



# Knowledge Exchange Seminar Series (KESS)

## Briefing Paper

### Addressing the over-representation of looked after children with mental health needs and/or disabilities in Northern Ireland.

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**February 2014**

**Acknowledgements:** This briefing paper is based on initial draft findings of an ongoing study funded by the Office of the First Minister and Deputy First Minister. A fuller report will be available later in the year following further analysis and approval by the steering group.

## 1. The study

1.1 National and international research evidence clearly reports that looked after children are much more likely to experience mental health difficulties than their peers. Being a looked after child with an intellectual disability is reported to further increase the vulnerability to experiencing mental health difficulties. Available statistics suggest that this group of children and young people are over-represented in the public care system. They are at risk of unequal outcomes during their experience of being looked after and as they age out of the care system. In Northern Ireland there is not yet comprehensive regional research focused on disabled looked after children including those who have mental health needs.

1.2 A study currently underway at Queen's University Belfast, and funded by OFMDFM, aims to investigate the over-representation of children and young people with disabilities and/or mental health needs in public care in Northern Ireland.

1.3 The overall study objectives that inform the work reported in this briefing paper are:

- To examine the characteristics of disabled children and young people (including those with mental health needs) living in public care;

# Knowledge Exchange Seminar Series (KESS)

- To identify the key factors that lead to these children and young people becoming looked after;
- To investigate their care experiences and access to services; and
- To establish baseline data on this population to inform further research into their post-care pathways and outcomes in young adult life.

1.4 A further stage of the study is forthcoming. It will focus on examining the needs and experiences looked after children and young people with mental health needs and/or disabilities, through interviewing young people and significant adults in their lives (e.g. parents/social workers). This stage of the study will be completed by the end of 2014 and does not inform the present briefing.

1.5 The findings from this study will seek to understand the unequal representation of children and young people with mental health needs and/or disabilities in the public care system in Northern Ireland and provide recommendations on how to address this issue in policy and practice. In this way, the research also contributes to the ongoing work of the Government in relation to tackling social exclusion and poverty, a current central policy focus.

## 2. Terminology

2.1 This study is using the definition of disability provided by the UN Convention on the Rights of Persons with Disabilities (2006:4): “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

2.2 This definition is in accordance with Section 75 of the Northern Ireland Act (1998) and the principles of the social model of disability by recognising both the experience of impairment and the impact of disabling barriers in society on equality of opportunity.

2.3 In the context of the study looked after children and young people are included if they are assessed as:

- Having a cognitive, physical or sensory disability; and/or
- Having a mental illness or either awaiting/receiving mental health services; and/or
- Having autistic spectrum disorder; and/or
- Meeting the threshold for receiving services from a children’s disability team.

2.4 For the purposes of this study, the looked after population is defined as children and young people who are:

- Living in public care due to a court order/being voluntarily accommodated for more than 24 hours; and/or
- Staying in short breaks exceeding 35 days in one year; and/or
- Staying in short breaks for a 28 or more consecutive days in one year.

2.5 In the context of this paper we are focusing on those children young people in our sample who were identified as having mental health needs either through having a diagnosed mental illness, or through access to therapeutic support through tier 3/4 CAMHS, LAC therapeutic services, or another form of therapeutic input.

### 3. Methods

3.1 Two methodological approaches inform this part of the study. These are: (1) a review of the relevant national and international literature as well as a review of the regional policy context for looked after children with mental health needs or disabilities in Northern Ireland; and (2) empirical data collected by means of a questionnaire completed by social workers for children and young people who meet the inclusion criteria for the study.

### 4. Background

4.1 There has been considerable focus within academic literature on the mental health needs of looked after children and young people. In the UK, Meltzer et al. (2000, 2003) report that the prevalence of mental health need amongst looked after children is considerably higher (45%) in comparison with the general child population (8%). These high rates of mental health difficulties amongst looked after children are also evidenced in the international literature (e.g. Golding, 2012; Tarren-Sweeney, 2008).

4.2 A Danish study reported that 20% of looked after children have a psychiatric diagnosis and up to 48% of these rate as 'abnormal' on the Strengths and Difficulties Questionnaire (SDQ) (Egelund & Lausten, 2009). Similarly, Milburn et al.'s (2008) Australian study reported that mental health problems are four times as likely in the looked after child population than in the general population. In the US prevalence rates of up to 20% are reported, with higher rates where developmental delay is also present (Pecora et al., 2009).

4.3 Whilst similar large-scale population based prevalence figures are not currently available for Northern Ireland, there is some research evidence in the regional context which supports the wider pattern. For example, Teggart and Menary (2005) reported that more than 60% of a group of 64 looked after children were assessed as potentially having a diagnosable psychiatric disorder. Likewise, Cousins et al. (2010) found that 53% of a sample of 165 looked after children in Northern Ireland were susceptible to mental health difficulties.

4.4 Whilst all of the research literature focusing on the mental health needs of the looked after child population in Northern Ireland reports findings based on relatively small sample sizes, and discrete geographical areas, they are strengthened by their resonance with larger scale studies reported above.

4.5 The experience of becoming a looked after child is reported to compound pre-care risks and potentially increase vulnerability to developing mental ill health. Feelings of loss engendered by separation from birth family, loss of contact with the community; challenges in adjusting to new care arrangements, placement change and instability as well as lack of advocacy can all be factors in increasing vulnerability to developing mental health difficulties (Golding, 2010; Tarren-Sweeney, 2008).

# Knowledge Exchange Seminar Series (KESS)

- 4.6 Some authors have stated that children in residential care are more likely to develop mental ill health than those residing in a family setting with foster carers (McNicholls et al., 2011; McAuley & Davis, 2009). Older age on entering care and the presence of an intellectual disability are also reported as factors that increase vulnerability to experiencing mental health difficulties. (Tarren-Sweeney, 2008).
- 4.7 McNicholls et al. (2011) highlighted the inter-relationship between placement disruption and greater levels of mental health problems, as it is not clear whether mental health problems are a contributing factor in placement disruption or an outcome of multiple placements. Younger age at entry into care if the child is placed in a family setting is reported to be a protective factor, however this is not the case if a young child is placed in a residential setting, where risks are then reported to be elevated (Tarren-Sweeney, 2008).
- 4.8 Whilst the scale of the vulnerability of looked after children and young people to mental health difficulties is well reported in the literature, significant emphasis is also given to the complexity and atypicality of the presentation of symptoms amongst this group (DeJong, 2010; Tarren-Sweeney, 2008). Reasons for this are highlighted by Glaser (2000) who points out that children who become looked after are subject to a particular kind of adversity related directly to their primary caregiver experience, at a formative time in their development and with important neuro-biological consequences.
- 4.9 Given their exceptional vulnerability, pre-emptive population-based assessment of mental health status at time of entry to care is recommended (DeJong, 2010, 2010; Tarren-Sweeney, 2008). Cousins et al. (2010) suggest that there are opportunities to develop the therapeutic potential of being looked after through the early identification of children with particular vulnerabilities.
- 4.10 Given the complexity of pre-disposing factors, the age at which children are exposed to risks and the ongoing challenges of coping with the experience of being looked after (particularly for those in congregate settings or unstable placements), it is suggested that a particular knowledge and skills base is required to adequately address the therapeutic needs of these children (Cousins et al., 2010; Golding, 2010; DeJong, 2010; Tarren-Sweeney, 2008).
- 4.11 Golding (2010) highlighted the benefits of multi-agency approaches to address the emotional wellbeing of looked after children and young people. Attending to these issues in the present offers the opportunity to avert ongoing problems into the adult life.

## 5. The Policy Context

- 5.1 Recent decades have seen rapid developments in legislation and policy in Northern Ireland relating to looked after children and young people with mental health needs. These can be located in three key areas:
- Broad rights-based legislation;
  - Child care legislation and policy that relates to all children; and
  - Mental health legislation and policy that relates to all people with mental health needs or people with specific types of mental illness.

# Knowledge Exchange Seminar Series (KESS)

5.2 Attention to children and young people with mental health needs, including those in care, is largely subsumed within a broader policy focus on mental health or children generally as there is no one overarching piece of legislation or policy that relates solely and specifically to looked after children and young people with mental health needs. There have, however, been developments in legislation and policy which reflect the growing recognition of the complex, interwoven, and previously overlooked needs of this vulnerable group of children and young people and which impact on service expectations and responsibilities.

5.3 Policy relevant to this population is found across a range of focus areas including, child and family policy, mental health policy, education policy, welfare and criminal justice. The following overarching themes are consistently evident throughout the range of documents, from international human rights instruments to domestic legislation and policy:

- Equality, alongside a focus on social inclusion and anti-discrimination;
- The 'whole child' model, which underlines the interactive and diverse factors that impact on children's lives and that, exert a combined but varied influence on child development, emotional well-being and upbringing;
- The centrality of the family in children's upbringing and the need to support families in caring for children when it is in a child's best interests to remain living within their family;
- Early identification of need and timely intervention, multi-agency working and person-centred service provision to improve outcomes for children and young people with mental health needs; and
- The importance of seeking the views of children, young people and their families in ways that reflect their requirements and in the design, delivery and evaluation of service provision.

## **6.0 Findings profiling looked after children and young people with mental health needs**

6.1 The findings which will be presented in the seminar can be divided into three main groupings; (1) the characteristics of looked after children and young people with mental health needs in Northern Ireland; (2) additional needs identified amongst this population; and (3) additional support services accessed or required.

6.2 Findings provide demographic statistics on the number of children and young people with mental health needs within the wider sample of looked after disabled children in Northern Ireland.

6.3 In describing the population, findings will report on their age group and gender, their looked after status, reasons why they became looked after and length of time in care. Findings will also report on young people's placement type and educational setting or day time activity.

6.4 Findings highlight the co-existence of mental health needs and other impairment types. In terms of additional needs two categories will be reported; additional health needs and need arising from risky behavior.

6.5 Access to additional support across a range of health and social care professionals and areas

# Knowledge Exchange Seminar Series (KESS)

of unmet need will also be reported.

6.6 Whilst analysis is at an early stage, the findings to date highlight some important preliminary trends to which this study will remain attentive as analysis progresses. A full report of findings will be available later this year. Please contact the authors if you would like to be kept informed about the study: [b.r.kelly@qub.ac.uk](mailto:b.r.kelly@qub.ac.uk) / [s.dowling@qub.ac.uk](mailto:s.dowling@qub.ac.uk).

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