



Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland



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

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



Background to the Study

Aim

- Investigate the over-representation of children and young people with mental health needs and/or disabilities in the looked after child population

Objectives

- Examine their characteristics
- Identify key factors that lead them to become looked after
- Examine organisational arrangements impacting on service provision for this population
- Investigate their care experiences and how well particular needs are met
- Establish baseline data to inform further research into their post-care pathways

Methodology

Stage 1: Literature and policy review (complete)

Stage 2: Profiling the population of looked after children and young people with mental health needs and/or disabilities (in progress)

Stage 3: Case studies for sub-sample of 50 disabled looked after children (forthcoming)



Profiling the Population

Survey completed by social worker for each looked after child or young person defined as having a mental health need on the basis of:

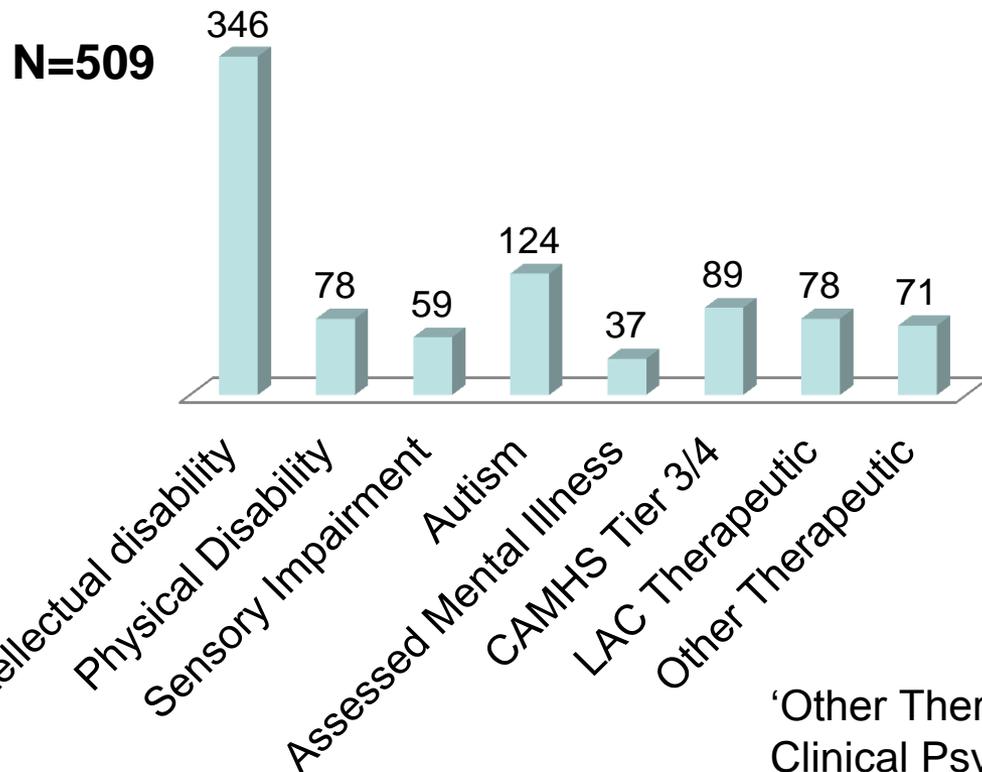
- An assessed mental illness or
- Awaiting/receiving Tier 3/4 CAMHS or specialist therapeutic LAC services

Survey addressed:

- Mental health need and additional needs – health, education, risky behaviour, contact with criminal justice, level of supervision
- Family background
- LAC experience: LAC status, reason for becoming LAC, placement type and changes, contact arrangements
- Other professional support and unmet need



Findings: Young People with Mental Health Needs and/or Disabilities



N=194 LACYP who have mental health needs across 5 HSCTs

- 32% - South Eastern HSCT
- 18-20% - Western, Southern & Belfast HSCT
- 11% - Northern

‘Other Therapeutic’ includes: Consultant Psychiatrist, Clinical Psychology, Trauma Centre, Child and Family Team, and Intensive Treatment Team.

Findings: Demographic Characteristics of LACYP with Mental Health Needs

- The total sample (n=194) yielded equal numbers of looked after males and females with mental health needs
- Majority identified as having mental health needs in their teenage years, with 49% aged 16-18, and 32% aged 12-16 years
- 44% were reported to have an intellectual disability, 6% were reported to have a physical disability with only 2% reported to be to have ASD
- Almost half of those with an intellectual disability (48%) accessed mental health support through psychiatry rather than CAMHS or LAC Therapeutic

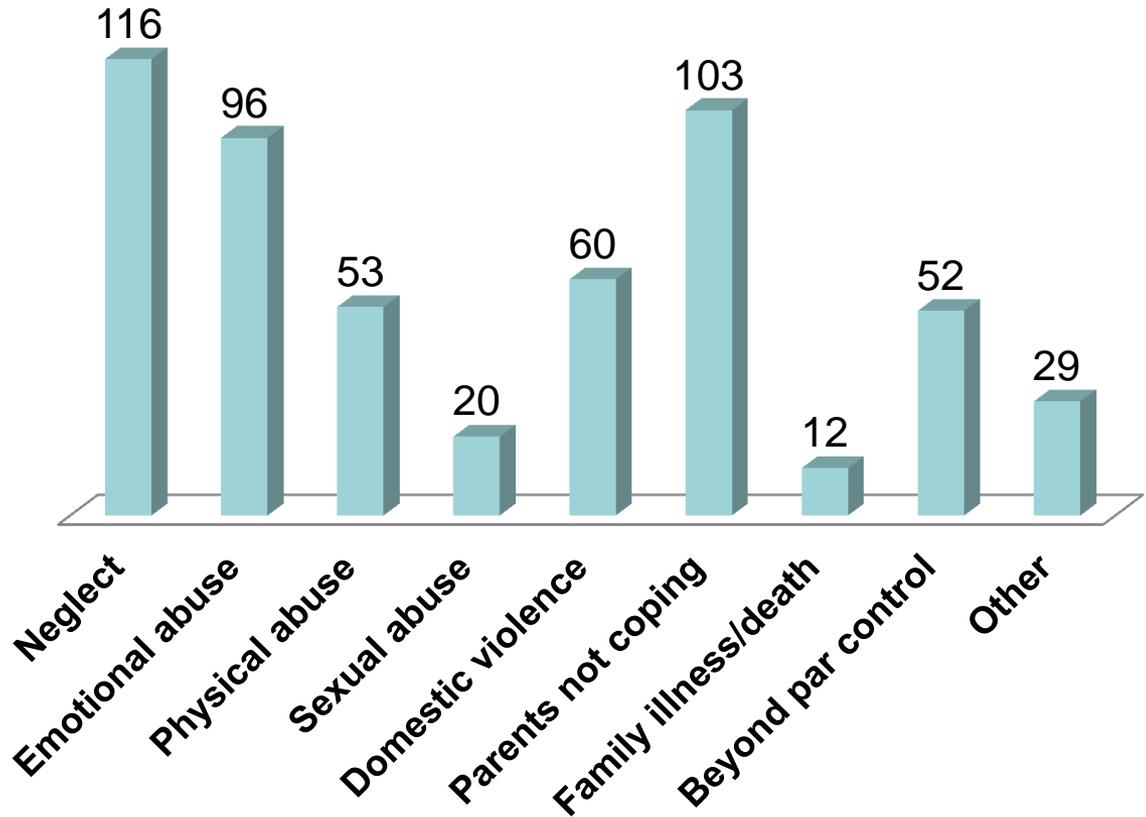
Findings: LAC Status & Reasons for Being in Care

Reasons for becoming looked after

Majority looked after under a Care Order (54%)

24% were Voluntarily Accommodated

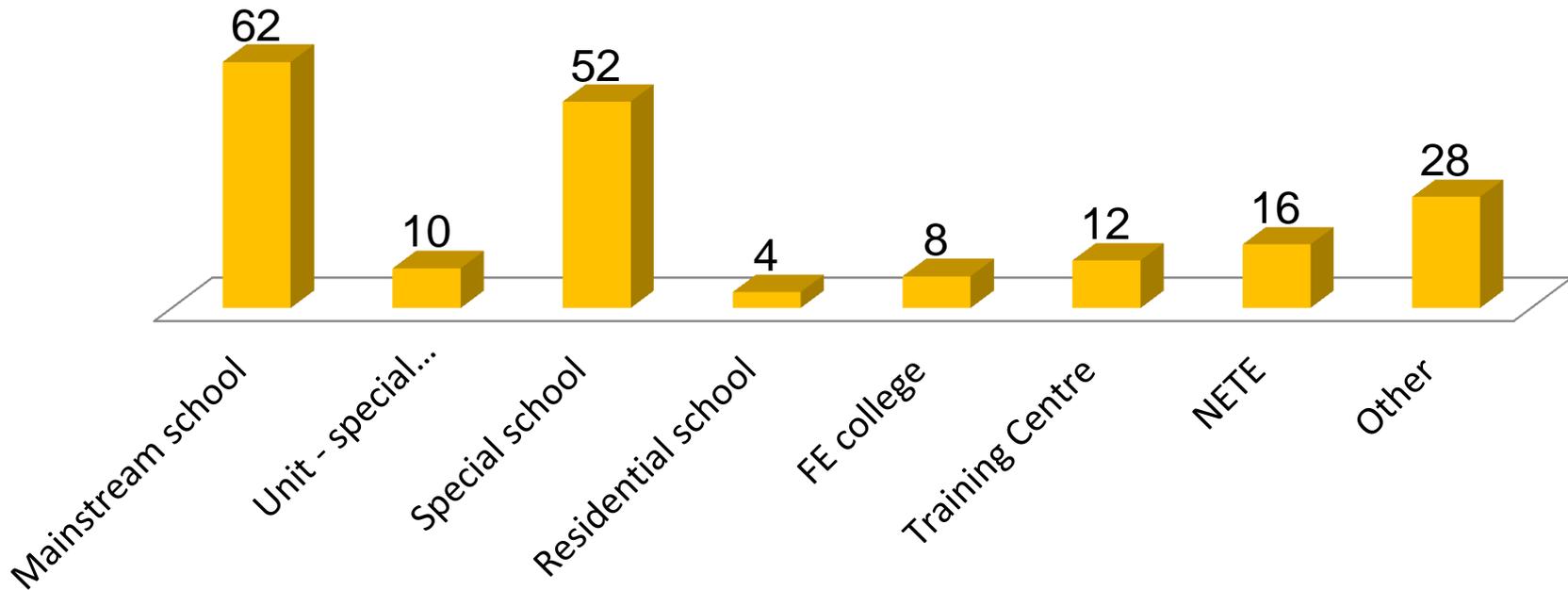
Only 1% were placed on an Interim Care Order



Findings: Length of Time in Care & Placement Type

- In the first year of care none had an assessed mental illness and less than 5% had access to mental health services, proportions grew as the length of time being looked after increased.
- Most common placement type (30%) was non-relative foster care with a further 16% in children's residential homes and 12% in kinship care.
- The proportion of children with an assessed mental illness was higher amongst those living in children's residential homes than in foster care.
- Those living in hospital or secure settings had an assessed mental illness or were accessing Tier 3/4 CAMHS

Findings: Daytime activity

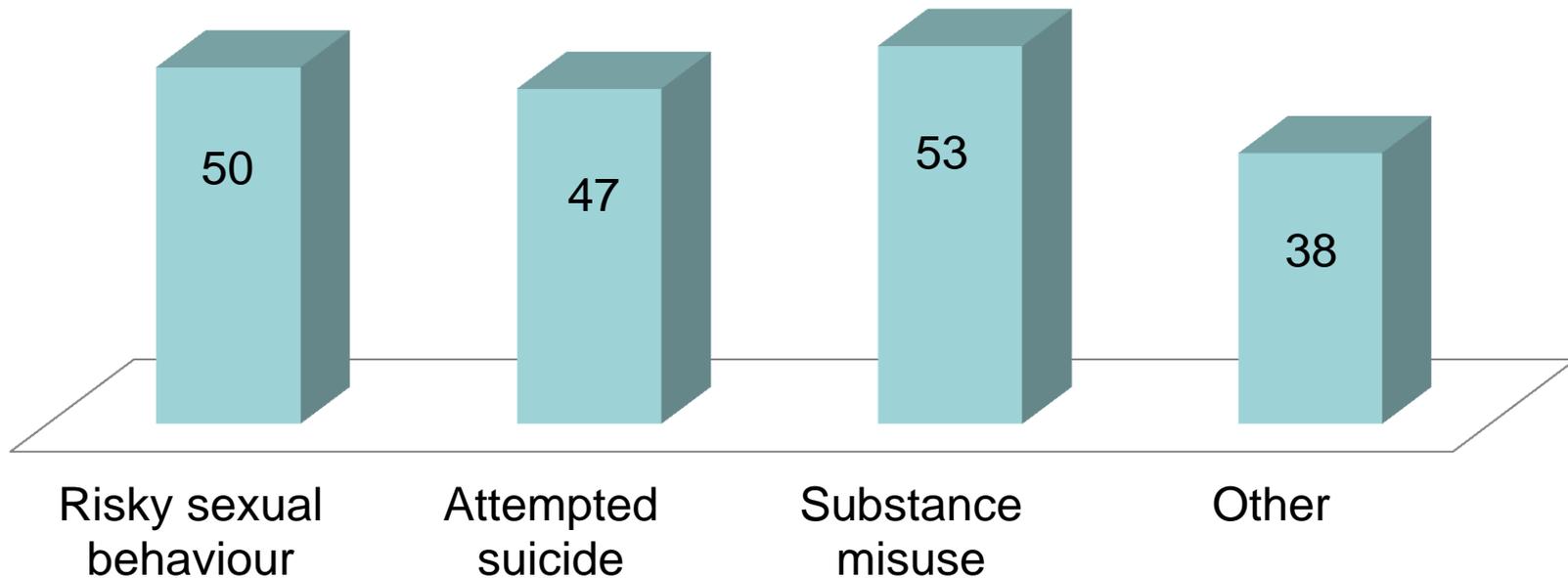


The other category included: alternative education programme, home tuition, intensive support unit, pre-vocational training, apprenticeship, school within secure accommodation, voluntary sector scheme such as: 'Give and Take'

Findings: Additional Needs

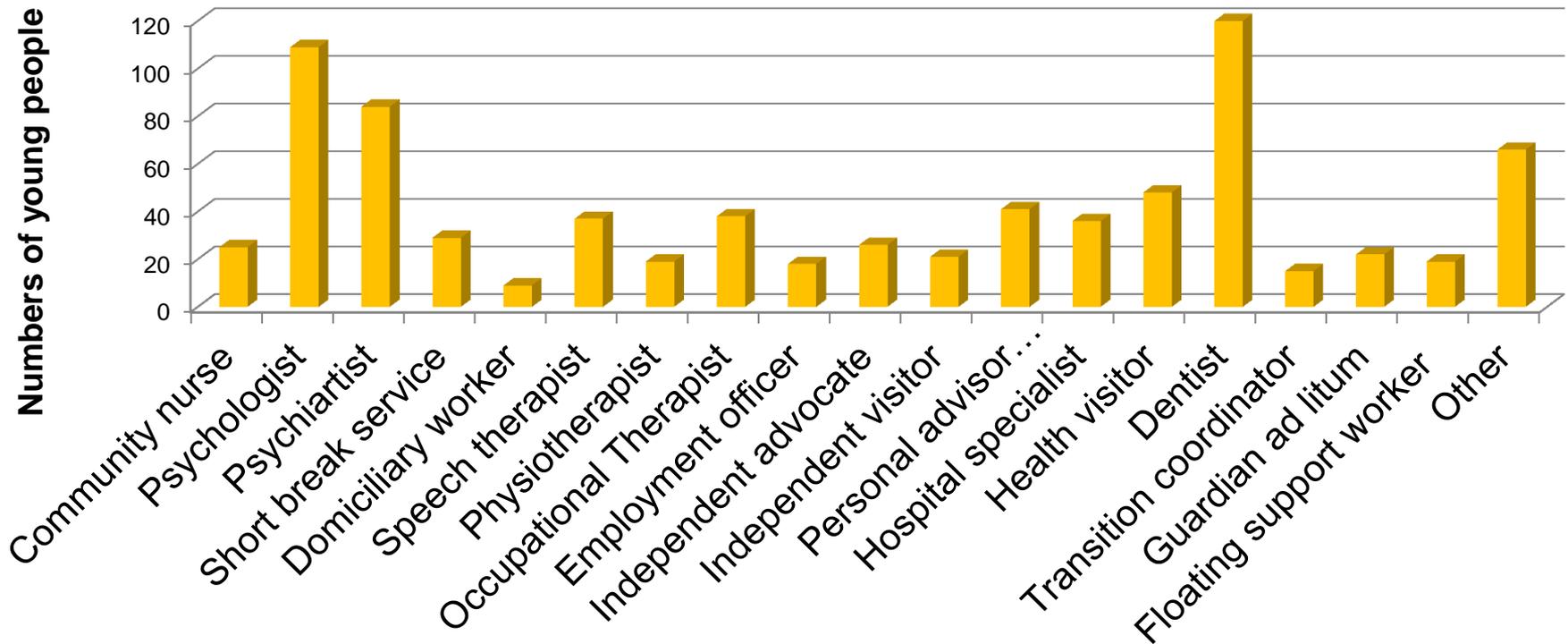
- 62% identified as having 'challenging behaviour'
- 23% reported to have anxiety
- 21% with assessed ADHD/ADD
- Fewer additional physical health needs were reported
- 31% had 'other' health needs, which mostly related to emotional well-being

Findings: Risk-taking Behaviour



Additional risky behaviours identified in the 'other' category were: absconding, self-harm, vulnerable in the community, impulsive and aggressive behaviour.

Findings: Additional Support Accessed



‘Other’ support included: GP, DAMHS, Fostering Link Worker, LAC Nurse, Youth Justice Counsellor as well as a range of Voluntary Sector support.

Findings: Unmet Need

Unmet need was reported in a number of key areas:

- Access to CAMHS and disability services
- Access to supported housing for care leavers
- Support with substance/alcohol abuse
- Appropriate training/educational support

Reported reasons why needs could not be met:

- Child/young person does not meet the criteria for services
- Service refused
- Service unavailable
- Young person is on waiting list
- Young person will not engage

Preliminary Trends

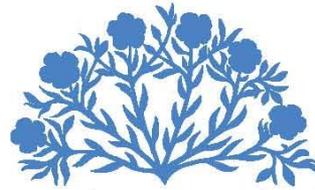
- Incidence of mental health needs increases with age and length of time in care which has implications for those leaving care
- These young people are accessing a range of services (without a required diagnosis of mental illness) but not always accessing CAMHS
- High incidence of co-existing mental health and intellectual disability
- These young people were more likely to access mental health support through psychiatry services
- Early indications of low levels of short break and transition support
- A large proportion of the sample also present with challenging behaviours
- Almost a quarter of the sample had attempted suicide
- Significant unmet need often due to restrictive criteria, unavailability, lengthy waiting lists

Next Steps

- Further analysis of the survey data to examine experiences and outcomes for this population
- Comparison of experiences of this population with those of other disabled children and young people in care
- Case studies to gather more in-depth qualitative data
- Identify recommendations for policy and practice based on the overall findings

For further information about the study contact: b.r.kelly@qub.ac.uk / s.dowling@qub.ac.uk





Northern Ireland
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