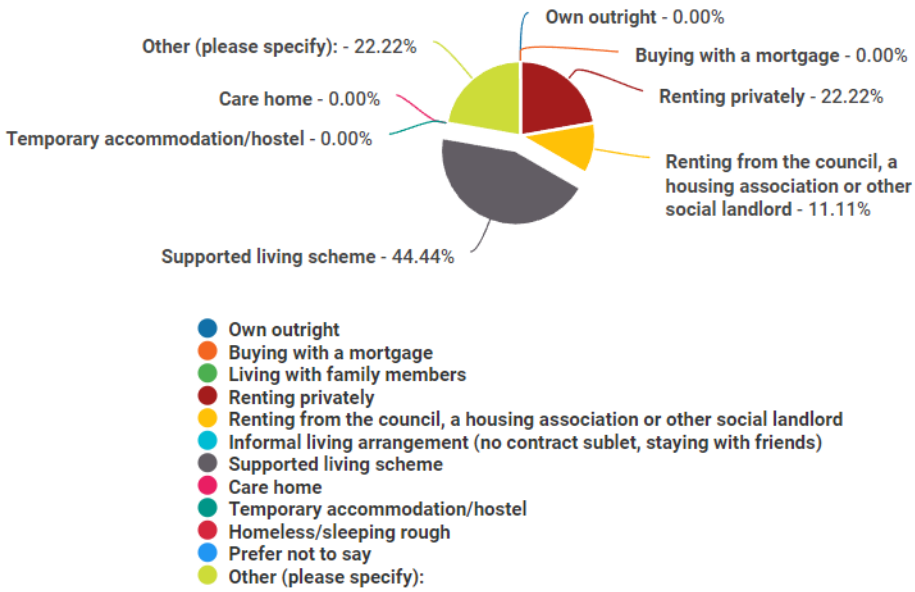
From the responses in the pie chart, it shows that 90% of care experienced young people felt they had been informed about their care plans and pathway plans, always or often, while 10% stated sometimes, as reviews usually fall at regular intervals.

Are you currently in appropriate accommodation, which meets your needs?



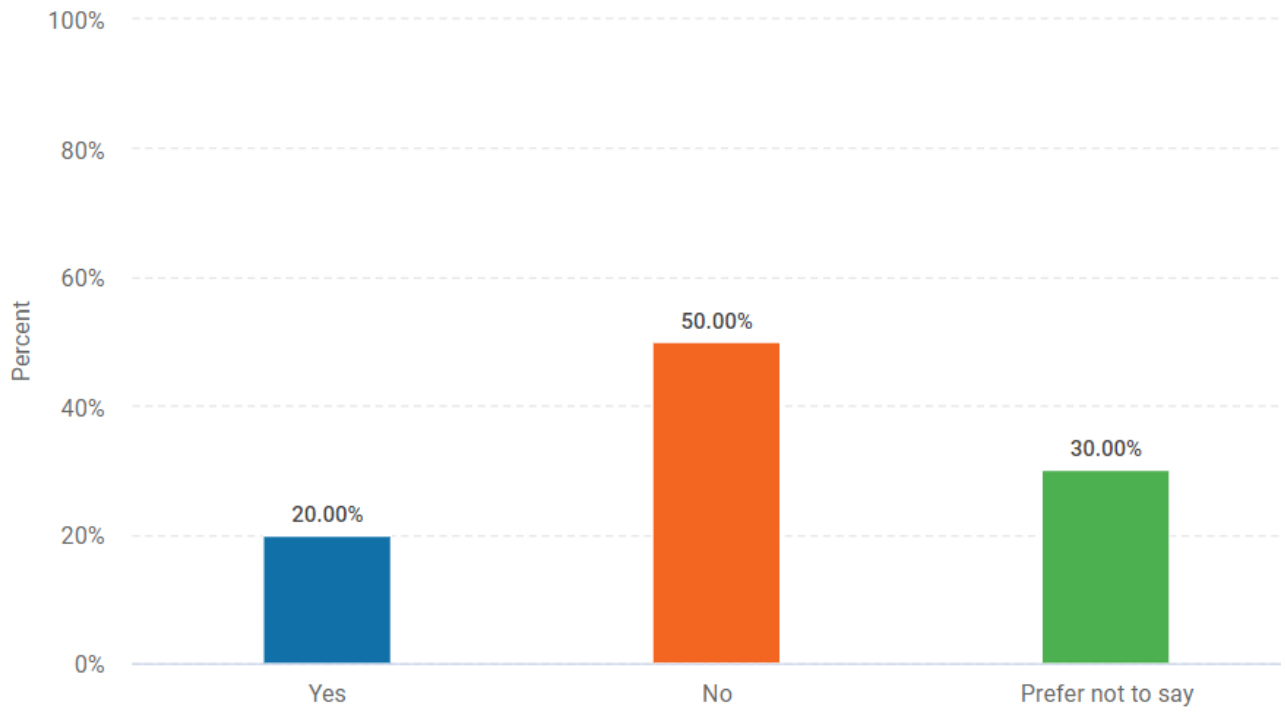
Most of the respondents (90%), consider their accommodation to be suitable, with only 10% considering that their current accommodation does not meet their needs. The 10% negative responses said the reasons for their negative response was due to lack of being able to afford the rent for better properties, conditions etc.

Which of the following best describes your housing situation?



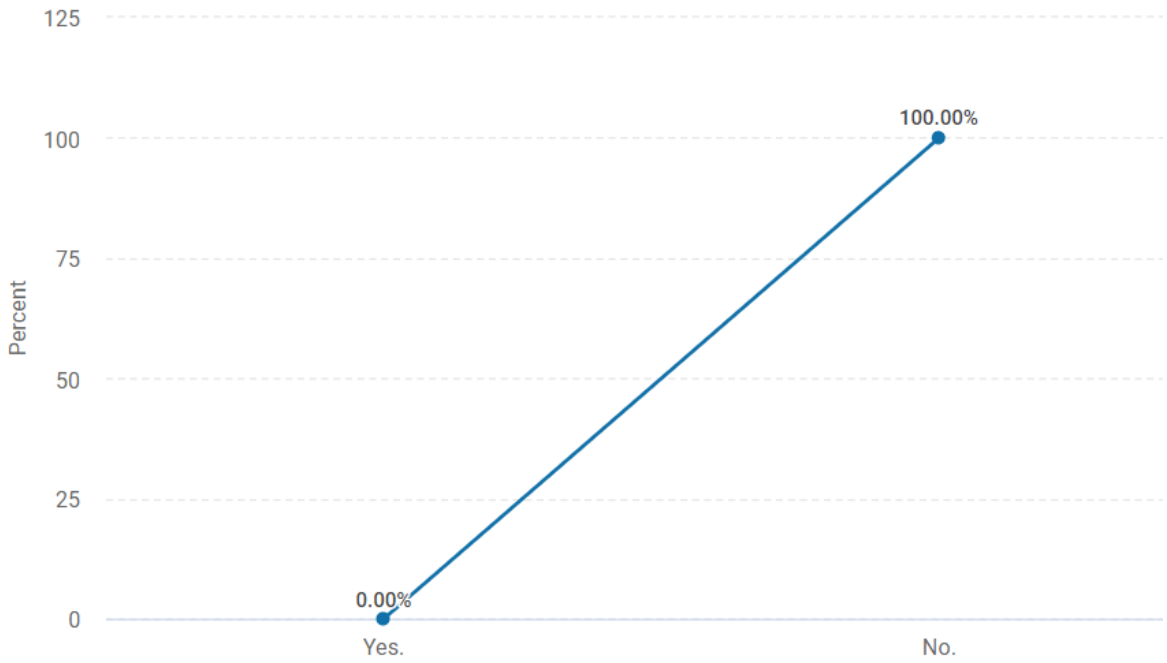
Most care experienced young people (CEYP) are in Supported accommodation 44.4%, while 11.1% are renting from the council. Other percentage is 22.22% - some young people explained they are in a 'Staying Put' arrangement with previous foster carers; sometimes, these might be a relative, such as aunt, uncle, or grandparent. Private renting 22.22% - this is when young people managed to secure accommodation independently, and sometimes through friends and acquaintances. Generally, they feel happy with the comfort but often stressed about finances (cost of living), as costs of bills are high, and Rents are going up.

Do you have a disability or long term health condition?



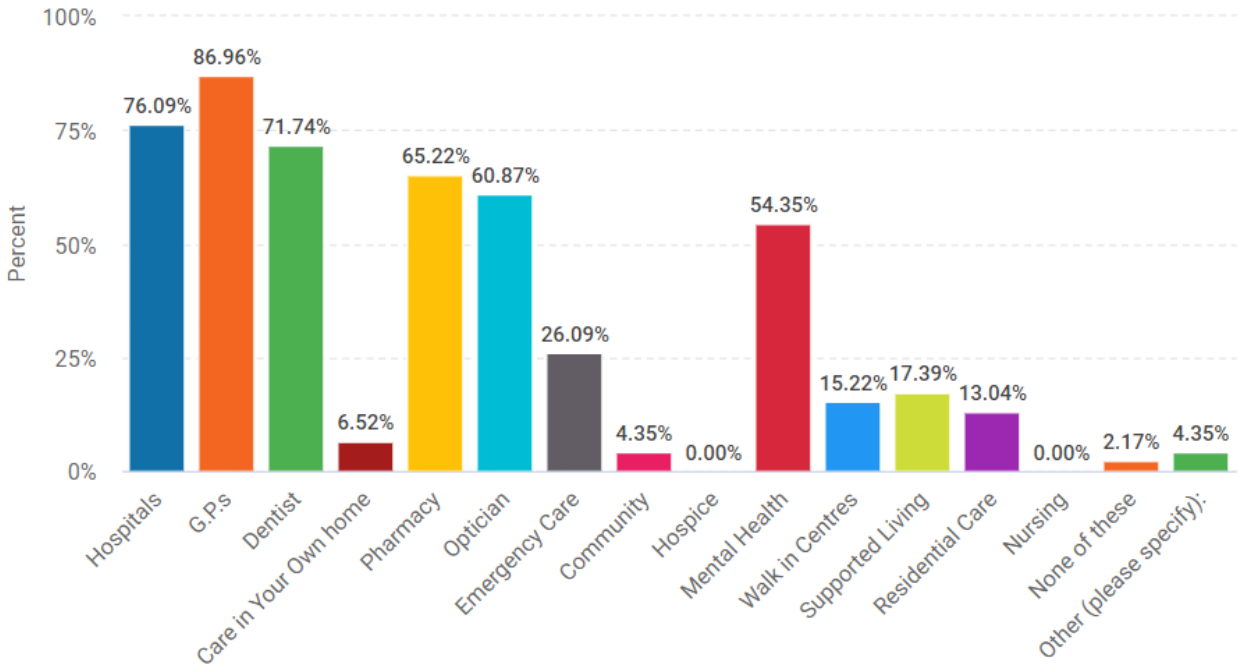
20% of respondents stated they have a disability; sometimes this is related to their emotional wellbeing or impacting on their emotional well-being. 30% preferred not to say or reveal if they have a disability, and 50% reported that they do not consider themselves to have a disability.

Are you an unaccompanied asylum-seeking child in the UK? (as part of UASC population)



We had no participants, that were from the UASC population, responding to our surveys. No real data to support this line of work on this deep dive.

Do you have experience of any of these health and social care services?



Care experienced young people (CEYP) acknowledged that they have been using a wide range of services. Some are primary care, other are support services they needed, including mental health support (54.35%). Due to the engagement with GP's being the highest, it would be recommended that more around YP's mental health could be discussed and engaged with, at their local practices. This included the new ARRS roles who are supporting GPs with access to services. These could be Social Prescribes Tim - Social Prescriber - YouTube and Care Co-ordinators Jess - Care Coordinator - YouTube.

Challenges Faced by Care Leavers

One of the major challenges faced by care leavers in Staffordshire, England, is:

Transition

Transitioning from care to independent living can be a huge challenge for care leavers (Baginsky, 2020). This process differs from that of children living with their families, as those children are likely to receive support from their parents and siblings even after adulthood. Moving into adulthood requires an individual to find accommodation, get a job, care for their needs, and pay for anything else they require (Dixon et al 2006). This may be stressful, especially when an individual fails to secure a job. Those who may be able to proceed with their studies may also face a range of challenges, especially if they have to take care of their education expenses. As they transition, young adults may also be exploited as they are willing to do any tasks to earn and take care of their expenses, which may affect their mental health. They may also lack emotional support and may not create meaningful relationships (Hiller, 2020).

Transitioning between services such as from CAMHS to AMHS, has also proven problematic for some young people.

From our engagement with young people and the feedback received, it supports the above national picture on transitions from Children Adolescent Mental Health Services into Adult Mental Health Services, therefore this area is still in need of attention.

'I would like to see more engagement and empathy from CAMHS professionals.'

'Life in care, for me, has influenced character development, in the long term. It influenced maturity, through life lessons, reflection, and philosophy'.

Conviction and Health Outcomes

Offending rates

Information on offending rates is collected for children aged 10 years or over – 39,930 children in 2022. Of these, the proportion convicted or subject to youth cautions or youth conditional cautions during the year was 2% - the same as last year and down from 4% in 2018. In 2022 this equates to 860 children.

Males are more likely to offend than females - 3% of males were convicted or subject to youth cautions or youth conditional cautions during the year compared to 1% of females - a similar pattern to previous years.

There was no feedback from the surveys or groups we spoke to, where the young people of Staffordshire said they had been involved with offending.

Substance Misuse

CLA identified as having a substance misuse problem – 3% - the same as last year and down slightly from 4% in 2018.

Substance misuse is very slightly more common in males (3%) than females (2%). The proportion of males identified with substance misuse is the same as last year, for females it has decreased slightly from 3%. In previous years we have seen substance misuse consistently be slightly more common in males than females.

An intervention was received for 43% of children who were identified as having a substance misuse problem, down slightly from 44% last year and down from 46% in 2018. Interventions may include for example, advice and guidance, therapeutic support or support targeting the problems that are causing difficulties for the young person, like family contact, placement stability, school attendance or the young person's mental health.

Some YP said they had misused substances previously and this did impact them negatively. However, they also went onto to say that with support and appropriate services they stopped misusing substances, and this had a positive impact on their mental health.

Health and development outcomes

Most Children Looked After (CLA) are up to date with their health care, with health assessments and immunisations:

- reported as being up to date with their immunisations – 85% - down from 86% last year and the same as in 2018;
- reported as having had their annual health assessment – 89% - down slightly on 91% last year and up from 88% in 2018;
- under 5s reported as having development assessments up to date – 89% - the same as last year and up from 85% in 2018.

The proportion of CLA with their dental checks up to date has begun to recover after a large fall during the Covid-pandemic - 70% had their teeth checked by a dentist up from 40% last year, but still some way off the 86% in 2020.

Emotional and behavioural health (SDQ scores)

Strengths and Difficulties Questionnaire (SDQ) scores **-** The SDQ is a short behavioural screening questionnaire. Its primary purpose is to give social workers and health professionals information about a child's wellbeing. A score of 0 to 13 is considered normal, 14 to 16 is borderline, and 17 to 40 is a cause for concern.

For CLA aged 5 to 16 years (43,290 children), an SDQ score was reported for 77% of them. This is down from 80% last year, and down slightly on the 78% reported in 2018. The average score reported was 13.8 - broadly similar to last year and down on the 14.2 reported in 2018. Of these 43,290 children:

- 50% had 'normal' emotional and behavioural health (down from 51%)
- 12% had 'borderline' scores (same as last year)
- 37% had scores which were a cause for concern (same as last year).

In 2022, 40% of males had a score which was a cause for concern compared to 34% of females. Across almost all ages, males are more likely to have scores which were a cause for concern; except for children aged 15-years or 16-years.

***Summary of main root causes of poor mental health in young people*:**

ROOT CAUSES of poor mental health in young people: children looked after and care leavers, according to academic literature, are:

- Family dysfunction, sometimes resulting in Child neglect, abuse, trauma.
- Instability of family placements, including foster placements, with frequent moves.
- Having a long-term health condition, a physical or sensory disability/impairment
- Severe or long-term stress
- Social isolation and/ or (severe) loneliness
- Experiencing discrimination or stigma, including potential forms of racism.
- Social disadvantage, poverty, or debt.
- Bereavement (when faced with having to deal with losing someone close to you).

Further Vulnerabilities:

- long exposure to deprived areas resulting in more risk-taking behaviours, such as:
- anti-social behaviour or criminality
- substance misuse
- alcohol dependency.

Most common examples of ill mental health in children looked after or care leavers, include conditions, such as:

- Anxiety
- Depression
- PTSD (Post Traumatic Stress Disorder)
- Isolation
- Low self-esteem
- Suicidal ideation
- Challenges faced by children in care and/ or Care Leavers population in Staffordshire, and in England:
- Transition – regarding moving into adulthood and into independent living.
- Leaving Care Teams' understanding of mental health issues.
- Service engagement.
- Service Coordination.
- Capacity and demand.
- Accommodation – securing adequate housing arrangements.
- Voluntary service provision.

Service Provision for Children looked after / Care leavers population:

- Leaving Care Services from the local authority: Staffordshire County Council.
- Mental Health Services, including Children and Young People Mental Health Services (**CYPMHS**), also known as CAMHS; then, the Transition into Adult Mental Health Services (AMHS).
- Accommodation Support Services – through various housing providers and VCSE.
- Education, Employment and Training (EET) Support Services
- Substance use (abuse/ misuse) Support Services, such as: Adsis, STARS (Staffordshire Treatment and Recovery Services).

Outcomes and their measurement

a) How are outcomes measured?

- Six-weekly reviews of Care Plans, and six-monthly Reviews of Pathway Plans.

b) What type of outcomes are measured?

- frequency and type of contact with the young person
- stability of accommodation or placement (including for foster or adoption placements)
- social functioning (level and abilities)
- Education, Employment and Training (EET)
- Offending, Convictions, or risk-taking behaviours.
- mental health outcomes /see point c). examples below.
- Physical health and sexual health.

c) What outcomes have been achieved?

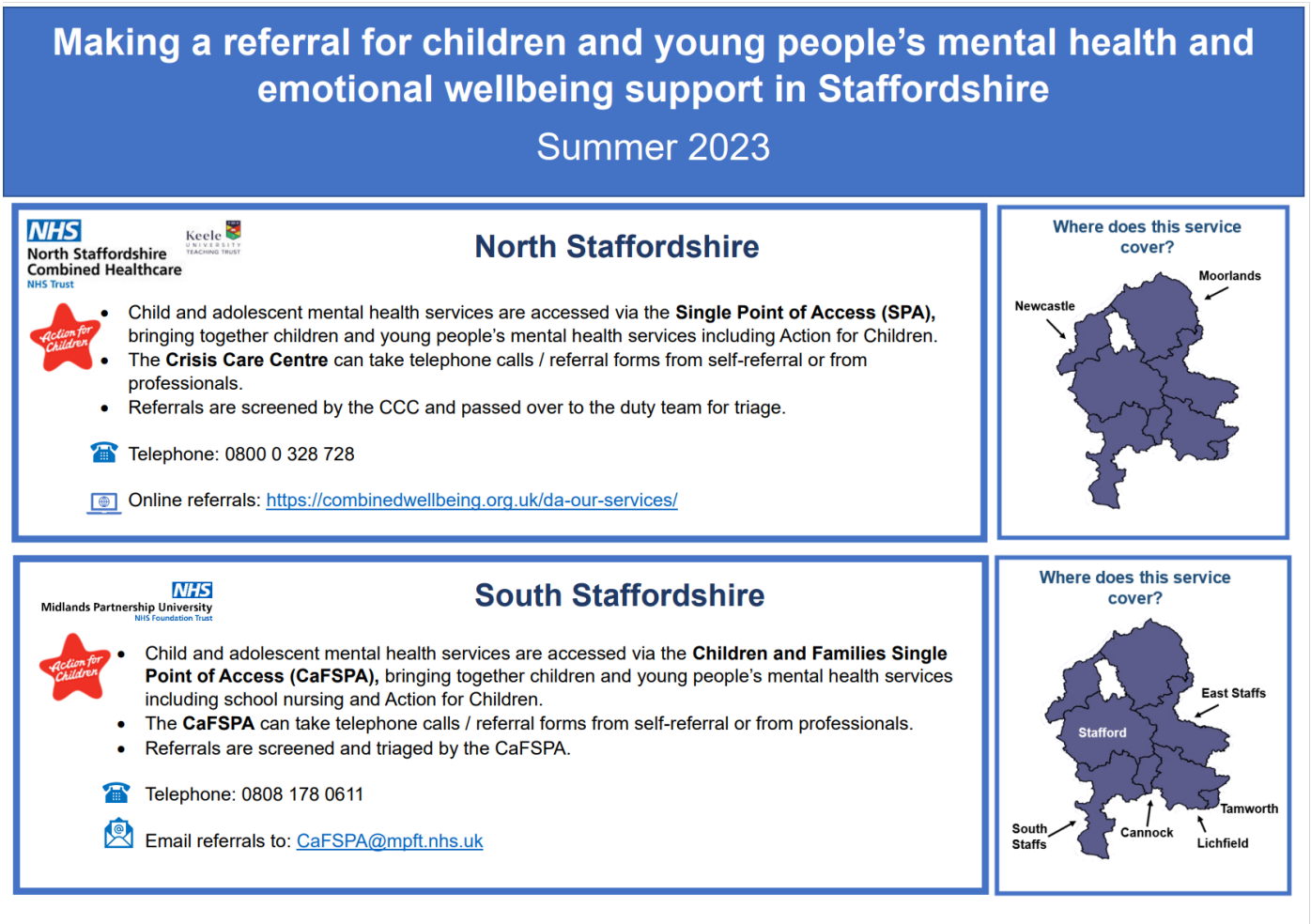
Sometimes, a range of psychometric tests are used for assessing the mental health and well-being of young people, and their readiness for independence, such as the SDQ Questionnaire done by the **CYPMHS,** *also known as CAMHS.*

The Strengths and Difficulties Questionnaire (SDQ) is a brief emotional and behavioural screening questionnaire for children and young people. The tool can capture the perspective of children and young people, their parents or carers and teachers.

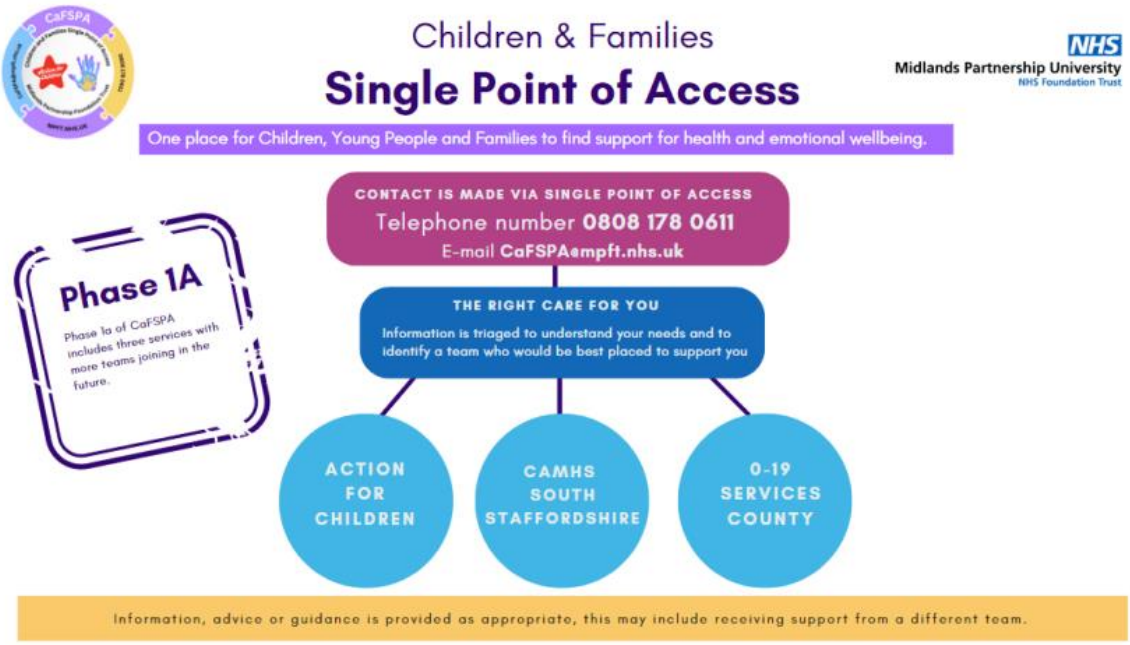
Law, D., & Wolpert, M. (2014). Guide to using outcomes and feedback tools with children, young people and families. UK: Press CAMHS.

Root Causes	Mental Health	Service Provision Available to YP to support their Mental Health
Family disfunction, Child neglect, abuse, trauma.	Anxiety	Leaving Care Services from the Local Authority
Experiencing discrimination or stigma	Depression	Mental Health Services, including Children and Young People Mental Health Services (CYPMHS) and the transition into Adult Mental Health Services (AMHS).
Having a long-term health condition or physical/ sensory disability	PTSD	Accommodation Support Services
Severe or long-term stress	Low Self Esteem	Education, Employment and Training) – EET Support Services
Social isolation and/ or (severe) loneliness Bereavement	Isolation	Substance use (abuse/ misuse) Support Services, such as: Adsis, STARS (Staffordshire Treatment and Recovery Services).
Social disadvantage, poverty, or debt.	Suicidal Ideation	'Children and Families Single Point of Access' (CaFSPA). Telephone **0808 178 0611** Email: CaFSPA@mpft.nhs.uk
Instability of family placements, including foster placements, with frequent moves.		

Emotional wellbeing support in Staffordshire from Summer 2023 referrals are made via the Single point of Access (SPA) for North Staffordshire or CaFSPA, for South Staffordshire.



'Children and Families Single Point of Access' (CaFSPA) launched on Monday 24th April 2023, as per below diagram. Tel. 0808 178 0611 Email: CaFSPA@mpft.nhs.uk



Services which are part of the single point of access, are:

CAMHS provides specialist mental health support for children and young people up to the age of 18 years old. CAMHS offers support and advice on a wide range of emotional difficulties that young people may experience. The service provides a multidisciplinary team which means professionals from different backgrounds work together to offer a range of therapeutic interventions.

0-19 (County) services provide an integrated health visiting and school nursing service to parents, carers, children and young people across Staffordshire. The service provides advice and support from pregnancy up until a child is 19 years old. All families are offered a number of mandated contacts, and additional targeted support where required.

Action for Children is an emotional health and wellbeing service delivered by Action for Children. The help offered is based on listening to children, young people and their families or carers to explore new solutions and make positive changes using cognitive behaviour therapies.

CaFSPA will triage information provided to understand the needs of the child, young person and their families. The team will make further contact with the young person or family if further information is required to identify a team best placed to offer appropriate support. CaFSPA aims to simplify the way children, young people and their families/carers seek care, support and guidance, while also streamlining how health and care professionals, alongside others can make a referral.

Adult Mental Health Services (AMHS) – referrals and triage into adult mental health services, are usually done within Staffordshire, via the access team.

Accessing Mental Health Services through the Access team:

Access is a Freephone service receiving mental health referrals for all the Trust's adult mental health services, including people with dementia. The Access team helps people get the right support, in the right place, at the right time. They can help you get support from a variety of services that can support you, from financial well-being support to social care and many more.

South Staffordshire Mental Health & Social Inclusion Hub

- Telephone: 0808 196 3002
- Email: mhsi.staffordshire@mpft.nhs.uk

The single point of access in the north of the county is accessed via the NSCHT.

North Staffordshire Combined Healthcare NHS Trust (NSCHT) is the organisation which provides mental health, substance misuse and learning disability services across North Staffordshire and Stoke-on-Trent.

If you are concerned about your mental health or someone you care for you can contact the **ACCESS TEAM** directly on **0800 0328 728 (OPTION 1)** or 07739 775202 if this number is unavailable**.**

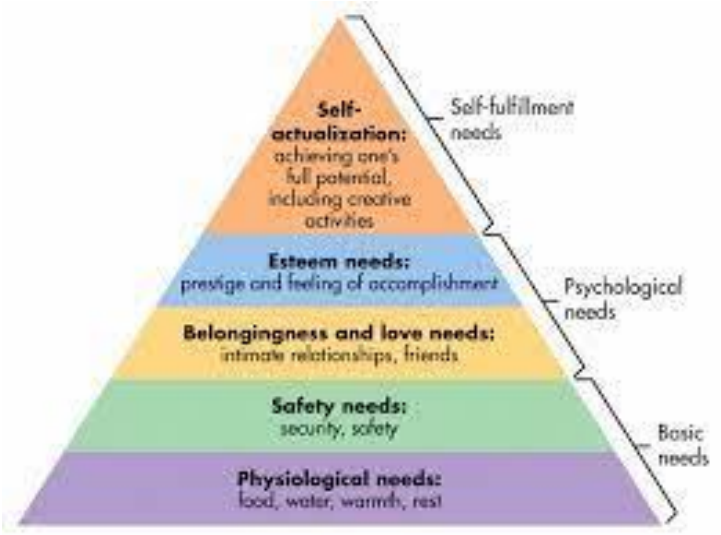
North Staffordshire Combined Healthcare Contact us

Email: communications@combined.nhs.uk

Staffordshire Healthwatch Reports, following **'Enter and View'** visits into the services, can be accessed via the link below:

Enter & View Reports - Healthwatch Staffordshire

Human Needs Hierarchy– Psychologist Abraham Maslow developed these concepts and explained the pyramid or hierarchy of human needs, which are the same for any human being. This gives insights into how ensuring that physiological needs, safety needs, belonging and esteem needs, are met adequately, equips a person to function better in the society and have higher aspirations, while aiming to achieve their full potential, as their self-actualization needs, which is at the top of the hierarchical structure.



According to Maslow, there are *five levels* in need hierarchy, which include: Physiological needs, Safety needs, Social Needs, Esteem needs, and Self-actualisation.

1. **Physiological needs** are basic needs that relate to the survival of the individual and these are essential for the preservation of human life, such as: shelter, food and water, among other critical needs. These needs are characterised as capable of fundamentally influencing behaviour, considering that the level of satisfaction will determine how people behave and associate with others. In addition, these needs are a priority, and higher level of human needs cannot be met until the basic needs are satisfied. Once each level of needs is fully satisfied, then it ceases being a reliable motivator of human behaviour and actions.

   Maslow points out that 'human needs follow a definite sequence of domination. The second need does not arise until the first is reasonably satisfied, and the third need does not emerge until the first two needs have been reasonably satisfied, and it goes on.' (Maslow 1943).

2. **Safety needs** are sought after the physiological needs, then people move onto the next level of motivators, namely, security and safety. The security and safety

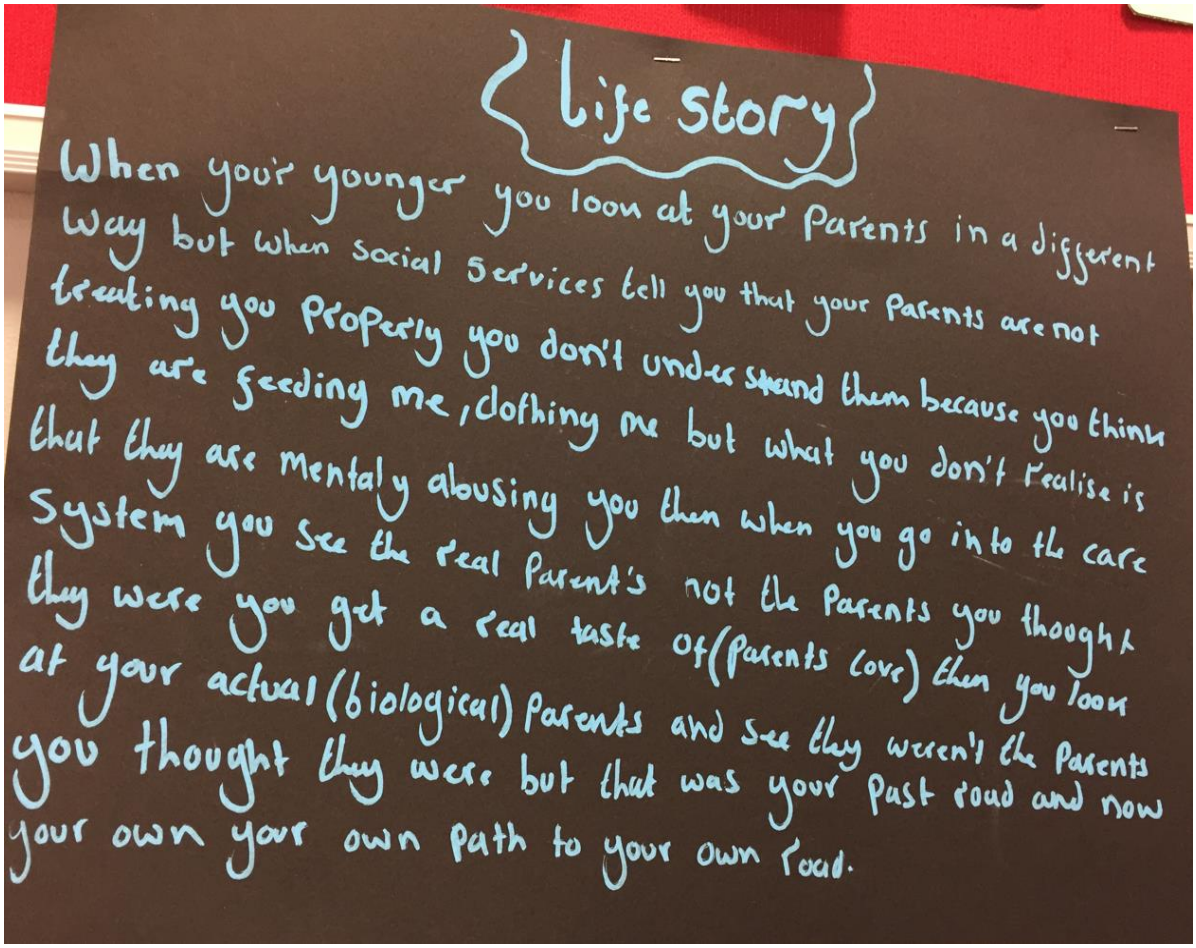
needs may vary depending on the context being considered (Maslow 1943). For instance, security could be in the form of economic security, or being protected against physical harm. These needs can only be satisfied if an individual is willing to sacrifice more, in order to attain them. Therefore, a person may be required to work harder or invest more in security measures. Similar to other levels of needs, they become unresponsive in motivating people, once they have been adequately met and they continue to be met.

3. **Social needs** assert that people cannot survive in isolation, thus, they require contact with other people through development of social relationships and interactions. Since people cannot survive on their own and depend on establishing social relationships and systems for safety and mobility, social needs are vital in enabling individuals to overcome hurdles and obstacles along the way.

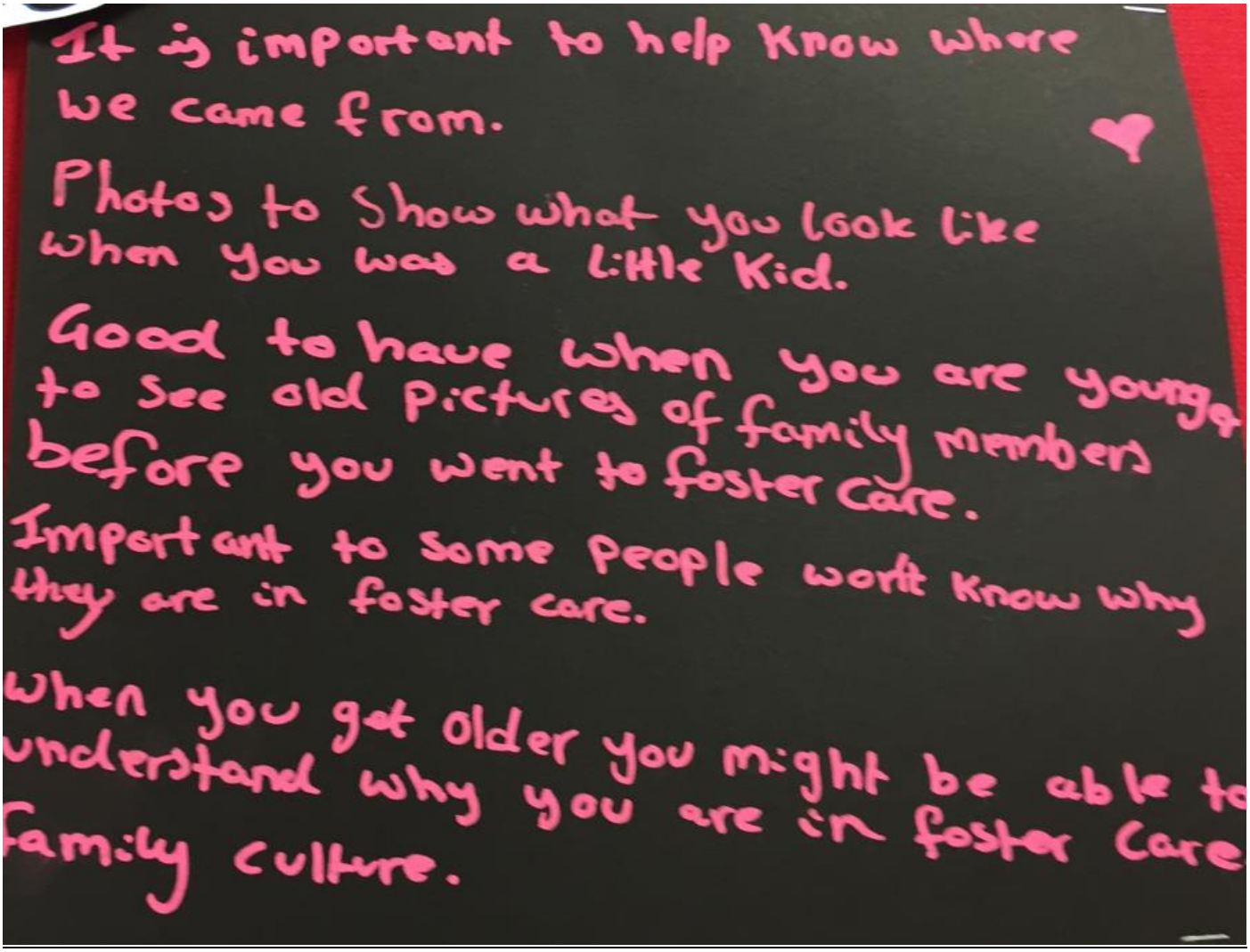
4. **Esteem needs** are sought once the social needs have been adequately met, and the esteem needs become a vital motivator in human behaviour. People are often influenced by factors such as self-esteem, self-confidence, independence and self-respect, among others. Esteem needs are met to facilitate the feeling of self-satisfaction with one's capabilities, achievements and position in society, hence esteem needs can motivate a person to feel confident and strong in challenging times, or weak and helpless, depending on the level of esteem needs.

5. **Self-Actualisation needs** are those that are often considered as the height of all human needs, the final step in the need hierarchy model. This refers to fulfilment and attaining the optimal status or position, depending on an individual affinity and strengths. As a result, self-actualisation can be described as the individual's ability and capacity for transforming their desires, beliefs and hopes into reality.

   All the above types of needs are valid for all humans, as previously emphasised. We have been working with care experienced young people, supporting them to overcome barriers, and develop their resilience and perseverance.



Young people at the Voice project - expressed the importance of finding out about their past and knowing about their family members.



Young people at the Voice project, emphasized again, the importance of finding out about their past and knowing about their family members, as well as understanding why they were placed in foster care.

Note: If you would like to read more positive stories shared by the young people, parents, carers, and professionals, please visit the links below:

PHASE 2 Project: CYP - LAC - MPFTWhoseShoes - crowdsourced squirrelling (padlet.com)

PHASE 3 Project: CYP - MH - MPFTWhoseShoes - crowdsourced squirrelling (padlet.com)

Youth Participation :: Midlands Partnership University NHS Foundation Trust (mpft.nhs.uk)

Exploring ideas with young people, on '**What Makes Life Good**'.

Conclusion:

Care experienced children have different experiences, which could be strong risk factors for their mental health status in the future. Staffordshire has developed a joint mental health strategy aimed at improving the mental health conditions of young people. The study finds that the majority of care leavers in Staffordshire were previously placed under approved adopters or in foster care homes within the county council. One of the major reasons for such placements, was dysfunctional families, characterised by either abuse, neglect or absent parenting.

Several outcomes were examined in the study. They include education, employment, and training, where the majority of care leavers (average of 90%) were found to be either in an education or training institution or employed. Based on the study, enrolling care leavers in such institutions was critical in curbing their mental health issues. On the frequency of contact and social functioning, most participants had contact with approved adopters, foster carers, and family members, which had a positive influence on their overall well-being. Other outcomes identified in the study were regarding accommodation and mental health outcomes, where only an average of 10% of care leavers lacked access to suitable accommodation. The above was linked to well-being issues such as isolation, depression, and low self-esteem, so it was imperative to find the best viable option, regarded supported accommodation, in such cases.

Recommendations from Healthwatch Staffordshire:

- **Transitioning** from CAMHS into adult mental health services needs to be smoother, thus less problematic for care experienced young people (CEYP).

- Reduce the risk for vulnerable people of **'slipping through the net'**, thus potentially having exacerbated problems, or even reaching crisis point.

- **Reducing waiting times** should be a priority, by increasing capacity across the mental health system (i.e. within NHS provision, community-based support and other commissioned provision), to ensure that needs are met by the most appropriate service. There should also be an increased focus across the system on prevention and early intervention to reduce demand on specialist services and to achieve more positive outcomes for children and young people.

  NHS CAMHS provision is available via MPFT or NSCHT, alongside other commissioned services.

- **Face-to-face appointments** to be kept as the main form of intervention, as this is what patients told us they prefer, while also maintaining the option of benefiting from the **flexibility of online sessions**, for those who need them, when they need them = **CHOICE**.

- **Increase overall effectiveness of one-to-one appointment**, by improving initial assessment methodology, and early intervention, making it more productive, with **less focus on medication alone**, but more focus on emotional support (counselling sessions, talking therapies, CBT, advice on self-help, and support groups in the community etc.)

- If possible, **increase the number of interventions**, **or offer alternative support network**, to sustain progress achieved through counselling and psychotherapy.

Acknowledgements

Healthwatch Staffordshire and the engagement officer Daniela, would like to thank everyone involved in this project, especially the young people who gave us their views, as well as the Healthwatch Intelligence Network (HWIN) at 'Support Staffordshire', alongside 'Staffordshire County Council' (Families First: Children in Care and Care Leavers, The Voice Project, the Hive the Virtual School for Looked After and Previously Looked After Children, Fostering), the MPFT NHS Trust, SCVYS, the local colleges, WHG, Bromford Housing, Concrete.

Bromford Housing Group

CONCRETE

whg

South Staffordshire College
Lichfield • Cannock • Tamworth • Rodbaston

NSCG NEWCASTLE AND STAFFORD COLLEGES GROUP

Prince's Trust Team programme

Staffordshire Fire and Rescue Service
preventing • protecting • responding

[Prince's Trust: Team (staffordshirefire.gov.uk)]

healthwatch Staffordshire

Referencing

Alliance For Children In Care And Care Leavers (2017) Promoting looked after children's emotional wellbeing and recovery from trauma through a child-centred outcomes framework (pdf)
08-16-Alliance-Promoting-Emotional-Wellbeing-Recovery-from-Trauma.pdf (tactcare.org.uk)

Adverse Childhood Experiences (ACEs) and Attachment - Royal Manchester Children's Hospital (mft.nhs.uk)

Health and wellbeing strategy 2022 - 2027 - Staffordshire County Council

Decision - A Stoke-on-Trent and Staffordshire Approach to Children and Young People's Emotional Wellbeing and Mental Health 2018 - 2023 - Staffordshire County Council

Baginsky, M (2020) Managing through COVID-19: the experiences of children's social care in15 English local authorities *NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London* (pdf)

Barnardo's (2019) Care In Mind Paper 1 Rejected Referrals: Looked After Children and Care Leavers' Access to Child and Adolescent Mental Health Services (pdf)

Barnardo's Scotland (2020) Care In Mind Paper 2 Health Assessments for Looked-after Children (pdf)

Become (2020) Coronavirus and its impact on care-experienced young people (pdf)

British Psychological Society (2020) Supporting care-experienced children and young people during the Covid-19 crisis and its aftermath (pdf)

Care Inspectorate (2020) A report on the deaths of looked after children in Scotland 2012-2018 (pdf)

Care Inspectorate Wales (2019) National Overview Report in relation to care experienced children and young people (pdf)

The Care Leavers' Association (2017) Caring For Better Health: An investigation into the health needs of care leavers (pdf)

Care Review (2020a) The Promise (pdf)

Care Review (2020b) The Pinky Promise (pdf)

Cassidy, C (2020) Breaking into secure: Introducing philosophical discussions to young people in secure accommodation *Journal of Social Work, 20(3), 287–306* (open access)

The Children's Society (2020a) Recovery Plan –Children in care and care leavers (pdf)

The Children's Society (2020b) The impact of COVID-19 on children and young people (pdf)

Coram Voice (2015) Children and Young People's Views on Being in Care: A Literature Review (pdf)

CYCPS (2020a) Secure Care in Scotland: Young People's Voices (pdf)

CYCPS (2020b) Independent Children's Rights Impact Assessment on the Response to Covid-19 in Scotland (pdf)

CYCPS (2020c) Independent Children's Rights Impact Assessment on the Response to Covid-19 in Scotland: Appendix 2 (pdf)

Dale, H (2016) Looked after young people: Reducing health inequalities through an evidence- and theory-informed intervention *Health Education Journal. 2016;75(7):811-822* (paywall)

Dixon, J., Wade, J., Byford, S., Weatherly, H. and Lee, J. (2006), *Young People Leaving Care: A Study of Costs and Outcomes.* York: University of York.
Education Policy Institute (2019) Access to child and adolescent mental health services in 2019 (pdf)

Eldridge, J (2020) Confiding in others: exploring the experiences of young people who have been in care *Adoption & Fostering, 44(2), 156–172* (open access)

Finnis, M (2021) Restorative Practice: Building Relationships, Improving Behaviour and Creating Stronger Communities; Independent Thinking Press; 2021.

Gilligan, R (2004) Promoting Resilience in Child and Family Social Work: Issues for Social Work Practice, Education and Policy *Social Work Education* (open access)

Glasgow City Council (2017) Glasgow Integrated Children and Young People's Service Plan 2017-2020 (pdf)

Hambrick, E (2016) Mental Health Interventions for Children in Foster Care: A Systematic Review *Children and Youth Services Review. 70* (open access)

Healthy Child Programme Schedule of Interventions Guide - DHSC (e-lfh.org.uk)

Hiller, RM (2020) Supporting the emotional needs of young people in care: a qualitative study of foster carer perspectives *BMJ Open 2020;10:e033317* (open access)

Law, D., & Wolpert, M. (2014). Guide to using outcomes and feedback tools with children, young people and families. UK: Press CAMHS.

Mental Health Economics Collaborative (2020) Bringing care back home: Evaluating the New Care Models for children and young people's mental health (pdf)

Making Every Contact Count - elearning for healthcare (e-lfh.org.uk)
Microsoft Word - Template Privacy Statement - HW.docx (healthwatchstaffordshire.co.uk)

Maslow, A. (1943) A Theory of Human Motivation; Motivation and Personality.

Classics in the History of Psychology -- A. H. Maslow (1943) A Theory of Human Motivation (yorku.ca)

The Mental Health Foundation (2002) The Mental Health of Looked-After Children (pdf)

National Assembly for Wales Public Accounts Committee (2018) Care experienced children and young people (pdf)

Nadine Burke Harris: How childhood trauma affects health across a lifetime | TED Talk

NHS England » One in five children and young people had a probable mental disorder in 2023

North Staffordshire Combined Healthcare Mental Health Liaison Team access-team-leaflet (NSCHT).pdf

NCEPOD The Inbetweeners Report

The Inbetweeners summary report.pdf (ncepod.org.uk)

NSPCC (2014) What Works In Preventing And Treating Poor Mental Health In Looked After Children? (pdf)

NSPCC (2015) Achieving emotional wellbeing for looked after children (pdf)

NSPCC Wales (2019) Listen Act Thrive: The Emotional and Mental Health of Care Experienced Children and Young People (pdf)

NYAS (2019) Looked After Minds: Prioritising the Mental Health of Care-Experienced Children and Young People (pdf)

The Oliver McGowan Mandatory Training on Learning Disability and Autism | Health Education England (hee.nhs.uk)

Pinter, I. (2021) Children and Families Seeking Asylum in the UK. CASEbrief/41. Centre for Analysis of Social Exclusion, LSE. https://sticerd.lse.ac.uk/dps/case/cb/casebrief41.pdf

Public Health England (2020) Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus (COVID-19) pandemic (website)

Rees, P. (2013) The mental health, emotional literacy, cognitive ability, literacy attainment and 'resilience' of 'looked after children': A multidimensional, multiple-rater population-based study *British Journal of Clinical Psychology* 52 (2): 183–198.

Social Care Institute for Excellence (SCIE): Enablers of relationships for child or young person; mental health practice;
ewg-model.pdf (scie.org.uk)

Scottish Government (2014) Guidance on Health Assessments for Looked After Children in Scotland (pdf)

Scottish Government Getting it right for every child (GIRFEC) (website)

Scottish Government Children and Young People (Scotland) Act 2014 (website)

Scottish Government (2019) Mental health strategy 2017-2027: second progress report (pdf)

Scottish Government (2020) Children, Young People and Families COVID-19 Evidence and Intelligence Report (pdf)

Scottish Parliament (2019) Secure care and prison places for children and young people in Scotland (pdf)

ScotSen (2018) Public attitudes to care experienced young people (pdf)

Social Market Foundation (2018) Looked-after Children: The Silent Crisis (pdf)

Staffordshire Safeguarding Children Board - Annual Report 2021/2022 - Staffordshire Safeguarding Children Board (staffsscb.org.uk)

SSIA (2007) What Works in Promoting Good Outcomes for Looked After Children and Young People? (pdf)

The London School of Economics & Centre for Analysis for Social Exclusion (2021): Children and Families Seeking Asylum in the UK.

casebrief41.pdf (lse.ac.uk)

Threshold-document-April-2022-1.pdf (staffsscb.org.uk)

Triumph (2020) Priority Areas for Research to Improve Youth Public Mental Health (pdf)

Turney,(2016) Mental and Physical Health of Children in Foster Care *Paediatric s2016;138(5):e20161118* (open access)

UN Convention on the Rights of the Child - UNICEF UK

Voices From Care Cymru (2020) Inquiry into the impact of the Covid-19 outbreak on children and young people in Wales (pdf)

What are Adverse Childhood Experiences ACEs? - Liverpool CAMHS

Working-Together-to-Safeguard-Children-2018.pdf

Who Cares? Scotland (2016a) Outcomes for care experienced children and young people (pdf)

Who Cares? Scotland (2016b) Mental Health in Scotland –a 10 year vision (pdf)

Who Cares? Scotland (2020) The Impact Of Covid-19 On Scotland's Care Experienced Community (pdf)

Young Minds (2020) Coronavirus: Impact on young people with mental health needs (pdf)

'You're Welcome': establishing youth-friendly health and care services - GOV.UK (www.gov.uk)

access-team-leaflet (NSCHT).pdf

Statistics: looked-after children - GOV.UK (www.gov.uk)

Appendices

healthwatch Staffordshire

Appendix A: **Questionnaire for care experienced young people (CEYP)**

1. How would you rate your experience as a child or a young person, through the Care journey? *

- [ ] very good
- [ ] good
- [ ] neutral
- [ ] mixed views
- [ ] poor experience

2. What was the most rewarding or best aspect of your care experience and why? *

3. What was 'not so good' about your experience as a young person in care? Please explain in a short statement, in your own words. *

4. How has your experience of care influenced your emotional well-being? (select one answer) *

- [ ] good impact
- [ ] no significant effect
- [ ] bad impact
- [ ] Not sure /or prefer not to say

5. Can you expand on your previous response, and stated how it affected you, in terms of noticeable behaviour. (i.e. positive/ chatty/ sense of belonging/ my usual self/ low mood/ lack of sleep etc.) *

good impact

no significant effect	
bad impact	
not sure/ or prefer not to say	

6. How have you dealt with the situation? Where did you seek support? Was it available? In a timely manner? *

7. Have you ever accessed these services? *

- [ ] a). CYPMHS/ CAMHS (Children and Young People's mental health services)
- [ ] b). AMHS (Adults Mental Health Services)
- [ ] c). both the above.
- [ ] d). none of the above.
- [ ] e). Other (please specify):

8. Were the above services easy to access and how did you find transitioning between services, if applicable. *

	easy	average	difficult
Accessibility of Services			
Transition between Children/ Adult services			

9. How would you like mental services for young people to be improved? What changes would you like to see within the system? *

10. While in the care of the local authority, have you been kept informed about your Care Plan and Pathway Plan, through regular meetings and reviews with your social worker and/ or personal advisor? *

- [ ] Always
- [ ] Often
- [ ] Sometimes

- [ ] Very rarely
- [ ] Not at all

11. Are you currently in appropriate accommodation, which meets your needs? *

- [ ] Yes
- [ ] No

12. Please tell us your gender

- [ ] Woman
- [ ] Man
- [ ] Non-binary
- [ ] Prefer not to say
- [ ] Prefer to self-describe:

13. Please tell us which sexual orientation you identify with *

- [ ] Asexual
- [ ] Bisexual
- [ ] Gay man
- [ ] Heterosexual/straight
- [ ] Lesbian/Gay woman
- [ ] Pansexual
- [ ] Prefer not to say
- [ ] Prefer to self-describe:

14. Please tell us your age *

- [ ] 13 to 15 years
- [ ] 16 - 17 years
- [ ] 18 - 24 years
- [ ] 25+ (but not over 30)

15. Do you have a disability or long-term health condition? *

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

16. What is your nationality? Please state below.

17. Are you an unaccompanied asylum-seeking child in the UK? (as part of the UASC population)

- [ ] Yes.
- [ ] No.

18. Please select your ethnicity *

- [ ] Arab
- [ ] Asian/Asian British: Bangladeshi
- [ ] Asian/Asian British: Chinese
- [ ] Asian/Asian British: Indian
- [ ] Asian/Asian British: Pakistani
- [ ] Asian/Asian British: Any other Asian/Asian British background
- [ ] Black/Black British: African
- [ ] Black/Black British: Caribbean
- [ ] Black/Black British: Any other Black/Black British background
- [ ] Mixed/multiple ethnic groups: Asian and White
- [ ] Mixed/multiple ethnic groups: Black African and White
- [ ] Mixed/multiple ethnic groups: Black Caribbean and White
- [ ] Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background
- [ ] White: British/English/Northern Irish/Scottish/Welsh
- [ ] White: Irish
- [ ] White: Gypsy, Traveller or Irish Traveller
- [ ] White: Roma
- [ ] White: Any other White background
- [ ] Prefer not to say
- [ ] Other (please specify):

19. What is your religion or belief? *

- [ ] Christian
- [ ] Muslim
- [ ] Hindu
- [ ] Sikh
- [ ] Jewish
- [ ] Buddhist
- [ ] No religion

- [ ] Prefer not to say
- [ ] Other (please specify):

20. What is the highest educational level you have achieved?

- [ ] None
- [ ] Primary (left school before/at 11 years old)
- [ ] Secondary (left school before/at 16 years old)
- [ ] A levels, high school, college or equivalent
- [ ] Post secondary vocational/technical training.
- [ ] University (first degree)
- [ ] Postgraduate (second or further degree)
- [ ] Not known
- [ ] Prefer not to say

21. What is your current occupation?

22. Which of the following best describes your current employment status?

- [ ] Working full-time (employed or self-employed)
- [ ] Working part-time (employed or self-employed)
- [ ] Unemployed and looking for work
- [ ] Unable to work due to health issues or a disability
- [ ] Stay at home parent.
- [ ] Caring for someone with long-term health conditions or a disability
- [ ] Student
- [ ] Doing unpaid work/volunteering
- [ ] Prefer not to say
- [ ] Other (please specify):

23. Which of the following best describes your housing situation?

- [ ] Own outright
- [ ] Buying a mortgage
- [ ] Living with family members
- [ ] Renting privately
- [ ] Renting from the council, a housing association or other social landlord

- [ ] Informal living arrangement (no contract sublet, staying with friends)
- [ ] Supported living scheme
- [ ] Care home
- [ ] Temporary accommodation/hostel
- [ ] Homeless/sleeping rough
- [ ] Prefer not to say
- [ ] Other (please specify):

24. What is the first part of your postcode? for example, WS11, ST16 or other. *

25. Is there anything else you would like to add to the above information that you would like to share anonymously, with 'Healthwatch Staffordshire' please. If so, please fill in the free-text box below. This is optional. Thank you.

Appendix B: Brief Event Survey – Service User Experience

1. Do you have experience of any of these health and social care services? *

- [ ] Hospitals
- [ ] G.P.s
- [ ] Dentist
- [ ] Care in Your Own home
- [ ] Pharmacy
- [ ] Optician
- [ ] Emergency Care
- [ ] Community
- [ ] Hospice
- [ ] Mental Health
- [ ] Walk in Centres
- [ ] Supported Living
- [ ] Residential Care
- [ ] Nursing

- [ ] None of these
- [ ] Other (please specify):

What can you tell us about your experiences, good or bad ?

2. What is the first part of your postcode ? *

3. Please tell us your age *

- [ ] 13 to 15 years
- [ ] 16 - 17 years
- [ ] 18 - 24 years
- [ ] 25 - 49 years
- [ ] 50 - 64 years
- [ ] 65 to 79 years
- [ ] 80+ years
- [ ] Prefer not to say
- [ ] Not known

Appendix C: **Example of a completed interview discussion with professional/s working with young people.**

Interview with professionals (003).pc

Interview with professionals, within health and social care: local authorities, NHS/MPFT.

1. What is your current role within your organisation, please? Post 16 Learning Advisor.

2. How often do you see young people in care and having just left care (possibly in transition)? This is dependent on their needs, it's quite sporadic and dependent on if they attend their PEP meetings.

3. How often would you interact with those in care or care leavers you felt had concerns around their mental wellbeing? I would keep contact with some individuals possibly weekly or though their social workers to ask for updates or other professionals.

4. How do you routinely or normally, support children in care and care leavers? a) Pep meetings b) Signposting to other services and agencies c) Virtual school events/training d) Check in where needed; attending meetings to support them with issues i.e. disciplinaries or behaviour meetings from education usually.

5.What are the main 'Root causes of teenagers' struggling with their mental wellbeing? • A- Trauma • B- ACES • C- Lack of guidance and support, missing "parent" role • D – Involvement with unhealthy friendships • Exploitation /vulnerabilities • Lack of higher levels of support once 18.

6. What is the most rewarding aspect of your role, in a brief description. I love each and every part of my role, I particularly enjoy if I can help and support someone disengaged to become engaged, either in education or a therapeutic measure.

7. What does a successful transition of a young person, look like to you. Support from the very start of whatever process it is, informed decision making and real autonomy about what they would like to achieve, then ultimately the execution of this. Can you give some Examples of good practice and some success stories. Yes. Young person (was) very disengaged and struggling with SEMH. Firstly, started to access tutoring for basic functional skills, then mentoring. Has now passed L2 functional skills maths and

English. PP used to fund online course in area of aspiration. Young person looking at mainstream college courses now and aspires to be paramedic.

8. What are the main difficulties, or barriers that young people usually encounter?
a) Motivation, lack of support, lack of knowledge of where to ask for support, Learning difficulties/ disabilities.

9. In your experience so far, where else do young people seek for additional support & support networks? a) careers b) SEMH services c) peers (not always healthy); d) other.

10. How could specific support services be improved, especially in terms of easier accessibility for the young people in care or leaving care, in your opinion? i.e., mental health services/housing/education/financial support/physical support/hobbies etc.
Waiting times are very long, red tape, processes to access are difficult sometimes.

11. How are local authorities or NHS - addressing existing gaps in service provision, to further support young people and enhance (improve) the care leaver offer? _.

12. What else could be done by stakeholders and key-players in the health and social care fields, to achieve the above main aim? i.e. better transitions/supports/housing/education (something not yet mentioned/ covered):
Staff continuity better joined up working, better processes for care experienced young people to access services.

13. Is there anything else at all, you would like to add? If so, please add it below: -
Thank you for taking part in this interview discussion.

d. Care Experienced Young People's views and comments, their stories:

'Bromford Housing and my personal adviser have helped me, and the local food bank, too'.

'Care can make you feel isolated, unwanted and excluded from normal people of your own age.'

'My experiences were all Ok; care was adequate.'

'The people I met, the experiences I've had, have helped me progress as a person.'

'At CAMHS, the only thing they offer is medication that doesn't work; there isn't enough emotional support'.

'CAMHS was depressing, because lack of engagement and a barren atmosphere.'

'I would like to see more engagement and empathy from CAMHS professionals.'

'What was Good: they listened to me, gave me space and offered support, provided me with contact numbers, in case of emergency - at CAMHS, and as an in-patient. What was not so good: some staff were not understanding, and I felt were looking down on me, due to my mental health issues, as an inpatient in Hospital.'

'I suppressed my emotions and ran from my issues with cannabis, which lead to dependency; once I was in work, I had to stop smoking, and now I just get on with life.'

‘I would like to see better training for therapists, more assessments and support for young people, before prescribing them medication.’

‘Through my experiences both good and bad, these have taught me a valuable lesson in life. Bad experiences, as traumatic as they can be …, are the best to learn from, and mentally and emotionally progress as a person, through exposures to the harsh reality, that is the world we live in.’

‘Life in care, for me, has influenced character development, in the long term. It influenced maturity, through life lessons, reflection, and philosophy’.

‘I have found inspiration and motivation, by reading the self-help book: Twelve rules for life, by Dr J. Peterson. It’s a really good book!’

‘If I had some issues, I often left the situation and went on walks, to self-reflect on my problems. It helped me to calm down and relax’.

‘Life in care was good; we were well looked after. It gave us: sustenance (food), and more.’

‘I loved my holidays, while being in care as a child or young person’.

Personal stories: Alison's Story

"I had been working in a children's home for a few years. I enjoyed my job because the kids at the home desperately needed help and support and I could at least go some way to giving it to them. But it was frustrating too. As a residential care worker, I faced a lot of restrictions on what I could and couldn't do. I knew that there must be a better way to give these kids a fair chance in life. Then I found out about Resilience fostering.

Resilience fostering was the ideal thing for me. I could use what I'd learnt and experienced, to support a young person in my own home. The financial rewards of Resilience foster caring meant that I could give up my old job and give my full attention to supporting my young person.

Charmaine came to me when she was 12 years old. She'd been physically and mentally abused by her real dad. Because of the way she behaved, by the time she went to residential care she'd had four failed foster homes. Deep down though, she craved and needed the normality of a family life.

She has been living with me for just over a year now. I'll be honest, there have been times when I've felt like pulling my hair out. I find it easier to deal with screaming and shouting, but when she closes down and doesn't want to know me, it's really hard. The training and support we get as Resilience foster carers has got me through some tricky times.

At the moment, we're doing great. We have the odd moment, as I'm sure every parent does, but as we get to know and trust each other more, the little glimmers of a positive future are becoming more and more frequent. It's not about 'happy-happy, smiley-smiley living happily ever after' – just being 'normal' means so much to her. I know that I'm changing her life for the better and that feels good.' /

**Alison's story is based on real life events, but names have been changed.*

E. CASE STUDIES – from the **Fostering teams** within **Staffordshire. / Personal stories.**

Natalie and Andy's story *names have been changed.

'Nat and Andy are task centred foster carers who were approved 12 months ago. They reflect on their first year of fostering for Staffordshire.

We remember our first night so clearly, a little boy walked through our door on a windy Friday night, and we will never forget his cheeky smile on arrival. His little laugh was and still is infectious; he is and cutest and most loving boy we've ever known. We became foster carers as we felt we had a lot of love to share and had the ability to truly advocate for a child, it's been so refreshing to share our love with a child. We must share a million "love you' s", cuddles and kisses during the day; however, the ones that count are unprompted and catch us off-guard. You take a step back and it brings you the most amazing happiness, which is indescribable.

Our little man went away with Andy's parents, we missed him like mad, however it's lovely to see that he's been accepted and settled within our wider family – they also think the world of him. On his return from his motorhome adventure, he was so excited and came running up to us, we picked him up and cuddled him all up. He said, "I've really missed you". It was a beautiful moment that demonstrated the strength of our family attachment.

We've had far too many amazing memories and moments throughout our first 12 months of fostering to note them all down. However, our first Christmas as a three was the best of them all.

Our little boy (possibly for the first time in his life) appears settled and content with his surroundings. He's achieving in every aspect of his life,

which is amazing. As quoted by our fabulous supervising social worker “the proof is in the pudding”. No one imagined this would work (including us in the very early days) with both carers working, however we feel our expertise within our industries has only benefited and advocated for him. We often pinch ourselves when we sit here of an evening that we’ve got the most adorable little boy upstairs tucked up fast asleep.

We enjoy every waking moment with him, don’t get us wrong, he can sometimes push our buttons like every child, but it’s the moments you are able to influence that makes every moment worth it. He hasn’t sworn at home for nearly 6 months and 8 weeks at school, despite all the children around him continuing to swear in his presence - what an amazing little boy!

As we look beyond 12 months with him, we look forward to our first abroad holiday, several UK breaks, days out, amazing family moments that will last a lifetime. We were playing eye spy to practice our phonics, and he said “eye spy with my little eye beginning with D” I said “door” …, he was no, it’s daddy, because you’re mine. Whilst we will never replace his birth parents, it is rewarding to know we’re up there with them.

Not a moment goes by, where he isn’t in our thoughts, he really does make our world go round. To anyone thinking about fostering we’d say give it a go it’s the greatest thing you will ever do.

Here’s to another 12 months of fabulousness with our gorgeous superstar

F. Glossary of key definitions and acronyms:

Abuse and neglect -are forms of maltreatment of a child.

ACEs – Adverse Childhood Experiences are "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity." (Young Minds, 2018).

Child and Adolescent Mental Health Services (CAMHS) – Specialist multi-disciplinary team, which provides assessment and treatment for children and young people, with emotional and mental health issues, using a variety of techniques and types of interventions.

Children in Need (CIN) – According to section 17 of the Children Act 1989, those children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17(10)). This includes children with disabilities. Local authorities have a duty to safeguard and promote the welfare of children in need.

Children Act 1989 and 2004 (CA) – Legislation on which the protection of children is based; it includes both public and private law, (family proceedings).

Children Social Care Services – the national terminology used to describe local authority services provided to children (the social work services).

Care Experienced Young People (CEYP) – young people who had lived experience of being in the care of the local authority. See also LAC and/ or CLA.

Emotional Abuse – is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children; these may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may include serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation and corruption of children.

LeDeR - Learning from Lives and Deaths of People with a Learning Disability and Autistic People.

Looked After Child (LAC) or CLA (children looked after) – Children cared for by the local authority. They may live with foster carers, other family members, or in residential care.

Neglect – is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure access to appropriate medical care or treatment;
- ensure adequate supervision, (including the use of inadequate caregivers).

Referral – term given to information gathered when an enquiry is first made to CYPS about a child or adult and a request is made for services.

Staffordshire Safeguarding Children Board (SSCB) – for further information:

Children and Young People - Staffordshire Safeguarding Children Board (staffsscb.org.uk)

Children and Young People's Mental Health Support Pathway(s):

These asks from children, should guide the behaviour of all practitioners.

Children have said that they need:

• **vigilance**: to have adults notice when things are troubling them

• **understanding and action**: to be heard and understood, and to have that understanding acted upon

• **stability**: to be able to develop an ongoing stable relationship of trust with those helping them

• **respect**: to be treated with the expectation that they are competent rather than not

• **information and engagement**: to be informed about and involved in procedures, decisions, concerns, and plans.

• **explanation**: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

• **support**: to be provided with support, in their own right, as well as a member of their family

• **advocacy**: to be provided with advocacy to assist them in putting forward their views

• **protection**: to be protected against all forms of abuse and discrimination and the right to special protection and help, if a refugee.

Examples of support services available for emotional support - / Signposting.

For emotional support, there are some free services, which young people can self-refer into, or a parent or a GP, or other relevant professional can refer the young person into:

1) Samaritans http://www.samaritans.org or call 116123 (Free)

2) Shout http://www.giveusashout.org - a text message service

3) MIND

Home - Mind

4) Papyrus

Papyrus UK Suicide Prevention | Prevention of Young Suicide (papyrus-uk.org)

5) BEAT

The UK's Eating Disorder Charity - Beat (beateatingdisorders.org.uk)

6) Hub of Hope, for services in your area

Mental Health Support Network provided by Chasing the Stigma | Hub of hope

7) Cruse - bereavement services.

Home - Cruse Bereavement Support

8) Your (new) GP or nearest (A & E), in the event of an emergency.

9) Dial 111 - NHS Non-emergency / or 999 for an Emergency

10) The organisations below offer support via email, phone, or text for anxiety/depression

https://www.anxietyuk.org.uk/

https://www.kooth.com/

**Note*: there are also some free mobile applications (Apps), that can be used such as: Calm, Mind etc. / these can be found under: NHS Approved Apps for Mental Health.

YOUTH MENTAL HEALTH PARTICIPATION FORUM - NHS MPFT Trust


Youth Participation
NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust
JOIN US!
Youth Mental Health Participation Forum
3rd Thursday of every month
5pm-6pm
This forum is for young people 13-18 years old across Staffordshire who are interested in improving mental health services for all young people!
MHST
MENTAL HEALTH

Healthwatch Staffordshire

Support Staffordshire

Stafford Civic Centre

Riverside

Staffordshire

Stafford

ST16 3AQ

www.healthwatchstaffordshire.co.uk