

*King's* Fund

# The health of young people leaving care

A review for the  
King's Fund/Oak Foundation

Steve Wyler  
May 2000

HUed  
Wyl

**KING'S FUND LIBRARY**

11-13 Cavendish Square  
London W1M 0AN

Class mark

HUed

Extensions

wyl

Date of Receipt

29/1/01

Price

Donation

# Contents

	<b>Page</b>
<b>Summary</b>	<b>1</b>
<b>1. The problem</b>	<b>3</b>
1.1 Young people in care	3
1.2 Numbers of young people leaving care	3
1.3 Characteristics of young people leaving care	4
1.4 Health of young people leaving care	5
1.5 Problems in addressing the health needs of young care leavers	6
1.6 Summary	8
<b>2. Views of young people</b>	<b>10</b>
2.1 Determinants of health	10
2.2 Recommendations from young people	11
2.3 Summary	12
<b>3. Policy responses</b>	<b>13</b>
3.1 The Children Act	13
3.2 Policy initiatives	13
3.3 Promoting local authority good practice	16
3.4 Summary	18
<b>4. Practical responses</b>	<b>19</b>
4.1 Initiatives with a specific focus on health	19
4.2 Initiatives designed to help young people make successful transitions to independence	22
4.3 Improving data, setting standards, measuring impact	26
4.4 Summary	28
<b>5. Recommendations to the King's Fund and Oak Foundation</b>	<b>29</b>
5.1 Conditions for success	29
5.2 Recommendations	29
<b>References</b>	<b>31</b>

# Summary

## 1. The Problem

Some 3,000 to 5,000 young people leave care in London each year. The physical health of this group is poor, with high levels of substance abuse. Mental health problems are serious and widespread. The rate of teenage pregnancy is far higher than in the general population. Unhealthy lifestyles, including lack of exercise and poor diet are common. Care leavers who came to this country as unaccompanied asylum seekers face additional health problems.

There are many weaknesses in the care system which exacerbate these problems, not least poor health monitoring and provision while young people are in care, and inadequate preparation for leaving care. The formal health services are not user-friendly for young people who have been in care – often not available when they are needed, and when services are received they frequently leave young careleavers feeling stigmatised.

## 2. Views of young people

As far as young people are concerned, the reasons why their health may be poor are primarily social and emotional. Factors such as eating habits, smoking and drinking are secondary.

Young people have made a wide range of suggestions for improvements. Running through nearly all of these is the need to be treated with respect as individuals, to have access to basic health services as of right, and to have long-term relationships which they can trust.

## 3. Policy responses

Over the last two years, the desire to improve services for young people in care and those leaving care has been high on the central and local government policy agenda. The Quality Protects programme, the Children (Leaving Care) Bill, and the Beacon programme, are all serious attempts to raise standards and promote good practice. Health issues are beginning to receive more attention. There is therefore a positive climate for innovation and improvement.

## 4. Practical responses

Apart from general health promotion and education, initiatives designed specifically to respond to the health needs of care leavers are rare, and where they exist are often new and untested. The lack of a strong practice response is most acutely felt in relation to mental health. Practice is also weak in meeting the needs of care leavers with borderline disability. However, in a few areas, mainly outside London, there are recent attempts to develop programmes of work to understand and respond to the health needs of care leavers more systematically.

The range of programmes designed to help young care leavers make successful transitions to adulthood is more extensive, and although still highly variable from area to area, at its best the work is of a very high standard. The involvement of young people themselves in advisory and feedback roles is much improved, although their involvement in peer-led services remains peripheral.

Systematic collection of data about young care leavers, and comparisons over time, in order to chart an individual's personal progress, or to assess impact of services, is extremely weak.

## **5. Recommendations**

- 1) That the King's Fund/Oak Foundation consider developing a programme in London aimed to address one or more of the following topics:
  - a) Improving the mental health of young people - by improving support and services which have the greatest impact on psychological well-being, in the transition period leading up to leaving care through to living in independent accommodation;
  - b) Stimulating further initiatives which involve young people themselves in designing and delivering support for care leavers, recognising the diversity of this group;
  - c) Improving the monitoring and analysis of the health of young care leavers over time.
- 2) That a partnership should be sought with one or more statutory or voluntary agencies to deliver this programme, by inviting proposals.
- 3) That a panel of young people who have been in care should be commissioned to assist with the project design and development.
- 4) That this report and recommendations should first be discussed with an invited group of voluntary and statutory agencies from London and beyond.

# 1. The problem

*I may need help, but I'm not mad,  
I sometimes just get a little bit sad,  
It's not my fault that I've been in care,  
So don't ignore me – treat me fair.*

-Gillian, 18, Lanarkshire  
(Who Cares Trust Poems & Pictures Competition)

## 1.1 Young people in care

At the end of March 1999, there were 53,300 young people in public care in England and Wales. 55% were boys and 45% were girls.<sup>1</sup>

Local authorities are responsible for looking after them, under the provisions of the Children Act (see 3.1 below). The main ways in which this responsibility is discharged are through residential care homes, or through fostering arrangements. Following highly publicised cases of abuse at children's homes, the use of fostering has increased sharply in the last five years. In 1995 one study found that the last care placement for young care leavers was residential care in 41% of cases, and foster care in 45% of cases.<sup>2</sup> In the year 1998/99 85% of all children in care were in foster placements.<sup>3</sup>

Many young people enter care in their teenage years – nearly two fifths enter care between the ages of 11 and 14 and a further fifth between the ages of 15 and 17.<sup>4</sup>

Most stay a relatively short period of time in care before returning home, and 40% of children who ceased to be looked after in 1998/99 had been looked after for less than eight weeks during their last period of care.<sup>5</sup>

## 1.2 Numbers of young people leaving care

It is estimated that up to 10,000 young people leave care in the UK every year to live independently,<sup>6</sup> and up to half of these (ie 3,000-5,000 a year) are from London.

Three out of five young people move on from their final care placement before the age of 18. 4,900 young people in England and Wales leave care at the age of 16 or 17. The numbers of young people leaving care at the earliest possible age, at 16, increased from 33% in 1993 to 46% in 1998.<sup>7</sup> This is in stark contrast to the general population where on average young men leave home at the age of 22 and young

---

<sup>1</sup> DoH, 1999 (3), p. 4.

<sup>2</sup> Bichal et al, 1995, p.3

<sup>3</sup> DoH, 1999 (2), see p.4

<sup>4</sup> Bichal et al, 1995, p.3

<sup>5</sup> DoH, 1999 (3), p.5

<sup>6</sup> Bichal et al, 1995, p.3

<sup>7</sup> DoH, 1999 (2), pp 7, 13

women at the age of 20.<sup>8</sup> The Who Cares Trust reports that they receive many calls on their Helpline from young people terrified at the prospect of leaving care.

A substantial minority of young people (17%) leave care in a crisis situation, over half of these because their foster placements had broken down. When young people leave care, a fifth move straight to their own independent tenancy (in the general population only 0.5 are independent householders by the age of 19). For a further 22% their first move after care is to a hostel, 30% move to a bedsit, lodgings, B&B, or staying with friends. Only 12% move from care to stay with their parents or relatives (although it should be noted that over time a much higher proportion of young care leavers return to their families – 82% within five years).<sup>9</sup>

### 1.3 Characteristics of young people leaving care

One recent study found that 10% of looked after children had hearing impairments, 9% had visual impairments, and 8% had mobility problems.<sup>10</sup> In an earlier survey of young care leavers 8% had learning disabilities and 1.4% had physical disabilities.<sup>11</sup> Other estimates suggest the proportion could be even higher.<sup>12</sup>

A significant number of young people leaving care came to this country as unaccompanied asylum seekers – in 1998 there were 2,833 unaccompanied new arrivals.<sup>13</sup> “The children, who usually speak little or no English, will often have witnessed or suffered events outside the experience of social workers, doctors and teachers in this country. While refugee children may be psychologically distressed, and some may understandably exhibit signs of Post Traumatic Stress, it is important that their resilience and resourcefulness is also acknowledged and respected.”<sup>14</sup>

In some London boroughs the proportion is very high – for example of the 160 young people who constitute the current caseload of Kensington & Chelsea’s Independence Support Team, 60% entered the care system as asylum seekers some years ago from countries such as Eritrea and Ethiopia or more recently, from Bosnia and Kosovo for example.

Within 18-24 months of leaving care a third of young people become parents and over half the pregnancies are unplanned.<sup>15</sup>

Up to three quarters of all care leavers have no educational qualifications, half are unemployed and up to one in five experience some form of homelessness.<sup>16</sup>

---

<sup>8</sup> Biehal et al, 1995

<sup>9</sup> Biehal et al, 1995

<sup>10</sup> Research by Dartington Social Research Unit and Loughborough University, quoted in DoH 1999 (3), p19

<sup>11</sup> Broad, 1998

<sup>12</sup> The Department of Health suggests that up to 25% of young people in care have some form of disability, DoH, 1999 (2), p28

<sup>13</sup> DoH, 1999 (3), p 22

<sup>14</sup> DoH, 1999 (3), p 22

<sup>15</sup> DoH, 1996

<sup>16</sup> DoH, 1999 (2), p 7.

## 1.4 Health of young people leaving care

The main research to date on the health needs of young people leaving care was carried out in Surrey in 1997 by De Montfort University with the Mid Surrey Stepping Out Project.<sup>17</sup> This study found significant health problems among this group of young people, notably:

### Physical health

Nearly half suffered from long-term illnesses, including asthma and eczema. Over a quarter drank heavily, of whom 90% were young men. Two thirds used drugs, and a third said that they had abused drugs, in most cases for long periods between six months and four years.<sup>18</sup>

### Mental health

Two fifths of the young people had tried to take their own life, most between the ages of 15-18 (the time when the majority were leaving care). Since the age of 15 or 16, 35% of the young people had deliberately self-harmed, by cutting, burning, overdosing or a combination of these. Overall, 17% suffered from long-term mental illnesses, the overwhelming majority of which were young women (87%).

The study also examined access to primary care health services. Nearly all young women (96%) but less than three quarters of young men (70%) were registered with a local GP.<sup>19</sup> Three out of ten had referred themselves or been referred for help with mental health problems, for example depression, loss of control, mood swings, attempted suicide, eating disorder, or alcohol abuse. Of those who took up the referral, less than a quarter felt it had been helpful.

The study examined the circumstances and lifestyles of young people who had left care. Nearly three out of ten lived alone (some with children). Half this number lived alone in a room in a hostel or lodgings, and four out of ten lived with friends or family. A third were out of work. Only just over half engaged in at least one exercise (for example walking, swimming, football, tennis, snooker or sex).

Another study by Save the Children in 1995 noted that the experience of leaving care had a negative impact on health. Problems were especially associated with diet (in particular weight loss) and mental health. In this study 42% said that they were not eating enough, and 7% said that they were eating too much. 35% said that they were eating the wrong sort of food.<sup>20</sup> The majority of those who felt they had dietary problems were women. Additionally, there were some cases where women would go without food in order to feed a child.

---

<sup>17</sup> Saunders & Broad, 1997

<sup>18</sup> These findings are reinforced by other studies. For example, "teenagers in need of social work services are more than twice as likely to smoke, take illegal drugs or abuse solvents than young people of similar age in the general population," DoH, 1996, p.6.

<sup>19</sup> See also West, 1995, p. 21

<sup>20</sup> West, 1995 p.20



Young care leavers who came to this country as unaccompanied asylum seekers may face additional problems, particularly those who arrived recently:

“Unaccompanied refugee children are unlikely to have medical records from their country of origin and any medical history they themselves are able to give is likely to be incomplete. Their immunisation status may be unknown and a course of primary immunisation may need to be undertaken. Children may have had no previous child health surveillance and may well not have undergone neonatal screening for congenital abnormalities or inborn errors of metabolism. Children may suffer from malnutrition and depending on country of origin conditions to consider include tuberculosis, hepatitis B and C, malaria, schistosomiasis and HIV/AIDS. It should also be remembered that response to stress might manifest itself with physical signs.”<sup>21</sup>

Many of the health problems for young people leaving care are a result of or a continuation of the problems they experienced when they were in care, or even earlier. The National Children’s Bureau reports that “many young people who are in care have suffered some form of ‘abuse’ which has affected their self-esteem or sense of personal identity: many of their unresolved feelings around these issues appear to come to the surface again as they leave care. Many of the young people we have spoken to (especially the homeless ones) have spoken of their depression and sense of isolation.”<sup>22</sup>

Underlying many of the health problems faced by young people leaving care is economic disadvantage. The links between health and poverty among young people in care and leaving care was highlighted in the Acheson report into Inequalities in Health which pointed to the “cluster of socio-economic and health disadvantage” and also suggests that increased mobility “may result in fragmentation of, and delay in, service delivery, including assessment of, and provision for, their educational and health needs, including health promotion.”<sup>23</sup>

### **1.5 Problems in addressing the health needs of young care leavers**

In 1997 the Social Services Inspectorate<sup>24</sup> found a number of structural and management weaknesses in how social services departments were addressing the health needs of young people leaving care, including:

- Information about the young person’s health

Many SSD case files had poor or non-existent recording about health: files held “little information regarding the young person’s health assessment, poor factual information on the young person’s health record, and rarely had separate sections on health within the file.”

---

<sup>21</sup> DoH, 1999 (3), p.22

<sup>22</sup> J. Vernon, National Children’s Bureau, April 2000

<sup>23</sup> Acheson, p. 77

<sup>24</sup> DoH SSI, 1997, pp 44-45

- Information for young people about health

Many SSDs were poor at providing information to young people on healthy living. In some cases SSD policies on issues such as safe sex were not clear.

- Joint work with health authorities

The Social Services Inspectorate found "little evidence of joint work between health authorities and SSDs to develop strategies to overcome the disadvantages of young people leaving care or to link them into general programmes of health promotion." Furthermore, SSDs found it difficult to identify the right person on the health authority to work with.

- Waiting lists

Waiting lists for some health services (eg psychology and psychiatry) were so long that in some instances "the point when a young person would benefit from such had passed."

The National Children's Bureau conducted a three year project on the health of looked after young people in a sample of local authorities and found that apart from no smoking policies, there "appears to be a dearth of health related policies...there were few policies on health education, sex and relationships education, illegal substance abuse, nutrition, healthy environments."<sup>25</sup>

There is a statutory requirement to provide regular medical examinations for looked after children. However take-up can be as low as 25%.<sup>26</sup> The Who Cares Trust reports that many young people in care find it difficult to talk to GPs about relationships and emotional matters, because they do not trust the GPs to respect confidentiality. Medical practitioners sometimes adopt a judgmental view, for example assuming that the young people are in care because of their own disruptive behaviour – although in fact this applies to only about 3% of cases.

The Save the Children study indicated that generally young people have felt that preparation with regards to health issues before they left care had been inadequate. Very few young people (16%) had been asked about their medical needs when they left care.<sup>27</sup>

The Who Cares Trust carried out a national survey of young people in care in 1997. Between two thirds and three quarters said that they had received helpful advice about health matters (healthy eating, smoking, drugs, alcohol, keeping fit, safe sex, skin and hair care, boyfriends/girlfriends). However, as the report comments, "Whether they act on this advice is, of course, another matter altogether".<sup>28</sup>

As a follow up to the study, the Who Cares Trust ran a series of workshops on the findings. One of the questions explored in the workshops was who has responsibility

---

<sup>25</sup> Lewis, 1999 (1), p. 18

<sup>26</sup> DoH, 1999 (3), p 8

<sup>27</sup> West, 1995, p. 21

<sup>28</sup> Shaw, 1998, pp 43-44

for the sexual health of young people in care. Not one of the authorities attending the workshops was able to specify a person. The Who Cares Trust and others believe that work on sexual health in the care system has suffered because of fears connected with highly publicised abuse cases.<sup>29</sup>

The Who Cares Trust has recently run a consultation session for the Department of Health with Black and Minority Ethnic young people in care and care leavers. One of the main issues that emerged was access to hair and skin products. Foster carers are rarely provided with an allowance for this, and young people are often expected to pay for these products from their own pocket money.

Young people in care are required to relate their experiences to adults on a frequent basis – at school, to new “parents”, to social workers. But young people are rarely taught how to talk about themselves appropriately. For example the Who Cares Trust tells the story of one young care leaver who was accepted onto a Marks & Spencer trainee programme, but quickly alienated her work colleagues because she talked openly about her history of sexual abuse.

Some studies suggest that lack of awareness of healthy lifestyles is not in general a barrier for young care leavers.<sup>30</sup> Equally, young care leavers often know how to obtain primary health care from GPs, dentists and opticians and how to ask GPs for contraception. Again their awareness and knowledge may not translate into practice. Encouragement to develop healthier lifestyle habits is effective “only if done within a relationship of trust.”<sup>31</sup>

The high incidence of teenage pregnancies, for example, is rarely a result of inadequate information about contraception, but more often results from low career aspirations and low self esteem, combined with the need to be valued and find fulfilment. As the Barnado’s Leaving Care Service in Manchester points out, “most of the young women are very pleased they have got children, not necessarily sharing society’s often expressed view that they are too young to be parents.”<sup>32</sup>

Any initiatives designed to improve health by influencing the behaviour of young care leavers will need to be based on the quality of relationship with the young person. In many cases this will require involvement of an individual or agency not perceived as part of the statutory services: “the authoritative relationship between teenager and social worker can impede confidences and it may be judicial to co-opt other, specifically trained agency staff to discuss sensitive issues.”<sup>33</sup>

## 1.6 Summary

Some 3,000 to 5,000 young people leave care in London each year. The physical health of this group is poor, with high levels of substance abuse. Mental health problems are serious and widespread. The rate of teenage pregnancy is far higher than in the general population. Unhealthy lifestyles, including lack of exercise and

---

<sup>29</sup> Young People’s Health Network, 2000, p. 5

<sup>30</sup> DoH SSI, 1997, p. 44

<sup>31</sup> DoH, 1996, p.6

<sup>32</sup> Barnado’s North West, 1999, p. 11

<sup>33</sup> DoH, 1996, p.7

poor diet are common. Care leavers who came to this country as unaccompanied asylum seekers face additional health problems.

There are many weaknesses in the care system which exacerbate these problems, not least poor health monitoring and provision while young people are in care, and inadequate preparation for leaving care. The formal health services are not user-friendly for young people who have been in care – often not available when they are needed, and when services are received they frequently leave young careleavers feeling stigmatised.

## 2. Views of young people

*Why are my questions being left unanswered,  
Have I no right to be respected or valued,  
Don't put me down or ignore what I say,  
You may feel the same as me one day.*

-Gillian, 18, Lanarkshire  
(Who Cares Trust Poems & Pictures Competition)

### 2.1 Determinants of health

In the Surrey study the young people were asked to identify the five "most important factors" affecting their health. Their list of priorities was as follows:

Feelings about life	71%
Housing	60%
Close personal relationships	56%
Care experience	42%
Depression	42%
Employment	37%
Using drugs/solvents	29%
Leisure	27%
Experience of leaving care	27%
Relaxation	25%
Mental health services	24%

The young people regarded the following factors as less important:

Education and training	21%
Eating habits	17%
Physical health	17%
Smoking	8%
Drinking alcohol	6%

The researchers in this study concluded, "The finding that four out of the top five determinants of health are not generally considered to be health issues, and that four out of the bottom five are, endorses the holistic model of health developed by the young people."<sup>34</sup>

The study by Save the Children arrived at broadly similar findings. In this case nearly half of the young people interviewed said that leaving care had "affected their health," but only 5% in a beneficial way. This response was "related to other factors such as support, income, housing and the ability to look after themselves, including budgeting and cooking."<sup>35</sup>

<sup>34</sup> Saunders & Broad, 1997, p iv

<sup>35</sup> West, 1995, p. 20

## 2.2 Recommendations from young people

Several studies have involved young people themselves in the research, and in drawing up recommendations for improvements.<sup>36</sup> The following is a sample of the proposals which have been generated in this way:

“Before leaving care young people should have a full medical check-up and a session of personal advice related to their individual health needs.”

“The preparation for leaving care should involve visits to medical practitioners and definitely be partially conducted on an individual basis.” The preparation programme should cover how to “register with practitioners, use of hospitals, payment of treatment, food and cooking (including training), drugs (including alcohol and smoking), sex and contraception, and some basic health education on how to look after yourself...preparation work should be done by doctors and nurses, perhaps in connection with social workers and running workshops.”

“Young people should be encouraged and supported to make their own decisions between 16 and 18 years of age. Young people should be consulted more, and have their views heard and acted upon at reviews and elsewhere.”

“A specialist organiser should be available to offer advice about practical living skills. ...there should be courses on living independently covering cooking, budgeting and health.”

“Counselling should be offered both while preparing to leave and after leaving care.”

After leaving care there should be “better access to health services, a regular medical check up (face to face), assistance to give up drink or drugs, encouragement to take up counselling, and to keep fit.”

“There should be a fast track system for young people leaving care to access benefits. Extra funding is needed to access dentists, opticians, leisure facilities, education and training.”

“Support is required generally both in and out of office hours, as well as with GP and dentist registration ... mentor/advocate/‘buddy’ needed to listen and offer informal advice ... peer support: more help is needed, again something like a buddy system, from those who have experience of being in care, plus a support group and drop in centres.”

“Access to services should be made easier and less stigmatising (the term mental health services is threatening and discouraging); better referral systems, especially from doctors to counsellors.”

---

<sup>36</sup> West, 1995, pp.20-21; Saunders & Broad, 1997, pp iv-vi

“Services should meet the needs of users rather than those providing help ... listen to young people: act on their views wherever possible, and offer support in meeting the young person’s aims ... services should be more relaxed and less formal, eg less note taking ... there should be fewer delays and meetings.”

“Staff need to be special, they need to be compassionate, realistic, understanding, interested, honest and user friendly.”

“Professionals should treat young people as individuals, and work with them in seeking solutions, not telling them what to do.”

## **2.3 Summary**

As far as young people are concerned, the reasons why their health may be poor are primarily social and emotional. Factors such as eating habits, smoking and drinking are secondary.

Young people have made a wide range of suggestions for improvements. Running through nearly all of these is the need to be treated with respect as individuals, to have access to basic health services as of right, and to have long term relationships which they can trust.

## 3. Policy responses

*Shall we commit a crime, but will we do time?  
Shall we take an overdose or shall we cut our wrists?  
Or shall we sniff or take drugs?  
Shall we do it for a buzz?*

-Leanne, 13, Manchester  
(Who Cares Trust Poems & Pictures Competition)

### 3.1 The Children Act

The statutory framework for looking after young people in care and also young people leaving care is provided by the Children Act 1989.

For those under the age of 16 the local authority has the responsibility to provide accommodation and other forms of assistance to young people they look after.

The Children Act also requires the local authority to "advise, assist and befriend" young people they look after to help them prepare for leaving care. Once they have left care the local authority has discretionary powers to provide assistance in kind or, in exceptional circumstances, cash. Financial assistance can be means tested and can take the form of loans; in practice most authorities provide leaving care grants, although the amount varies (from below £200 to over £1,000).<sup>37</sup> The authority also has discretionary powers to provide accommodation in a residential care setting.

Department of Health guidance on the Act points out that most young people who leave care will need some help. The guidance also states that local authorities should produce policies on leaving care, a leaving care guide, and that after-care schemes should be monitored. The guidance further states that local authorities must take account of the particular needs of young people with disabilities (by which is meant both young people with physical disability and with learning difficulty).

The 1988 Housing Act failed to place a duty on local authorities to provide housing for young people leaving care. The power to do so remains discretionary: "the priority afforded to providing housing for young people leaving care is a matter for local consideration."<sup>38</sup>

### 3.2 Policy initiatives

#### Quality Protects

In September 1998 the Department of Health launched Quality Protects, a programme designed to improve services for looked after children. Local authorities were invited

<sup>37</sup> Broad, 1998

<sup>38</sup> DoE, 1991, paragraph 9.82.



to bid for Children's Social Services Special Grant. Of the eight policy objectives for this initiative, one is designed specifically to improve the circumstances of young people leaving care, with the aim to:

“Ensure that young persons leaving care, as they enter adulthood, are not isolated and participate socially and economically as citizens.”

Local authorities were required to submit Management Action Plans (MAPs) setting out how they proposed to improve services. £9m was allocated across England in the 1999/2000 year for action related to care leavers. Local authorities will have submitted the second round of Management Action Plans at the end of February 2000.

An evaluation of the initial Management Actions Plans published by the Department of Health in 1999 suggested that the proposals put forward by London authorities were often much weaker than those of their counterparts outside London.<sup>39</sup> In respect to leaving care the difference was less marked but still visible: 19% of London local authority proposals were rated highly, compared to 26% in the Southern and 25% in the Northern region. Only the Central region scored worse with 16%.

These figures suggest two things: firstly the generally low scores point to the need to improve planning of care leaving arrangements; secondly that good practice is often to be found outside London.

#### Performance Indicators

As part of the Quality Protects programme performance indicators have been drawn up through which the performance of Social Services departments will be monitored.<sup>40</sup> The performance indicators for care leavers are:

- Proportion of young care leavers who are in education, training or employment at age 19 (the target is to reach 60% of levels of all young people of that age in the area);
- Proportion of young care leavers with whom the Social Services departments are in contact at age 19 (no target specified);
- Proportion of young care leavers known to have “suitable accommodation” at age 19 (no target specified);

For children in care rather than those who have left care there are performance indicators relating to mental health service provision, and also performance indicators relating to physical health, including immunisation, dental checks, and health assessment.<sup>41</sup> However for care leavers, the DoH has not stipulated any health-specific performance indicators.

---

<sup>39</sup> DoH, 1999 (1), pp 70-73

<sup>40</sup> DoH, 1999 (4), section 5

<sup>41</sup> DoH, 1999 (4), section 4

### New legislation

A Children (Leaving Care) Bill was introduced to Parliament in November 1999. Its aims are to increase the numbers of young people who remain in care until 18, and increase the level of local authority contact with young people they have formerly looked after.<sup>42</sup> The proposals are that:

- The local authority will have a duty to assess and meet the needs of all 16 – 17 year olds in care or care leavers.
- On their 16th birthday every young person will have a “pathway plan”. This will be based on a multi-agency assessment (including the young person, carers, housing, Learning Partnership, voluntary organisations, health services) and will make provision for:
  - Personal support (eg advice, befriending, mentoring)
  - Accommodation
  - Education and training
  - Employment
  - Health care
  - Life skills
  - Financial support.
- The pathway plan will be reviewed every 6 months at least.
- The local authority will appoint a young person’s adviser for each young person, who will provide a focus for support and assessment, act as the purchaser of services, and co-ordinate services.
- Young care leavers aged 16-17 will not have access to benefits. Benefits funds will be transferred to local authorities in a ring-fenced budget.
- Through the young person’s adviser, the young person will have access to accommodation, support and financial help. In return they will be expected to co-operate with the pathway plan.
- Local authorities will have to oversee and support the transition from care to independence up to the age of 21, and up to 24 if the young person is still receiving help from the local authority with education and training.
- The local authority which last looked after a young person will continue to have responsibility, even if the young person moves elsewhere.

The Bill is expected to receive Royal Assent in summer 2000, with implementation from April 2001.

### Education and training

The New Deal for young people provides preferential access to the New Deal “gateway” for young care leavers. This offers a personal advisor and a six months programme of pre-vocational training, and is followed by a selection of training and work “options”. However, once in the scheme, participation is compulsory with benefits penalties for non-compliance, and young people leaving care have rarely entered the New Deal unless they have to (ie after claiming Job Seekers Allowance for at least six months).

---

<sup>42</sup> DoH, 1999 (2)

### 3.3 Promoting local authority good practice

#### Leaving care projects

Many, but not all, local authorities have set up a leaving care project, designed to co-ordinate arrangements for care leavers for whom they have responsibility. A survey in 1996 of 46 of these projects found that 14 were run directly by the local authority, 17 were run as a partnership between the local authority and a voluntary agency, and 15 were run by a voluntary agency.<sup>43</sup> On average these projects had a team of five staff dealing with a caseload of 74 young people.

Several studies have concluded that a piecemeal approach to the problems faced by young people leaving care is ineffective – if for example accommodation is provided but not support to deal with addiction or depression, or help with building up life skills, then the risk of tenancy failure will be high:

“If statutory and voluntary services are to help young people obtain a better quality of life, then those services have to consider the ‘whole’ person. First and foremost, young people cannot be subdivided into the issues they present with at any one time, but agencies need to look at the overall picture for the young person when providing assistance so as to offer the best and most appropriate service.”<sup>44</sup>

A second conclusion of many of the studies to date has been that any initiatives designed to influence behaviour of young care leavers will need to be based on the quality of relationship with the young person. In many cases this will require involvement of an individual or agency not perceived as part of the statutory services: “the authoritative relationship between teenager and social worker can impede confidences and it may be judicial to co-opt other, specifically trained agency staff to discuss sensitive issues.”<sup>45</sup>

Therefore examples of practice where local authorities or others have attempted to establish integrated person-centred solutions, and to build the conditions necessary for trust to develop, are of particular interest.

#### Beacon authorities

Four local authorities have been selected as “beacon” authorities for their work with care leavers. These are Westminster, Kensington & Chelsea, Suffolk and Wakefield, and they will be developing and disseminating best practice through open days, conferences etc.

##### *Kensington & Chelsea*

A specialist Independence Support Team provides leaving care and after care services. The IST works with a high proportion of young people who entered

---

<sup>43</sup> Broad, 1998

<sup>44</sup> Der-Kevorjgian, 1996

<sup>45</sup> DoH, 1996, p.7

this country as asylum seekers. It is developing standard setting and data collection.

#### *Suffolk*

With a caseload of 250, the Leaving Care service has entered into partnerships with NCH Action for Children and the Shaftesbury Homes & Arethusa to provide small scale supported housing schemes, employs a housing specialist, and runs a "Moving On" project to provide basic skills training and help to sustain young people on college courses and training placements.

#### *Wakefield*

The local authority has entered a partnership with Barnado's which runs the Signpost project. Signpost works with 500 young people, half of whom are care leavers, and is designed to offer a comprehensive service. Young people are encouraged to get involved, for example in making audio/video learning tapes and promoting a Young People's Conference.

#### *Westminster*

The Westminster Accommodation and Leaving Care Team (WALC) is a specialist leaving care team run by the local authority for young people aged 16-21. Involvement of young people is high, for example through an "associates group" which meets with the WALC team over a meal twice a month to discuss the team's work, and an annual conference run by young people, with the support of First Key.

#### Scrutiny reviews

As part of the modernising local government agenda, several local authorities have been setting up member-led scrutiny reviews of services. In Camden, Sandwell, Haringey and Sutton scrutiny or Best Value reviews of services for care leavers are underway. In Haringey the review has specifically considered health issues.

#### Rough Sleepers Unit

The strategy on rough sleeping published by the Rough Sleepers Unit in December 1999 noted that between one quarter and one third of those who sleep rough have at some time been in local authority care.<sup>46</sup> The Department of Health and the Rough Sleepers Unit have commissioned an audit of care-leaving packages in all London boroughs, from the National Children's Bureau. It is hoped the audit will be completed by May 2000.

#### Setting standards and monitoring

Kensington & Chelsea's Independence Support Team is developing standards for preparation for care leaving and for moving to independent living. A Benchmarking

---

<sup>46</sup> DETR, Rough Sleepers Unit 1999, p. 8

Forum has been convened by First Key to help local authorities benchmark service outputs and costs and improve quality – the Forum involves 15 local authorities initially, of which three are in London: Hounslow, Sutton and Tower Hamlets.

### **3.4 Summary**

Over the last two years, the desire to improve services for young people in care and those leaving care has been high on the central and local government policy agenda. The Quality Protects programme, the Children (Leaving Care) Bill, and the Beacon programme, are all serious attempts to raise standards and promote good practice. Health issues are beginning to receive more attention. There is therefore a positive climate for innovation and improvement.

## 4. Practical responses

*These eyes are not for crying,  
These eyes are not for pain,  
The crying times are dead and gone,  
And must not return again.*

-Sarah, 16, Buckinghamshire  
(Who Cares Trust Poems & Pictures Competition)

### 4.1 Initiatives with a specific focus on health

#### Health promotion

Information leaflets and booklets have been produced for young people in care, or those leaving care, some of which specifically address health.

An example is a loose leaf booklet produced by the National Foster Care Association with a section on health covering: access to GPs, dentists, opticians (with advice on selection, registration, charges, emergency treatment and confidentiality); first aid and personal healthcare (including healthy eating, eating disorders, exercise, health checks, stress, depression, mental illness); sexual abuse; substance abuse (including drugs, solvents, smoking and alcohol); personal relationships (sex, contraception, sexuality, HIV/AIDS, STD, pregnancy). The booklet includes contact and referral information.<sup>47</sup>

A pamphlet produced by the Who Cares Trust covers similar ground in less detail but more obviously from a young person's perspective, with sections on "who you can talk to if you are feeling unhappy", eating for health, keeping fit, healthy skin and hair, healthy teeth, eyes and ears, growing up, body changes and sexual health, drugs and health, and "you, your doctor and your health".<sup>48</sup>

The Who Cares Trust also produces a magazine which is distributed via local authorities to all young people in care. The magazine includes health advice, for example in the form of Agony Aunt letters, as well as special features on health-related topics. A special health edition in Spring 1998 covered a wide range of issues including growing up, sexual health, fitness, and medical examinations.<sup>49</sup>

Coram Leaving Care Services have piloted a sports programme for care leavers, linking with Arsenal FC and the National Karate Club, following a survey within the accommodation projects they manage.

Training on health issues for those who work with young people is beginning to receive more attention than in the past. The National Children's Bureau has recently

<sup>47</sup> National Foster Care Association, 1995

<sup>48</sup> Who Cares Trust, 1997

<sup>49</sup> Who Cares? Magazine, 43, Spring 1998

launched a comprehensive health training manual for professionals working with young people in care.<sup>50</sup> The Kensington & Chelsea Independence Support team is working with FPA (formerly the Family Planning Association) to pilot sexual health training and good practice guidelines for people working with teenagers. And in Southampton, the Barnado's Sexual Health Education Scheme, working with young people in care and care leavers, convened a multidisciplinary group to develop a policy on sexual health education. This has been adopted by the local authority, and Barnado's is now designing a training package in partnership with FPA.

### Mental health

For young people with mental health problems the transition from children's services to adult services is often difficult. The SSI report on services for care leavers in 1997 referred to "particular problems in obtaining mental health services."<sup>51</sup> For example, the Independent Living Scheme in Wandsworth reports difficulty in accessing help for young people when they reach the age of 19 unless they are clinically psychotic. There are few services where referrals can be made quickly and which operate in a way which young people find acceptable. This is not an isolated case: the National Children's Bureau reports that all London local authorities surveyed by its audit in Spring 2000 reported difficulty in accessing existing mental health services for young people unless they have a diagnosed psychiatric disorder.

In Kensington & Chelsea a multidisciplinary steering group on mental health of children in need has been convened, and a drop-in service has been set up, initially at a resource centre serving a children's home, for young people in care and care leavers. The drop-in service, called "A Place to Talk," is staffed by an experienced multidisciplinary team (a social worker, a child psychotherapist, the pupil referral unit manager, and the health information project manager). The service has uncovered a higher than expected level of need. The steering group is considering how young people themselves could be involved in publicising the service, and also whether the service can develop into a "roadshow" in order to contact young people in other settings.

In Hackney, the charity Off Centre provides one-to-one and group counselling services to young people from the ages of 13-25 who are in care or care leavers or those estranged from their families. Off Centre provided counselling to 500 young people last year, and three quarters of their users are from Black and Minority Ethnic communities. Off Centre is able to offer 12 sessions with a trained counsellor, increasing to 24 sessions where necessary and in exceptional cases longer. Off Centre is able to work with a young person for up to two years – but believes there is often a need to increase this.

### Learning disability, physical disability

A report in 1995 by the Who Cares Trust found that for disabled children, "leaving care" means being passed to local authority adult services. The study noted that "preparation for adulthood is particularly important for disabled young people as

---

<sup>50</sup> Lewis, 1999 (2)

<sup>51</sup> DoH SSI, 1997

many have no contact with disabled adults and have no concept of themselves becoming adults." Yet at the time of the study, the Who Cares Trust was unable to find any schemes designed to prepare disabled young people for adulthood.<sup>52</sup>

Haverling Leaving Care Team reports that some young people with borderline learning disability "fall between cracks in services" – they may have been statemented in schools, but their IQ is too high for them to be categorised as an adult with learning disabilities. They can find themselves living for long periods in a transitional residential setting, eg supported lodgings, without clear arrangements for their future.

Such groups constitute a "distinct, sizeable and needy group of young people with particular needs which require further support [which] they are not receiving consistently from social services or elsewhere."<sup>53</sup>

There appear to be few dedicated schemes which attempt to address these difficulties. However, in Suffolk the leaving care team is establishing accommodation schemes for young people with disability. And in Bradford a new partnership project has been established between First Key, Bradford Social Services and the Disability Research Unit at the University of Leeds to explore young disabled people's experiences of leaving care and help develop good practice guidelines.<sup>54</sup>

#### Co-ordinated programmes

In Surrey a multi-agency Health Needs Forum has been set up to address the health needs of young people leaving care. The forum includes commissioning officers from the health authorities, Health Promotion, the HIV Co-ordinator, representatives from the residential care sector and fostering services, the Youth Service as well as external support from agencies such as the National Children's Bureau. A sub-group is examining how to measure health outcomes, and to develop a strategy for a new mental health service.

In Stockport, the local authority youth services and the health authority have combined to set up a "Central Youth" shopfront service, where a "Head to Head" project provides a counselling service, and a healthy lifestyles programme is promoted through a "Health Ladder" scheme. The service has links with the Stockport Health Improvement Programme, and helps young people register with GPs, and arranges referrals to other services such as the drugs team, well women clinics, and the 42<sup>nd</sup> Street project in Manchester.

In Lewisham, a partnership between First Key, the Children's Society and Lewisham's Social Services Leaving and Aftercare Team, and funded by the Lambeth, Southwark and Lewisham Health Action Zone, has resulted in a young people's health project "Take Control, Take Care" which is training young people to undertake a health audit (see 4.3 below).

In Manchester, the Barnado's Leaving Care Service, having produced a health pack with the assistance of a group of young care leavers, is now in discussions with the

---

<sup>52</sup> Morris, 1995, p.82

<sup>53</sup> Broad, 1998, p.191

<sup>54</sup> See Young People's Health Network, 2000, pp.2-3



local hospital and Health Action Zone, to develop a programme of work on young people and teenage pregnancy.

In Glasgow, the Care Leavers Partnership is a five-year Social Inclusion Partnership programme (funded by the Scottish Executive and broadly equivalent to the Single Regeneration Budget in England). Health is one of the four main strands of the programme (alongside accommodation, education/training/employment, and research). A health team is being recruited, and will include workers with specialities in health promotion, mental health, and developing healthy lifestyles and leisure activities, as well as the development of a pilot mentoring programme in partnership with the Prince's Trust. The Care Leavers Partnership will adopt:

“a broad based holistic approach which links Health and Well-being to the partnership's strategic aims in relation to accommodation, education and employment in order to tackle the fundamental determinants of health. A number of key health topics are also highlighted for particular attention such as mental health, social isolation and support, sexual health and substance use. These areas will be tackled as part of a planned and co-ordinated strategic development approach involving key partnerships, structures, stakeholders and services with an interest in the health and well-being of young people leaving care. This will involve relating to and establishing links with local inter-agency strategic planning, policy and commissioning structures with a remit for health and young people. This will include, for example: children services joint-planning structures, local drug action teams, sexual health policy implementation and service planning groups, and Child and Adolescent Mental Health commissioning and planning structures. The team is guided by a working/advisory panel, chaired by a consultant in public health, and involves practitioners from health promotion, adolescent psychiatry, community paediatrics, social work services, etc.”

#### **4.2 Initiatives designed to help young people make successful transitions to independence**

As Professor Mike Stein from York University remarks, too many young people in care and leaving care have had “compressed and accelerated transitions to adulthood.” It follows therefore that some of the most valuable initiatives are those which can provide continuity of support in a measured way over time.<sup>55</sup>

Coram Leaving Care services comments:

“Those young people whose experience of being in care involved having a long, stable placement, positive relationships with family and or community and consistent social work support, were generally more resilient and higher achievers. Those careleavers who had thorough preparation for independent living, consistent social work support, long-term aftercare plans and an unconditional and flexible Aftercare Service, generally exhibited more stability and ambition.”<sup>56</sup>

---

<sup>55</sup> Speech at Beacon Authorities Road Show, Wakefield, 30<sup>th</sup> March 2000.

<sup>56</sup> McAuley, 1999

The benefit of long-term intervention is endorsed by some of the most successful care leaving teams. In Suffolk the leaving care team starts planning transitional arrangements when young people are still in care, from the age of 15. In Westminster the Leaving Care team (WALC) aims to provide continuity of support for a young person from the age of 16 to at least 19 and often to 21. Kensington & Chelsea operates a 3-stage model: from age 11/12 preparation for independence; from age 16 care planning with the Independence Support Team; from age 18 direct personal support from an allocated IST worker.

### Life skills training

A study of young care leavers in Northamptonshire recommended a programme of living skills training to include "budgeting, health and hygiene, cooking, washing and general tasks related to running a home, career and training information, interview and general communication skills, benefits and rights information."<sup>57</sup>

In Suffolk the Moving On project, based in the local authority Community Education service, operates from a youthwork tradition, giving one-to-one support with independent living skills, social skills and relationships with adults, tolerance and team working, self-esteem and confidence. The project has connections with a midwife based in a Youth Advice Centre, and with the Community Drugs Team, and offers information on sexual health and GP registration.

The Signpost project in Wakefield runs an 8 week key skills training course, accredited through the Open College Network, and offering modules on "self and others", "living in the community", "communication" and "citizenship".

Coram Leaving Care Services has developed an independent skills training checklist,<sup>58</sup> and delivers personal development training to young people in both group and one-to-one sessions, including sexual health and relationship building, as well as educational support, eg literacy and numeracy, and counselling and therapeutic services.

Coram Leaving Care has also piloted innovative approaches to personal development, such as the new b2M project for Black young men in care, which incorporates music, videos, computers, the expressive arts and experiential and motivational techniques, combined with residential weekends, outward bound and sports activities, leadership training, and opportunities to meet successful Black achievers in community, media and business sectors.

### Continued involvement of foster carers

In many cases foster carers build up good relationships with the young people they look after, and the abrupt ending of that relationship on leaving care can be damaging for the young person. The position is especially difficult with out of borough placements. Some London boroughs place large numbers of looked after children out

---

<sup>57</sup> Der-Kevorkian, 1996, p.22

<sup>58</sup> Coram Leaving Care Services, 1999

of borough, usually with foster carers. When the young people leave care, they may be offered accommodation in the originating borough, and contact with foster carers and other friendship and support networks where they have been living is disrupted. The National Foster Carers Association and the Peabody Trust set up an initiative called "My Place" designed to address these problems, through an integrated preparation, housing and aftercare scheme which encouraged foster carers to provide additional support, and encouraged local authorities to use housing association stock in the borough in which the young person had been fostered. It has proved difficult for local authorities in London to co-operate in this way, although outside London, for example in the North West, where local authorities come together in a Manchester and Merseyside Leaving Care Forum, such arrangements seem to be well established.

#### Mentoring and peer schemes

The Prince's Trust, with the support of the Camelot Foundation, has embarked on an ambitious national initiative to recruit a network of 1,300 volunteer mentors to support young people leaving care. A project manager was recruited in 1998, and 35 local projects have been set up across the UK, including the following London boroughs: Lambeth, Wandsworth, Croydon, Ealing, Bexley, Greenwich, Camden, Lewisham, and Westminster.

In Westminster, WALC have appointed a part-time staff member to develop a peer-mentor scheme. So far 7 young people, all of whom have been in care themselves, have been recruited and trained as mentors, and matched with a young person leaving care. The foundation training includes health information provided by the Brook Youth Advisory Service, and drugs information from the Hungerford Project. It is hoped that the continuing programme of training will include mental health and other health matters. Other peer mentoring schemes for young care leavers are starting in Croydon, Ealing and Lambeth.

The Health Education Authority has set up a Positive Participation Project, aimed to encourage the involvement of young people in health promotion activities, and has produced a training guide and run a series of training events.<sup>59</sup>

However, most peer led schemes in this sector are relatively small scale, new and experimental. One example is the Horn of Africa Youth Scheme (HAYS), supported by a Save the Children development worker, and working with Kensington and Chelsea's Unaccompanied Minors Team. The core of this scheme is a group of about a dozen young people, who meet once a week, as a reading and problem solving group, and are trained as researchers, to carry out interviews and focus groups with other young people in care, as well as publishing a newsletter and carrying out advocacy and campaigning activities.

#### Supported accommodation

There are a variety of accommodation and support schemes available for young care leavers and overlapping groups, notably young homeless people and young offenders. These include emergency and respite accommodation, such as nightstop projects, as

---

<sup>59</sup> See Young People's Health Network, 2000, p 7

well as medium and longer term transitional schemes, such as shared supported housing, tenancies with outreach support, foyer schemes, floating support schemes, self-build schemes, and supported lodgings.<sup>60</sup> Floating support schemes give one-to-one support to help a young person in their accommodation, and when the support is no longer required, the service moves to another young person. This flexibility can sometimes produce good results when working with care leavers:

In Westminster, Centrepoint operates a floating support scheme in alliance with the Peabody Trust and Network Housing Association. The Social Services leaving care team makes referrals via the housing department, so that they can be treated as local authority nominations to the Peabody and Network housing stock. SHMG funds the costs of a dedicated Centrepoint worker, who operates from a desk in Social Services, allowing very close liaison with the leaving care team office. The worker will normally provide support for one year. The young person is initially given a self-contained flat on a shorthold tenancy, and if all goes well this is converted to an assured tenancy after one year. The Westminster leaving care grant is provided in two stages – part at the point of leaving care, and the remainder when the young person qualifies for the assured tenancy. About 10 people enter the scheme each year.

In Wandsworth, the local authority has provided capital funds to renovate flats on Peabody Trust cottage estates. These and other housing association stock are managed by a voluntary agency, RPS Rainer, and its Independent Living Scheme provides support to young care leavers referred by social services to these flats. Initially the young people receive shorthold tenancies and when they no longer need support they are given an assured tenancy.

A further Centrepoint scheme in Kensington and Chelsea was launched in February 2000. Centrepoint hopes to extend the scheme to other London boroughs including Richmond and Ealing. Similar services are provided by Capital Housing for care leavers in Hackney.

Many local authorities contract with housing associations, or homelessness or other voluntary agencies to manage small-scale accommodation projects for care leavers. In London examples include a Centrepoint scheme in Ealing, Alone in London schemes in North London, and the Kipper Project in Tower Hamlets. At their best, these can provide a strong sense of community and innovative practice. For example the Kipper Project has an 8-bed scheme for 16-18 year olds, supported by two live-in volunteers and dedicated key workers. In-house training is provided on sexual health, cooking, relationships, and managing money. The residents have decided to completely redecorate the scheme, to provide a brighter living environment, and the Kipper Project see this as an opportunity to develop group skills as well as giving them a sense of pride and ownership.

#### Integrated approaches

Some leaving care teams provide a wide spectrum of services, so that each individual's complex and varied needs can be more easily met.

---

<sup>60</sup> See Pettitt, 1999, pp. 55-58

Kensington and Chelsea's Independence Support Team took a conscious decision to move from a resource led service to a needs driven service, following a survey by the Dartington Research Unit in 1995, and offers a mix of in-house accommodation based services and other services delivered through partnerships with external agencies.

The Signpost service in Wakefield offers:

- Assessment
- Exit interviews (care leavers have been trained to carry these out)
- Two named workers to provide continuity for each young person
- Emergency accommodation (a volunteer run nightstop service)
- Supported lodgings
- Drop-in
- Parent and toddler group
- Befriending
- Pre-vocational training
- Social events.

The links between social care and housing are often critical to an integrated package of services. For example in Sunderland, the care leaving team realised that more intensive and consistent support was needed for young people including care leavers (where a high proportion are women with young children) in transitional accommodation, and in order to achieve this Social Services and Housing have combined assessment and support in a single team.

### **4.3 Improving data, setting standards, measuring impact**

#### Health assessments

The DoH is consulting on the following health assessment criteria for adolescents in care and care leavers:

- To value the elements of constructive relationships and to recognise the 'give and take' which these involve;
- To develop confidence and responsibility for their own lives and health;
- How to recognise and cope with physical and emotional changes associated with puberty;
- To understand issues relating to sexuality and sexual activity including its role in relationships; contraception; sexually transmitted infection and the particular risks of early sexual activity;
- To maintain a physically active lifestyle;
- To access sources of information and advice about a range of health issues including the risks of alcohol, tobacco and other substance use and access to sources of advice on modifying health risk behaviours;
- To ensure that immunisations are up to date;

- For care leavers to have a full copy of all social care health records (including genetic background and details of illness and treatments) and be equipped to manage their own health needs.<sup>61</sup>

#### Data collection by statutory authorities

The Department of Health is also consulting on data sets for health and social care which statutory authorities would be expected to maintain for children in their care. These include, for example:

- Registration with GPs and dentists
- Uptake of immunisation
- Referral to specialist hospital services, Child and Adolescent Mental Health Services, Drug Advisory Services (including waiting time from referral, and non-attendance at appointment)
- Attendance at A&E and hospital admissions
- Deaths, pregnancies, births.

The Department of Health has not yet proposed data sets for young care leavers. However some local authorities are beginning to conduct systematic surveys. A computerised database (Aftercare Evaluation Systems - ACE) has been used by the Wandsworth Independent Living Scheme to record data about young people leaving care and monitor changes over time. Kensington & Chelsea have established a simplified system to monitor outcomes for young care leavers, including health outcomes. On an annual basis they survey for key indicators such as registration with doctors and dentists, and diagnosis of mental health.

The Care Leavers Partnership in Glasgow has recognised that baseline information about young care leavers is very poor, and is preparing a monitoring system and a means of collecting data about young people over time, where possible using indicators where comparisons can be made with the general population.

As the Who Cares Trust points out, "the lack of monitoring helps keep (careleavers) invisible."<sup>62</sup>

#### Health audits

First Key are working with the Health Action Zone in Lambeth, Southwark and Lewisham, alongside the social services departments and the Children's Society, to carry out a health audit of young people in care and care leavers – with the research conducted by young people themselves.

First Key is also helping to undertake a consultation in Luton through a questionnaire and focus groups with young care leavers, with an emphasis on sexual health.

---

<sup>61</sup> DoH, 1999 (3), p. 30

<sup>62</sup> Robson & Meegan, 1996, p. 54

### Measuring impact

Several agencies, including Centrepoint, and Coram Leaving Care Services, are developing methodologies to measure the personal development of a young person.

However, little work has been done on measuring the impact of work with young care leavers on their health outcomes. An exception is the Signpost project in Wakefield, which carries out annual surveys of the young people they work with (which includes 92% of all young people in the area who have been in care). The surveys show that the numbers of teenagers with children have reduced sharply – from 14 three years ago to 5 this year. Signpost suggests that this significant reduction in teenage pregnancy results primarily from the personal development programmes offered to young people.<sup>63</sup>

### **4.4 Summary**

Apart from general health promotion and education, initiatives designed specifically to respond to the health needs of care leavers are rare, and where they exist are often new and untested. The lack of a strong practice response is most acutely felt in relation to mental health. Practice is also weak in meeting the needs of care leavers with borderline disability. However, in a few areas, mainly outside London, there are recent attempts to develop programmes of work to understand and respond to the health needs of care leavers more systematically.

The range of programmes designed to help young care leavers make successful transitions to adulthood is more extensive, and although still highly variable from area to area, at its best the work is of a very high standard. The involvement of young people themselves in advisory and feedback roles is much improved, although their involvement in peer-led services remains peripheral.

Systematic collection of data about young care leavers, and comparisons over time, in order to chart an individual's personal progress, or to assess impact of services, is extremely weak.

---

<sup>63</sup> Signpost's records also show other trends in the care leaving population in Wakefield. For example, the percentage of care leavers in education, further education or voluntary work has risen from 13.5% to 26.9% from March 1997 to March 2000. During that period the percentage who have gained employment has remained roughly the same. See Barnado's Yorkshire, 2000, p. 34.

## 5. Recommendations to the King's Fund and Oak Foundation

### 5.1 Conditions for success

The overall lesson of this review is that any approach to improving the health of young people leaving care will only be successful if it recognises that:

- Social and emotional well-being, and housing and economic status, are among the main determinants of health among this group of young people;
- Many problems have their origins during the period when young people are in care;
- The transitional period as young people prepare to leave care, through to the time when they are ready for independent living, is fraught with uncertainty, and requires continuity and stability from those providing support;
- Young care leavers are not an homogenous group – young people from Black and Minority Ethnic communities, refugees and asylum seekers, young people with disabilities, and young women and men, may all require some specialism of approach;
- Solutions which involve young people themselves in design and delivery have a better prospect of success.

“Above all, the stigma of being in public care and the issues of bereavement, loss and trauma need to be addressed. The development of self-confidence, a positive sense of identity and self-esteem must be nurtured. It is only then that these young people will feel able to take a responsible attitude to their own health.”<sup>64</sup>

### 5.2 Recommendations

- 1) That the King's Fund/Oak Foundation consider developing a programme in London aimed to address one or more of the following topics:
  - a) Improving the mental health of young people - by improving support and services which have the greatest impact on psychological well-being, in the transition period leading up to leaving care through to living in independent accommodation;
  - b) Stimulating further initiatives which involve young people themselves in designing and delivering support for care leavers, recognising the diversity of this group;

---

<sup>64</sup> Mather et al, 1997, p. 309



- c) Improving the monitoring and analysis of the health of young care leavers over time.
- 2) That a partnership should be sought with one or more statutory or voluntary agencies to deliver this programme, by inviting proposals.
- 3) That a panel of young people who have been in care should be commissioned to assist with the project design and development.
- 4) That this report and recommendations should first be discussed with an invited group of voluntary and statutory agencies from London and beyond.

# References

- Acheson, D, 1998. Independent Inquiry into Inequalities in Health. HMSO.
- Barnado's North West, 1999. Manchester Leaving Care Service Annual Report 1998/99.
- Barnado's Yorkshire, 2000. Signpost Annual Report, 1999-2000.
- Biehal, N., Clayden, J., Stein, M., Wade, J., 1995. Moving On: Young people and leaving care schemes: HMSO.
- Broad, 1998. Young People Leaving Care: Life after the Children Act 1989.
- Coram Leaving Care Services, 1999. Independent Living Skills Checklist.
- Department of Health, 1996. Focus on Teenagers: Research into practice: HMSO.
- Department of Health Social Services Inspectorate, 1997. When Leaving Home is also Leaving Care: an inspection of services for young people leaving care.
- Department of Health, 1999 (1). Mapping Quality in Children's Services: An evaluation of local responses to the Quality Protects programme: national overview report.
- Department of Health, 1999 (2). Me, Survive, Out There? New arrangements for young people living in and leaving care: HMSO.
- Department of Health, 1999 (3). Promoting Health for Looked after Children: A guide to healthcare planning, assessment and monitoring (consultation document).
- Department of Health, 1999 (4). The Government's Objectives for Children's Social Services.
- Department of the Environment, 1991. Homelessness Code of Guidance.
- Department of the Environment, Transport and the Regions, Rough Sleepers Unit, 1999. Coming in from the Cold: The Government's strategy on rough sleeping.
- Der-Kevorkian, 1996. Health Issues Concerning Young People Leaving Local Authority Care in Northamptonshire, Northamptonshire Health Authority, Health Promotion Department.
- Lewis, H., 1999 (1). Improving Health Care and Health Education for Looked After Young People, National Children's Bureau.

Lewis, H., 1999 (2). Improving the Health of Children and Young People in Public Care: a manual for training residential social workers and foster carers, National Children's Bureau.

Mather, M., Humphrey, J., and Robson, J., 1999. "The statutory medical and health needs of looked after children: Time for a radical review?" in Signposts in Fostering: Policy, Practice and Research Issues, ed Hill, M., British Agencies for Adoption & Fostering (originally published in *Adoption & Fostering*, 21:2, 1997).

McAuley, K., 1999. "Good aftercare practice means good outcomes for careleavers," Coram Leaving Care Services.

Morris, J., 1995. Gone Missing? A research and policy review of disabled children living away from their families, Who Cares Trust.

National Foster Care Association, 1995. Stepping Out.

Pettitt, G., 1999. On my Way: helping young people to retain their tenancies: A research project for Metropolitan Housing Trust in conjunction with the Children's Society's Young Tenant's Support Project, London Research Centre.

Robson, J., and Meegan, F., 1996. "Neglect: The Young Person's Experience," in Neglect: A Fifty Year Search for Answers, papers presented to a national conference organised by Islington Area Child Protection Committee and the Bridge Child Care Development Service.

Saunders, L., and Broad, B., 1997. Health Needs of Young People Leaving Care, De Montfort University.

Shaw, C., 1998. Remember my Messages...the experiences and views of 2000 children in public care in the UK, Who Cares? Trust.

West, A., 1995. You're on Your Own: Young people's research on leaving care, Save the Children.

Who Cares Trust, 1997. Who Cares? About Health.

Young People's Health Network, Newsletter (focus on young people in or leaving care), 11, Spring 2000: Health Education Authority.

King's Fund



54001000890304



J 048572 020000 C

