



Lessons for Practice

Care Leavers

November 2020

Foreword

Each year over 10,000 young people leave the care system and become care leavers¹. Their immediate transition to independence and the years that follow can be difficult for many. With little to no family support, the lived experience of some can be extremely challenging and isolating.

This short briefing paper builds on our collective understanding of the challenges faced by care leavers and provides a number of headline messages for improving multi-agency safeguarding practice. It summarises the lessons from the reviews of two cases involving care leavers who tragically died by suicide.

Wherever you work, use this briefing paper to generate discussion about the vulnerability of care leavers; particularly in the context of their mental health. Talk about what you can do differently, reflect on the key messages and above all, ensure your individual practice is sufficiently attuned to them.

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¹ A care leaver is a young person, aged 16-25, who has been looked after by the local authority at some point since their 14th birthday and who was in care on or after their 16th birthday. The leaving care age in England is ordinarily 18 years old, however some young people leave care aged 16 or 17. Other young people looked after immediately before a special guardianship order was granted, also qualify for advice and assistance between the ages of 16 and 21.

1. Safeguarding First

- 1.1 Care leavers are known to be some of the most vulnerable people in our society. Their lives haven't been easy, with Adverse Childhood Experiences (ACEs) affecting the mental health of some as they grow. The statistics are significant, with looked after children and care leavers being between four and five times more likely to attempt suicide in adulthood².
- 1.2 It may sound obvious, but it's worth stating that care leavers do not lose their vulnerabilities when they reach adulthood. Neither do they become fully formed in terms of maturity nor lose their need for a network of support. **Whilst recognising the need to balance issues relating to capacity and an individual's right to make their own choices, practitioners should always take a Safeguarding First approach when engaging care leavers.**
- 1.3 This means applying the same authoritative approach to safeguarding practice as would be expected for the under 18s. Yes, the legislative framework is different, but the attitude shouldn't be.
- 1.4 In this sense, the expected behaviours of practitioners when working with care leavers should reflect the following 'asks'³. Whilst these points come from what children have said they want to see in an effective safeguarding system, they are equally relevant to young adults. Embedding these as part of your practice, will help you focus on safeguarding, regardless of what policy or procedure you might be working to.
- **Vigilance:** to have adults notice when things are troubling them.
 - **Understanding and action:** to understand what is happening; 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.

² Children and Young People's health outcome form "Report on of the Children and Young People's Health outcome Forum – Mental Health Sub-Group (July 2012) available on-line at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf

³ [Working Together to Safeguard Children 2018, page 9](#)

- **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

1.5 Safeguarding First in the context of care leavers also means taking an evidenced based approach when reducing or stopping contact. This could be because a care leaver expresses a wish not to 'stay in touch' or they might be hard to consistently track down and difficult to engage.

1.6 Whilst care leavers have an absolute right to decline support (and this should be respected), if safeguarding concerns remain, these need to be fully addressed in the care leaver's pathway plan before agencies step back. Routine contact or attempts to contact shouldn't automatically stop without a systematic approach to risk management involving assessment, involvement of multi-agency partners and proper mitigation.

2. Mental Health Services

2.1 Engagement of practitioners with the right skills to meet the needs of care leavers is essential to effective pathway planning. Such planning should always include a focus on mental health and local areas should ensure that services in this regard are sufficient to meet need.

- 2.2 *Neglected Minds*⁴, a report on mental health support for young people leaving care was published by Barnardo's in 2017. This identified '*small but significant changes could be made with the allocation of comparatively modest amounts of money at a local level aimed at supporting this group.*'
- 2.3 One suggestion by Barnardo's was to embed a mental health worker in leaving care teams to work specifically with care leavers during the process of transition, both to provide mental health support and to help access statutory services. The charity also recommended that training and mentoring opportunities are developed where workers trained in mental health can work to upskill those in leaving care services. This will help them better understand how to provide support.
- 2.4 Whilst there is a good range of emotional and mental health support available for care leavers in Hackney (including that provided by Hackney's in-house clinicians), for those who live 'out of borough', some can experience delays in accessing local services. In this context, professionals and volunteers working with care leavers need to be creative in their planning to address such gaps. Where barriers exist to mental health needs being met, these should be escalated as and when required within existing protocols. [The CHSCP Escalation Policy](#) sets out a broad framework that can be used by any safeguarding professional, with the Independent Child Safeguarding Commissioner being engaged if a resolution cannot be found.
- 2.5 Barnardo's also recommended local areas develop youth specific services (aimed at those in their teenage years and early 20s) to provide low level interventions and preventative techniques in a manner and setting which is appropriate to this age group. Again, locally, there is a good range of provision available in both the statutory and voluntary sectors.

⁴ [Neglected Minds, Barnardo's 2017](#)

3. It can be easy to hide

- 3.1 In other related reviews undertaken by the CHSCP, some young people took their own lives within a relatively short period of time after having been seen by practitioners. During this engagement, the young people provided credible reassurance that risk was low and that they were okay.
- 3.2 Whilst we need to be careful not to create an unhealthy perception that the complexity and associated uncertainty of mental health can be eradicated, it appeared easy for the young people involved to hide their vulnerabilities from the practitioners working with them.
- 3.3 In this context, it is important for practitioners to always hold in mind that some young people, including care leavers, will tell you what they think you want to hear. The reasons for this can be wide ranging and complex. They may relate to fear of what might happen if the young person 'opens up' or they may be an active intent to deflect concerns.
- 3.4 Recognising that a young person might not be telling you the full story is never going to be easy. However, building and maintaining trusting relationships to help explore their wishes and feelings is a good place to start. The ability to do this is an essential skill. Practitioners working with care leavers should always question observed behaviours, apply healthy scepticism and never assume that those appearing as assertive, independent or empowered are not in need.

4. Support after crisis

- 4.1 The immediate time period following a mental health crisis is a critical window of opportunity for both observation and support. It is a time when risk can escalate and a time when the possible chaos in a young person's life can be echoed in the professional network. Impulsive behaviours, rapid changes in mental health and the potential for latent impairment from drink

or drugs, could mean that those who present as low risk may be in crisis soon afterwards.

- 4.2 Whilst a comprehensive safety and discharge plan is important for children and young people who have a family unit around them, it is also essential for those vulnerable young adults who live independently. Professionals should always review the frequency of planned contact with a young person after any attempt at suicide or self-harm to ensure this has been sufficiently increased.

5. Change matters

- 5.1 There is a need to consider the number of changes, transitions and the ending of relationships (both professional and personal) in a young person's life. The impact of such cumulative loss on outcomes should never be underestimated and is especially important for young people who have difficulty, or who take longer, to develop trusting relationships.
- 5.2 As early as possible, professionals need to plan for change, particularly transition into adult services. Thinking about how a young person will be supported as an adult, what services might be more difficult to access and what potential contingencies can be put in place, will lead to better planning and more focussed support in the present.