A research project by CLOUD42

# The Mental Health of Care Experienced Young People in Greater Manchester:

A study on the impact of the COVID-19 pandemic on health, wellbeing, and received support.

- How were care experienced young people in Greater Manchester supported with their mental health during the COVID-19 Pandemic?

- What does that tell us about the support available for care experienced young people when it comes to their mental health?

42<sup>ND</sup> STREET

CLOUD 42

# Contents

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# Introduction

CLOUD42 is a peer support group for care experienced young people facilitated by 42nd Street, a mental health charity working with young people from across Greater Manchester. The current members of the group are Neelam Mahmood, Dan Walsh, and Ezra Rose.

This group was established in November 2019 following the pilot year of a Barnardo's project called Triangles, which brought together care experienced young people and their workers from across the UK to make transformational changes to the care systems in each of their home areas. Fran Slater, one of the Group Facilitators of CLOUD42, was a Leaving Care Worker in Manchester at the time that Triangles began, and attended the project with two young men (ML and JG). Those three formed the Manchester Triangle. This group decided that their Triangles 'mission' would be to create a mental health support group for care leavers in Manchester and completed research into how services were supporting Greater Manchester care leavers with their mental health. They did this because they felt that mental health support had been severely lacking during their time in care and afterwards.

While the initial research project aimed to look at answering this question, CLOUD42 had to be responsive to the COVID19 pandemic and some of our planning changed. We decided to focus on how services had supported care leavers with their mental health during the pandemic, and what this said about how effective the support had been previously.

Over the following months the group members created a survey which was sent out to care leavers across Greater Manchester and to various services working with care leavers. This was followed up by completing research interviews, written and conducted by the group members, with Greater Manchester care leavers. During group sessions we have discussed the outcomes of these surveys and interviews, as well as the information gained from conversations with workers in both the Leaving Care and Mental Health sectors, and will present our findings in the following pages. The results of these conversations will be shown during this report – all participants have been anonymised. Over the course of this research paper we will cover the following areas:

- How has the mental and emotional health of care leavers in Greater Manchester been affected by the COVID19 pandemic

- Why is isolation one of the key factors that affected care leavers during the pandemic?

- How have Leaving Care and Mental Health services supported care leavers during the pandemic?

- What recommendations can we make to ensure that care leavers and care experienced young people feel that they are adequately supported with their mental and emotional health in Greater Manchester?

# Section 1

## How has the mental health of Greater Manchester Care Leavers been affected by the COVID19 Pandemic?

From September 2020, CLOUD42 have been engaging with Greater Manchester care leavers through surveys and interviews to determine how services have been supporting them with their mental health during the pandemic.

Before we could evaluate how services had been supporting care leavers, we needed to determine how these young people felt their mental health had been affected by the pandemic. Both the surveys and interviews started with questions that focused in on this subject.

In this section we will present an account of the responses we received before offering our conclusions.

# Whose mental health improved and why?

It was interesting, upon completing our surveys, to find that 10% of the respondents felt that their mental health had improved since the pandemic began.

There were no obvious patterns in terms of demographics here, as the respondents who felt their mental health had improved were spread across age groups, ethnicities, and housing situations.

Reasons that were given by some of these young people included:

'To avoid depression, I was able to see the positive side. Example: doing online courses and learning more.'

'I am able to keep safe.'

'Spending copious amounts of time alone has enabled me to improve my self-awareness, I also got some private therapy sessions.'

'The lockdown(s) have made me feel more comfortable with my outside appearance, due to the fact I spent more time experimenting with hair and clothing.'

'Had quite bad anxiety before COVID, never had any hobbies or anything, but when I had to stay at home it really helped me. When we came out for a couple of weeks I started gym and dance class so yeah it made me realise what my anxiety was holding me back from. Still have wobbly days but never how I used to.'

During the interviews we conducted we did not get any respondents who felt that their mental health had improved during the pandemic, but the responses to the survey make it clear that these improvements were possible for some.

Those responses seem to suggest that an opportunity to take some time out and work on themselves, whether through 'hobbies', 'online classes', 'private therapy', or 'experimenting' with their self-image, played a big role in these improvements.

It is worth considering how services and systems are able to better support these opportunities for care experienced young people at all times – not just when they are able to take some out due to a global crisis.

# Whose mental health stayed the same and why?

Over 20% of respondents felt that their mental health had stayed the same during the pandemic. Interestingly, while none of the male respondents had said that their mental health improved, 60% of the males who responded said that their mental health stayed the same.
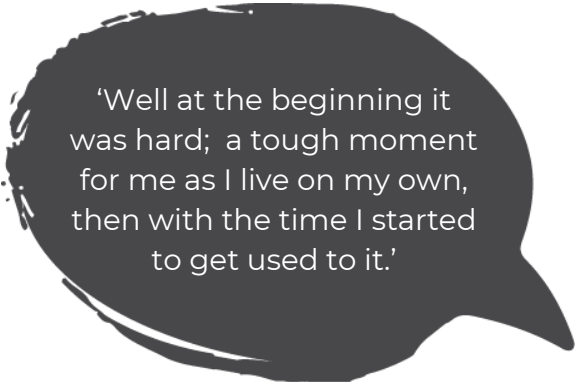
Other interesting patterns that we noted in the respondents whose mental health stayed the same were that 55% were students and aged 18-21. This could suggest that this age group and those in studies were more able to maintain their mental health due to the relative stability of their situation.

This theory is borne out by at least one of the interviews we completed, in which a 21-year-old young man (all respondents are anonymous – this young man will be known as AR throughout the report) explained that he had struggled with loneliness and isolation in the early stages of the pandemic when the lockdown had closed off his access to college.
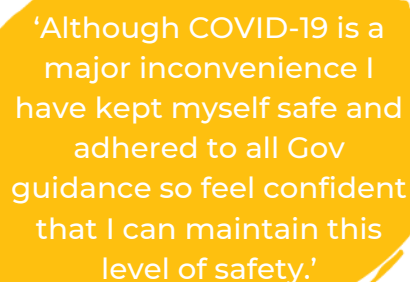
He felt that once he was able to go back to college and socialise with friends at the same time as accessing support from staff at college, he was able to get back to a place where he felt secure and his mental health stabilised.

During another interview with a young woman (initial JK) it was suggested that she received less support from the Leaving Care Service once she finished university, which may also suggest that there is another avenue for support available for some young people while they are in education. This young woman expressed that things felt much more difficult without this support.
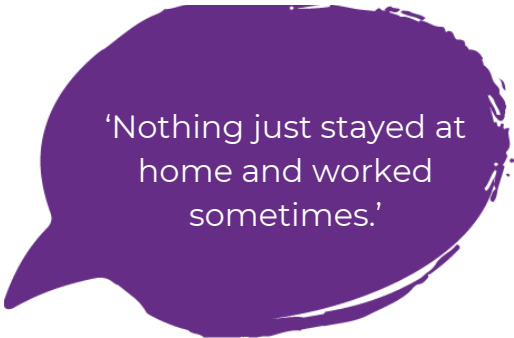
Some of the reasons that young people gave to explain why they felt their mental health stayed the same were as follows:
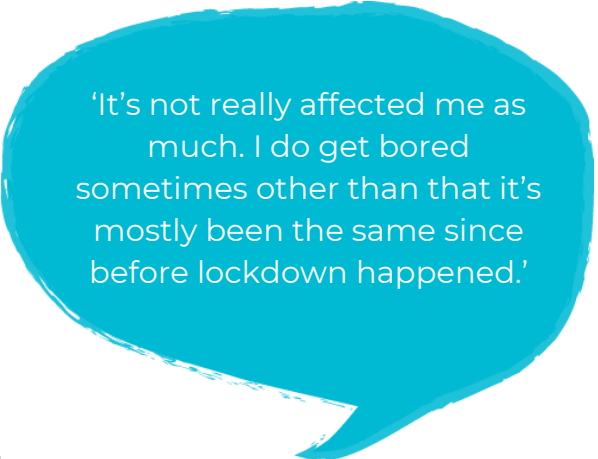
'Well at the beginning it was hard; a tough moment for me as I live on my own, then with the time I started to get used to it.'

'Although COVID-19 is a major inconvenience I have kept myself safe and adhered to all Gov guidance so feel confident that I can maintain this level of safety.'

'Nothing just stayed at home and worked sometimes.'

'It's not really affected me as much. I do get bored sometimes other than that it's mostly been the same since before lockdown happened.'

It should be made clear, from some of these comments and from the interviews we conducted, that young people feeling that their mental health stayed the same can be seen as either a good or bad thing. Some of the people who said their mental health had stayed the same did not respond with high numbers when asked to scale their mental health both before and during the pandemic.

It also seemed to be common in responses to say that things had been difficult at the start, but then they had adjusted over time. This is perhaps to be expected. But one of the things that we repeatedly heard was that living alone and being isolated was a major factor in these difficulties. One third of respondents whose mental health stayed the same said that they lived alone, although a further third did not answer that question. We will return to the issue of isolation in the next section of this report, but as we go through we should consider what can be done to improve the situation so that care leavers feel less isolation in the future.

## Whose mental health declined and why?

60% of the respondents felt that their mental health had declined since the start of the pandemic. While this seems to be roughly in line with the percentages being seen in the general public, it is still a very high percentage and it is worth considering what this means for care leavers in Greater Manchester and what it says about the support that was in place both before and during the pandemic.

Some patterns that need consideration include the fact that 50% of those who said that their mental health declined lived alone. And, of all the people who said that they lived alone, 70% reported a decline in their mental health.

It was also of note that only 25% of those living with foster carers or former foster carers reported a decline in their mental health, suggesting that those who had the support of a longer-term connection going into the pandemic were better placed to improve or sustain their mental health.

We may also want to consider why 83% of young women felt that their mental health had declined compared to 40% of young men. While the data we collected does not give us a clear indication of why this would be the case, it is something that should be considered and explored when working with care leavers around their mental health.

Some of the reasons that young people gave for a decline in their mental health included:

'The lockdown has been a reality check as to how alone a lot of care leavers are. Not having that support system from family was the hardest thing.'

'I've struggled to stay motivated in employment. My contract changed. Therefore, my financial situation was insecure.'

'No support, no groups, no access to zoom.'

'I've become agoraphobic, and cut everyone off.'

'Being more isolated has not been great for my anxiety.'

'I feel very isolated and secluded, not able to do anything I enjoy. Become a carer during pandemic which has been really hard.'

'I live on my own. I am an estranged care leaver and I feel that I really miss my friends and this has really affected me and also, not much face to face contact as it gets lonely on your own sometimes.'

'I felt far more anxious and was more isolated so fell into a few depressions. Since then I have improved but I definitely struggled a lot throughout 2020.'

'I haven't been able to travel home to visit my family or Leaving Care team. The pandemic has portrayed a lot of fear, and no hope for any 'normality' any time soon. I feel very isolated and being in lockdown has exacerbated existing mental health problems.'

'Lack of coping mechanisms e.g. going shopping seeing others, being in uni'

'Being unable to study or work meant that I spiralled and struggled with my PTSD and anxiety to the point where I can't leave the house.'

'Since lockdown it's left me feeling **isolated** and it's also causing arguments in my home life.'

'Isolated and unable to get the shopping I needed locally. All support system taken away.'

'I have become more irritable and felt very **isolated**.'

'Working from home has made me want to be **isolated** and I now feel more anxious leaving the house.'

'The COVID-19 pandemic and lockdown has closed schools and colleges so therefore I can't learn in my normal college environment and having to learn at home which I struggle with. It has given me a lot of stress and anxiety concerning university places, university experience, and life itself because a lot of places at universities are being taken up very quickly. And the experience will be very different due to the pandemic and lockdown.'

'It's really difficult not being able to see your friends. No appointments unless urgent are face to face so you can't even get that conversation from anyone.'

'I was on furlough for 6 months stuck in the house out of a routine and unable to see anyone my child didn't understand what was going on.'

'Having not been able to see people and do what I normally can I have had a decline in my mental health.'

'It's been hard because I had a lot of structure and when lockdown happened I had no structure and it affected me because I was at home all the time.'

Throughout these responses, we see many Greater Manchester care leavers referring to how the lockdowns exacerbated their feelings of isolation. Many named this directly by saying that they felt isolated or that the isolation was hard, but many others revealed similar sentiments by saying things like 'I felt bored all the time', 'it's really hard not to be able to see your friends', 'I haven't been able to travel home to see family or the Leaving Care team', and the young person who simply commented 'I live on my own' as the reason that their mental health had declined.

One particularly affecting response came from the person who said 'The lockdown has been a reality check as to how alone a lot of care leavers are. Not having that support system from family was the hardest thing.' This was a common sentiment among the young people we surveyed and interviewed, but nobody else put it as clearly and starkly as this.

> 'The lockdown has been a reality check as to how alone a lot of care leavers are. Not having that support system from family was the hardest thing.

What became very clear through this project was that many care leavers became extremely isolated when the first lockdown came in, which makes a strong case that they did not have sustainable and robust support systems in place.

Our interview subjects also backed this up. One young woman (initials LJ) talked about how living on her own and trying to complete her studies had exacerbated her ADHD, left her feeling frustrated and vulnerable, and had made it obvious that the professional support structures she had in place did not feel adequate. Another interviewee (AR) felt that he had strong support from professionals, but that the initial lockdown had left him feeling lonely and unable to cope.

Due to there being such a high prevalence of isolation among the care leavers we spoke to, CLOUD42 decided that there should be a section of this report that deals solely with that fact. That will make up the next section of this report. During our interviews, we also picked up some examples of what has helped young people with their isolation and we will be making recommendations based on these.

Another common response to questions about why young people's mental health had declined can be boiled down to a big change in structure. This was apparent in both our interviews and the surveys, and it was also insightful to hear that those who were able to find some structure as the pandemic progressed were likely to find it easier to cope. Interviewees such as JG and KP were clear that having a weekly group to attend online had made it easier.

But as we can see in the survey responses above, many young people saw that groups and activities either ended or went online. Some of the care leavers we spoke to simply did not have the equipment or opportunities to attend online support. Services need to consider how they can be more supportive in that respect.

70% of those who lived alone recorded that their mental health declined while only 25% of those who were in foster care or with former foster carers said the same thing.

## Conclusions

From this part of our research it is obvious that a majority of care leavers in Greater Manchester felt that their mental health declined after the onset of the pandemic and the initial lockdown.

One of the most informative conclusions that we can draw from this section, considering those whose mental health improved, stayed the same, or declined, is that the presence (or lack of) of structure and stability played a major role in what impact the pandemic had on a person's mental health.

Those who reported an improvement largely suggested this was down to opportunities to take on more activities or some time out and think about things they would like to do. Many of those who reported a decline suggested that their structure and activities being taken away played a big role.

Added to this, we saw that 70% of those who lived alone recorded that their mental health declined while only 25% of those who were in foster care or with former foster carers said the same thing.

This indicates that many of the care leavers who had left traditional support settings found it harder to cope once the support systems they had built up for themselves were taken away. Those support systems may have revolved around college, friendship groups, work, or professional services - but when these were removed it appears that many of the care experienced young people we spoke to did not have anything to fall back on. Even among those who said that their mental health improved or stayed the same, many felt that at the time of the initial lockdown there was a decline. It was only when college reopened or they found some online activities for themselves that they were able to improve their situation.

Obviously, for many care leavers who are living alone, a lack of finances or family support means that online options are not available.

**Services need to do more by providing equipment and support to make this possible.**

Services also need to be pre-empting the need for more robust support structures for care leavers because the pandemic mainly exacerbated issues that already existed for this group. If a care leaver who was living alone was to lose a job or college course they would experience many of the same things we are discussing here, it is just that the pandemic provided an opportunity for us to see this on a wider scale and not just based on the individual.

**There needs to be consideration of how more robust support structures can be put in place and, further to that, how we can support these young people to learn coping mechanisms that make these situations more manageable.**

As we go through the following sections we will make some recommendations about how services can play a role in putting these more robust structures in place.
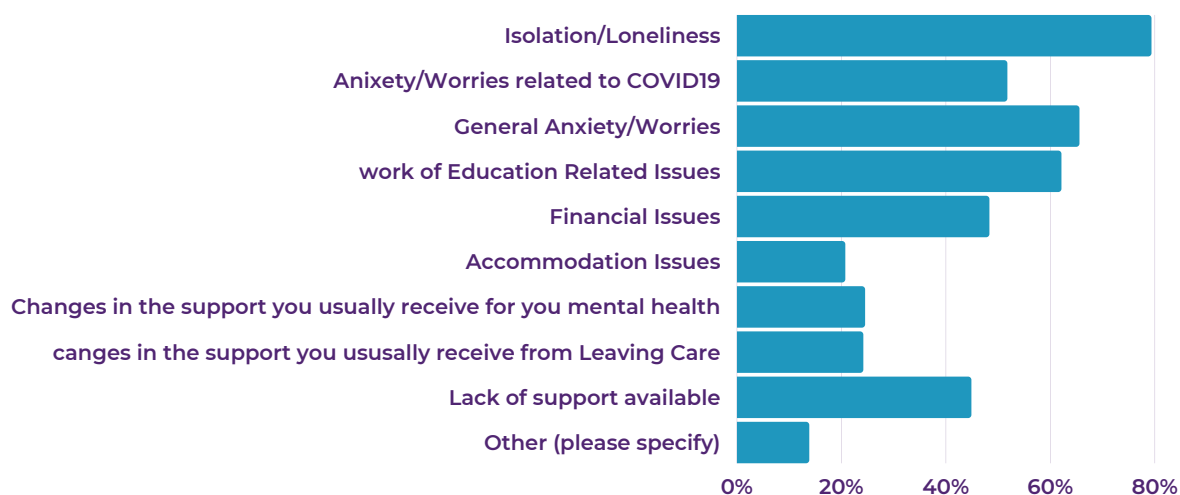
# Section 2

# Greater Manchester Care Leavers and Isolation During the COVID-19 Pandemic

## How has isolation affected care leavers during the pandemic?

While focusing on the factors that had played the biggest roles in the mental health of Greater Manchester care leavers during the pandemic, CLOUD42 found it impossible to ignore how often the subject of isolation was mentioned.

Almost 60% of the survey respondents named isolation in some form when asked to give reasons for why their mental health had been affected. Nearly all interviewees discussed isolation. And of the respondents who said that their mental health had declined since the onset of the pandemic, almost 85% mentioned isolation as a key contributing factor.

When asked to choose from a list of potential negative factors affecting care leavers mental health, Isolation/Loneliness was the factor chosen by the highest number of young people. You can see this in the table below:

Added to the fact that isolation clearly played such a large role in many care leavers' difficulties during the time of our study, we also showed in the previous section that many of those who felt they had managed well put this down to factors that protected them from isolation. This could be the return to college, the ability to speak to friends online, or the groups that they were attending prior to lockdown finding ways to continue.

We have focused extensively on the factors that affected the mental health of young people in section one, and have already shared several quotes from survey respondents that focused on isolation. But while we are discussing the subject we should consider what some of our interviewees had to say about isolation and its effects:

JK, a young woman from Rochdale, shared that isolation had been the hardest obstacle she had had to overcome during the pandemic. She had recently come out of a relationship just prior to the first lockdown and then found herself struggling to meet up with people and access their support in the way that she normally would. She also shared concerns about how this isolation would affect her coming out of the pandemic and whether she would now experience social anxiety because of her lack of contact.

AR, a care leaver from Salford, noticed a major difference in his mood at times when he was isolated and times when he was less so. Living alone for the first time, AR said that he felt 'extremely lonely' at times. He stated that a combination of having no family in the country, being on furlough from his job, and college being closed, meant that he lost almost all of his support network in one go and this was very hard to adjust to.

He stated that he 'was so active' and 'social' before and then that suddenly changed. AR also pointed out that he felt lucky that he was able to 'Facetime' with friends as he knew that not all of the care leavers he knew had that opportunity.

At the time that we spoke to AR, he was able to attend college and said that this had made a huge difference to him. AR did point out that he had felt very well supported by his Leaving Care Worker and that without that support he is not sure how well he would have managed.

LJ, another care leaver from Salford, had discussed her initial excitement at the potential for some time alone during the lockdown and a chance to focus on herself for a while. However, as time went on she felt that the isolation really began to take its toll and she started to struggle with her mental health in a way that she had not experienced for a long time. She felt 'irritable' and 'alone.' LJ specifically talked about how the isolation affected her ADHD.

She said that so many hours alone in her small flat made her symptoms much more apparent and this led to her really struggling to complete her university work. She felt that some extra support should have been offered from her university or the Leaving Care Service, but that she was actually getting far less support once the pandemic started.

Isolation was also mentioned by all other interviewees, with PH stating that it was the 'no 1 factor' in the decline of her mental health and that she was 'really struggling.' She struggled with isolation to such a degree that she had to go and stay with a friend instead of living alone. KP and JG both also discussed how the isolation had been a major factor, but also discussed things they had in place that were able to help with this.

In fact, most of the interviewees talked about the things that had helped them with their isolation and we will look at these factors later in this section when we discuss our recommendations.

## What do these discussions of isolation say about the support structures that were in place prior to the pandemic?

It should go without saying that many care leavers and care experienced young people do not have as much access to traditional support networks as people their age who have not been through the care system. It is also the case that when family support networks do exist they can be built on unstable and difficult relationships that the young people may not always feel able to access. For these reasons, and many others, professional services play a greater than normal role in the support structures that care leavers and care experienced young people rely on.

And while many people from all walks of life would claim that they struggled with isolation as the pandemic came in, it is important to consider what the prevalence of isolation among care leavers in Greater Manchester says about how these support structures were working prior to the pandemic.

There were many positive examples given by both our interviewees and those who completed our surveys. AR discussed how his Leaving Care Worker had been extremely supportive throughout the pandemic and had been checking in and asking about his mental health, LJ talked about her relationship with her mentor at Pure Insight and how their support and understanding had helped them to cope, and PH was quick to mention that she had also had positive experiences with Pure Insight. Both JG and KP discussed how having a regular group to attend at 42nd Street had helped with the isolation and JG mentioned that it felt as if he had his own 'small community' as support.

But both were clear that this helped with the isolation once the group could be established online, so there was some time without this support.

But despite all of these positives, there were many incidences where changes in the way support was given, or a lack of support before the pandemic began, meant that more could have been done to support Greater Manchester care leavers with their isolation.

A major issue that was highlighted by the pandemic, and one that should be relatively easy to correct, was the lack of access to technology that many care leavers faced as the lockdowns came in. While the world went into Zoom and Teams Meetings, many care leavers were excluded from this simply because they did not have the financial ability to purchase necessary equipment or the private spaces in which to use it securely and confidentially. Members of groups at 42nd Street and Greater Manchester Youth Network told us that they wished to attend groups but could not for these reasons. During our surveys we received responses such as 'No support, no groups, no access to Zoom' to explain a decline in mental health.

Many other respondents and interviewees highlighted the exacerbation of existing issues as reasons why their mental health declined once the lockdowns started. These included:

- **Living away from the area in which your Leaving Care Service is based so having limited access to support**

- **Living alone with no family nearby leading to greater levels of isolation**

- **Workers not knowing how to discuss mental health and only supporting with practical issues**

- **A lack of trust in established relationships with professionals making it hard to reach out**

## Our recommendations for support with isolation

During our conversations with care leavers we were able to gain some important insights into what has helped to ease and improve feelings of isolation during the pandemic.

Interviewees AR, JG, and KP all discussed how having regular groups run by Greater Manchester Youth Network and 42nd Street was a major benefit when it came to battling isolation. These groups seemed to not only create a feeling of structure and a sense that they had something to depend on each week, but a feeling of community was also created. The young people really valued the ability to share experiences of the pandemic with other care leavers who are likely to have a strong understanding of their peers' situations and experiences.

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The two groups discussed here have remained online for the majority of the pandemic and have helped to create a sense of a support network for the group members. People from both groups stated that they felt the workers had also been available to offer support outside the group when needed.

We recommend that more services consider creating groups that bring together care experienced young people and offer that sense of community and support and that more young people are made aware of these opportunities. We also recommend that all care experienced young people who wish to attend such groups remotely should be provided with the necessary equipment by services and/or their local authority.

A further factor that helped Greater Manchester care leavers to cope with isolation included having a strong professional relationship with a worker who they felt was able to discuss their mental health with them. Two young people highlighted their relationships with their mentors from Pure Insight, while others also mentioned strong existing relationships with their Leaving Care Workers which meant it was easy to be honest about the feelings of loneliness they were experiencing. On two occasions, this led to more regular contact from their worker which eased the difficulties the young people were experiencing.

It should be pointed out at this point, though, that other interviewees stated that they did not feel their Leaving Care Workers or Social Workers knew how to discuss their mental health with them and that this made it difficult for them to admit that they were experiencing isolation.

Other young people discussed how having a worker for their mental health before and during the pandemic helped them to find ways to cope, but many also said that they wanted to access mental health support once the pandemic started but found that the waiting lists were too long for them. We will look into this in more detail in the next section of this paper
.
We have several recommendations for how these supportive factors could be made more widely available and we will go on to discuss these and ways in which they could be implemented in the next two sections of this report:

Increased access to services similar to Pure Insight who offer mentors to care experienced young people

All workers who work with care experienced young people to be given training to approach discussions of mental health

Mental health support to be made more accessible to all care experienced young people

Local Authorities to offer mentors/independent visitors alongside Leaving Care Workers

Young people who identify isolation as a key issue to be offered more regular support

Discussions of isolation and mental health to be made central to role of supporting care experienced young people

# Section 3

# How have services supported care experienced young people with their mental health during the pandemic?

In the introduction to this report we discussed how this project was formed during the pilot year of the Barnardo's Triangles program. The original impetus for setting up CLOUD42 as the Manchester Triangle's 'mission' came about because the worker and young people in the Triangle felt that there was a lack of mental health support for care experienced young people in Greater Manchester and felt that there were clear and obvious ways in which this could be improved.

**This was a sentiment that was shared by the group members who eventually joined CLOUD42.**

By providing a peer-to-peer mental health support group supported by a mental health charity and Mental Health Practitioners, CLOUD42 was established as a first step in improving the mental health offer for Greater Manchester care leavers. But as well as providing that support to individual care leavers, the hope was always that the group would be instrumental in encouraging organisations and services to support care experienced young people in the best ways possible.

This research project was the first step towards making that happen. While the pandemic changed some of the aims of the project and meant that some of the avenues for collecting data were taken away, CLOUD42 feels that we have been able to get a strong idea of how mental health services and leaving care services have supported care leavers with their mental health during the pandemic. We have examples of good practice as well as examples of practice that could be improved.

While completing this project, it has become clear that although the pandemic may have changed our data collection techniques, it did not stop us from collecting powerful information about how services support care experienced young people. If anything, the extra considerations of the pandemic only made it clearer what was working well and what needed to be reconsidered.

We will present our findings in this section.

# → What examples of good practice did we see?

In response to a question asked in our surveys about how satisfied Greater Manchester care leavers had been with their support during the pandemic, 45% responded to say that they had been either 'very satisfied', 'satisfied', or 'somewhat satisfied'. This shows as closer to 55% in the graph below because the graph does not include those people who left the question blank.
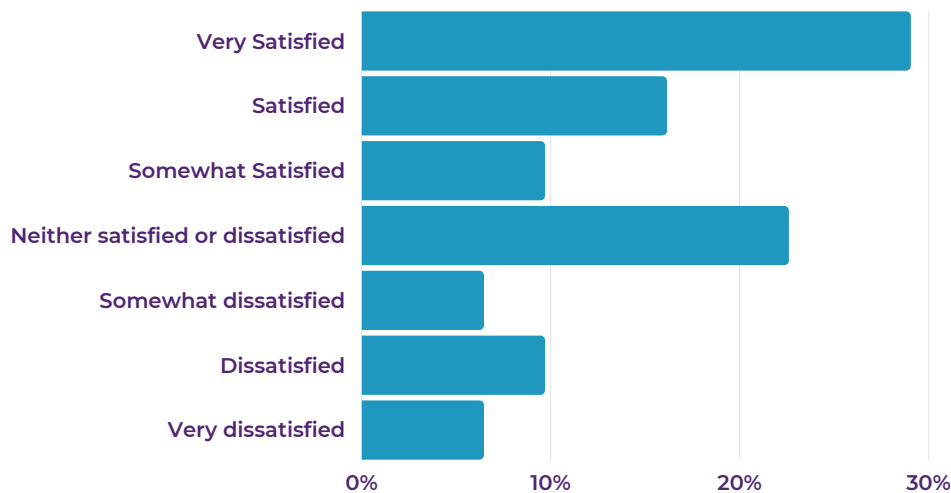


**How happy have you been with the level of support from your workers since the COVID19 Pandemic began?**
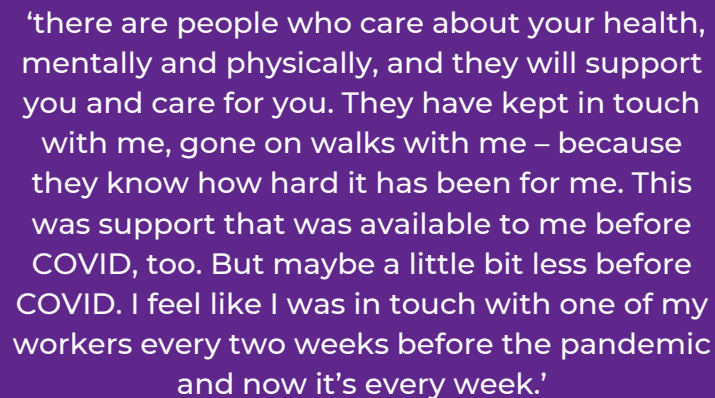
It should be made clear at this point that this question didn't differentiate between workers – so these satisfaction levels refer to a mix of workers from Leaving Care, mental health, mentorship programs, and social work.

45% also stated that they had been happy with the level of support they had received, with 24% saying that their workers had actually been more supportive than before the pandemic. During our interviews we were able to get an idea of what had been working well, and how these examples of good practice had been helping the young people we were talking with. Interviewees were keen to highlight the practice that had helped them to manage their mental health.

AR talked extensively about how invaluable the support of his workers had been. He felt that, once the pandemic started, workers from his Leaving Care Team and from Greater Manchester Youth Network adapted well and were able to offer robust and suitable support. He felt they were checking in with him more often than before, that they quickly moved meetings onto Zoom, and that he always felt he had someone to call should he need to.

AR felt that his support was not only maintained during the pandemic, but even improved. It seems that having workers from two different organisations, who were talking to each other to see how to support him, was particularly beneficial.

There was no one point of contact to rely on. And in the work he was doing with Greater Manchester Youth Network, AR was also still interacting with other care leavers. These were relationships that GMYN had worked to establish before the pandemic – so rather than relying on creating strong support networks once the crisis had happened, they had helped to put those in place already. That proved to be a big help when a time of crisis came.

> 'there are people who care about your health, mentally and physically, and they will support you and care for you. They have kept in touch with me, gone on walks with me – because they know how hard it has been for me. This was support that was available to me before COVID, too. But maybe a little bit less before COVID. I feel like I was in touch with one of my workers every two weeks before the pandemic and now it's every week.'

A quote from AR.

JK also highlighted the work of her Leaving Care Worker. She pointed out that they had established 'a good rapport' over the years, so this meant that she felt able to discuss her mental health with her worker and was even supported with a referral to a counsellor prior to the pandemic. While the wait time for this support was a problem for JK, she felt that the counselling service did all they could to support her by offering regular check ins and helping EM to learn some coping strategies.

PH and LJ both also focused on the importance of having somebody to discuss their mental health with. PH discussed how her social worker was 'a constant' for her and helped her in crisis, and how once the pandemic started she was receiving regular calls once a week. She felt that her worker was 'always there' and she felt 'comfortable' talking to her. LJ felt that it was her mentor from Pure Insight that really came through for her, asking the right questions and listening to her concerns.

KP and JG felt that having a group to attend through the pandemic was very beneficial, and both felt supported by the regular check-ins with the group workers during the first lockdown. AR similarly highlighted having access to a group worker who he could speak to outside of the group.

We also met with a Leaving Care Worker from Manchester's Leaving Care Service during our research. This worker stated that it had been policy in Manchester to have more regular contact with their caseload than prior to the pandemic, and they felt that the young people they supported had appreciated that.

They did say, though, that it was apparent that those who already had a well-established relationship with her as a worker were more likely to approach her about their mental health.

It is clear from these conversations that most of the good practice discussed revolved around a few certain areas, listed below:

- **The young person feeling they had someone who they could approach about their mental health**

- **Established relationships built on trust**

- **Regular contact**

- **More than one worker being available to a young person**

- **Workers having the knowledge and understanding needed to support discussions around mental health**

## What practice could have been improved?

55% of respondents said that they were either 'neither satisfied nor dissatisfied', 'somewhat dissatisfied', 'dissatisfied', or 'very dissatisfied' with the level of support from their workers during the pandemic. 55% also said that they didn't think their workers had prioritised their needs during the pandemic. The majority of those people felt that their needs had not been prioritised prior to the pandemic either, with only a small number saying that their needs had been prioritised less than before the pandemic.

This fact indicates something that actually seemed to be evidenced by the majority of the conversations we had with young people. In the main part, it does not appear that the pandemic led to many of the issues with practice that we identified. In fact, most issues seem to have existed prior to the pandemic. Some of those issues were exacerbated and highlighted by the events of 2021, but most were already causing problems for the young people we spoke to.

For this section, we decided that it would be best to present the findings for leaving care services and mental health services separately. We will start with leaving care services.

LJ highlighted a lack of contact from the Leaving Care Team as one of the main struggles she faced early in the pandemic. She felt that, because she is in university, she tends to be seen by her workers from the Leaving Care Team as someone who 'is doing well' and 'doesn't need support'. LJ said that she 'was made to feel like other people were the priority' and also started to feel that way about herself.

She stated that she can see other people might have more obvious support needs 'on the surface', but that she was 'struggling at times' and felt that the mere fact of her being at university led her to be labelled as 'a high achiever' and that this meant her needs were ignored. She felt that this led to her feeling unable to 'reach out' as she feared she would not be listened to.

This was an existing problem prior to the pandemic, but LJ felt that it became even more apparent after the first lockdown. She felt that she was 'forgotten' by her worker. LJ had been told that her Leaving Care Worker would be contacting her more regularly, but she says that she was actually contacted 'much less often' than before. LJ feels this is down to workers not knowing how to speak to young people about their mental health and not being able to spot the signs when someone is struggling with their mental health.

KP echoed these sentiments when discussing some of her workers in the past, when she was still supported by the Leaving Care Team. She felt that young people were categorised due to what they were doing in the education and employment, and that if they were at university they were assumed to be doing well and not in need of support. She also felt that some workers made her feel unable to raise concerns for her own welfare by making her feel like her needs were not as important to them as the needs of other young people on their caseload.

Both LJ and KP went as far as saying that they felt they were sometimes used as examples by their local authorities, asked to speak to groups of young people or professionals, as evidence of 'young people who were doing well. They felt this often ignored the true story of how they were feeling. They felt as if only part of their story was being told.

> **We noticed that many of the interviewees and survey respondents were not receiving support from someone trained to discuss their mental health**

Both of these interviewees highlighted the difference it made when they had a worker or service that were more likely to discuss their mental health with them and take their concerns seriously.

JK, on the other hand, felt that her support from the Leaving Care Team reduced once she finished university. This coincided with the first lockdown. She felt that contact lessened at a time when she needed it. That said, JK was confident in reaching out to her worker when she needed to due to a good working relationship already being established.

All of the young people we interviewed discussed how important it was that workers were able to talk to them about their mental health and/or spot the signs that they were finding things hard. It was used by AR as an example of why he was so pleased with the support he received, and LJ discussed how she felt that her mentor was able to support her with her mental health in a way that her Leaving Care Worker was not.

Despite that, though, we noticed that many of the interviewees and survey respondents were not receiving support from someone trained to discuss their mental health with them. We will explore some of the reasons for this in the next subsection, but before we move on it is worth considering what role Leaving Care Services have played in this so we can later consider what recommendations can be made to improve this.

Of those who answered the question, 30% said that nobody from their Leaving Care Service had contacted them to ask them about their mental health during the pandemic. That means that 70% had, which is encouraging. Interestingly, though, only 25% said that anyone from the Leaving Care Service had discussed the possibility of a referral for to a mental health support service at any time.

As only 25% of the care leavers we spoke to had used a mental health service in any format prior to the pandemic, and only 28% referred into a service during the pandemic, we have to consider what can be done to support them to access these services more often and more efficiently.

As Leaving Care Services are usually considered to be the primary service supporting a care leaver, we need to consider what those services can be doing to support this access. We also need to consider how relationships between mental health services and leaving care services can be improved to make this easier for the young people.

We will now also go on to consider how mental health services have been working with care leavers during the pandemic, before making recommendations for improvement.
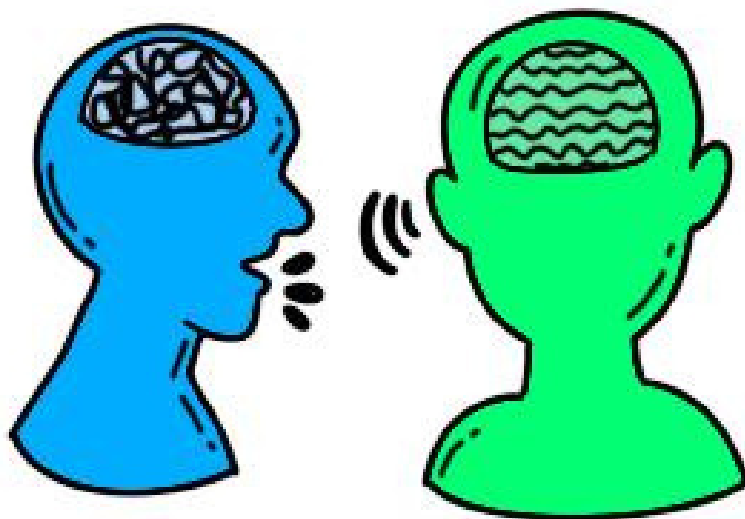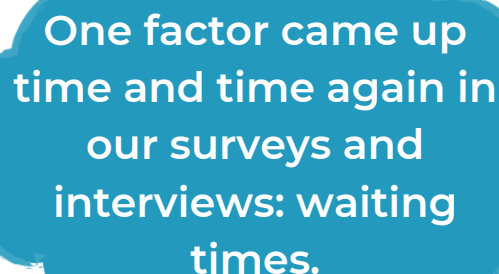
## Mental health services - what practice could have been improved?

As stated above, only 25% of the care leavers we surveyed had used a mental health service prior to the pandemic. Only 28% referred into a service during the pandemic. If you think back to section one of this report, you will remember that 60% of the care leavers we surveyed felt that their mental health had declined and many of those who felt that their mental health had improved or stayed the same said that they had struggled with their mental health at some point.

According to an NHS study in 2020, 45% of children looked after by their local authority were considered to have a mental health disorder compared to 12.8% of the general public (https://nhs-digital.citizenspace.com/consultations/survey-of-the-mental-health-of-children-looked-aft/). A separate study by The Mental Health Foundation found that care leavers were at a greatly increased risk of facing mental health difficulties in comparison to people that had not been through local authority care, and that they were 'between four and five times more likely to self-harm in adulthood' (https://nhs-digital.citizenspace.com/consultations/survey-of-the-mental-health-of-children-looked-aft/).

So why, with such concerning figures, did our study find that so few care leavers were using mental health services or attempting to begin support with a mental health service?

One factor came up time and time again in our surveys and interviews: waiting times.

When discussing issues with accessing services in our surveys we received many responses that were along the same lines: 'it took over a year', 'I have been on the waiting list for two years', 'not yet, the waiting times take too long', 'no, I am still on a waitlist.'

Waiting lists were also a common theme in our interviews, particularly when we discussed what prevented the interviewees from accessing support for their mental health and what they felt the barriers were for care leavers in general.

LJ discussed how she had been referred for support at 42nd Street but as soon as she had been told the waiting times she had felt that this would not be suitable for her due to the constant changes she was experiencing in her life. She said that this experience put her off reaching out for support elsewhere. PH also mentioned waiting times and, specifically, those at 42nd Street. LJ also believes that when a care leaver approaches their Leaving Care Service (LJ is a Salford care leaver) to talk about their mental health, the worker's only avenue for a support is to make a referral to 42nd Street. But if those wait times are too long, where does that leave the young person?

'I have been on the waiting list for two years'

'the waiting times take too long'

JK also felt that the waiting times for her referral to an NHS counselling service were too long and that this was a barrier. KP echoed the sentiment, sharing that she had spent over two years waiting for a psychologist despite several referrals and the support of a worker to try and expedite the support. Both JK and KP were offered check ins while waiting.

This helped, but it also made KP feel as if she was on pause waiting for support and could not access it elsewhere for this reason. KP did receive the support during the pandemic and feels like it has been hugely beneficial and helped her to progress in many areas, but still questions whether something could have been done to get her the support she needed at an earlier time. And for KP, this was just one referral in a long history of them – many of them coming to nothing because of waiting times.

We know that waiting times are an issue for mental health services everywhere, and that this was only made more of an issue by the pandemic. But we also know that some groups of people get quicker access to services when being placed on shorter waiting lists due to their identity or due to being part of a societal group that is at increased risk of mental health difficulties. We do not often see care leavers and care experienced young people offered this opportunity.

We already know that care leavers have an increased risk of mental health difficulties. We also know that, due to a lack of a traditional support network, and because of factors such as the likelihood that a care leaver may be living on their own at a younger age than someone who has not been through the care system, that there is a higher potential for change and uncertainty in the life of a care leaver.
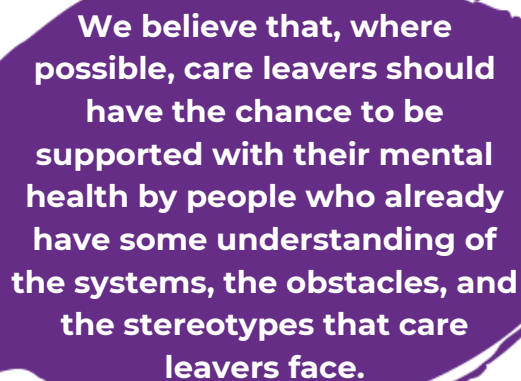
For these reasons (and others), we believe that care leavers should be considered as a group that should have quicker access to mental health support. We believe that services should have waiting lists specifically for care leavers so that support can be more readily available to them.

This is one of the key recommendations that we will make in this report.

Further to that, though, another factor came up regularly in our discussions. Many of the care leavers we spoke to felt there was a lack of understanding among professionals in regards to what a care leaver is, how the care system works, and what experiences may have affected a care leaver. This is not to say that care leavers all have the same experiences by any means, but there are experiences and circumstances that are more likely to be shared by those who have had to go through local authority care.

Among the care leavers we spoke to, there was a strong feeling that many mental health professionals do not understand their past and that this can lead to them having to repeatedly tell their story.

We believe that, where possible, care leavers should have the chance to be supported with their mental health by people who already have some understanding of the systems, the obstacles, and the stereotypes that care leavers face.

In her interview, PH shared that when she had accessed mental health support in the past it had 'been hard to open up' due to a lack of understanding of her situation and that the worker had 'felt like the wrong person.' She believed that when accessing mental health support there was often a 'misconception' around care leavers and the care system and that people made negative assumptions. PH felt that support workers 'not having the right information' was a barrier and that, when supported for her mental health, she found that workers 'didn't know how to access what is available to care leavers.' And on the other hand, both KP and JG talked about how having a group facilitator who had experience of working with care leavers had helped them to feel supported and understood.

> These issues could be solved by using care experienced people in these roles, employing people who have worked within the system in these roles, and training all staff so that they have a greater understanding of the systems and the young people who go through them.

Once this research project is completed, CLOUD42 plan to start developing a training package to help with this particular issue. But we believe that all services that support care leavers with their mental health need to adopt these strategies.

# → Recommendations:

From our research into how services worked with Greater Manchester Care Leavers during the pandemic we have come up with the following lost of recommendations:

- Training around discussing mental health and spotting signs of mental health to be given to all staff working with care leavers

- All staff working with care leavers to be given training and information about mental health services available to the young people on their caseload

- Discussion of possible mental health referrals to be a regular and mandatory part of a Leaving Care Workers contact with their caseload - potentially at all required visits and, if not, definitely at the time of pathway planning

- Mental health services to have workers that directly support Leaving Care Services

- Mental health services to provide training to their staff who work with care leavers to increase their understanding of the systems and the experiences of care leavers

- Mental health services to set up specific waiting lists for care leavers to increase speed of access to support

- Leaving care and mental health services to provide employment and voluntary opportunities to care experienced young people

- Groups that support care leavers to be facilitated or co-facilitated by care experienced young people or people who have experience of working with care leavers

- All Greater Manchester care leavers to be made aware of the avenues for extra support that are available to them through organisations such as Pure Insight, Greater Manchester Youth Network, and 42nd Street

# Conclusion and Key Recommendations

## → Recommendations:

In setting out on this research project, CLOUD42 hoped to get a picture of how services had supported Greater Manchester care leavers with their mental health during the pandemic. We hoped to identify what the needs of care leavers had been, how they had been met, where practice had been good and where it could be improved, and what all of this said about the support systems that had been in place prior to the pandemic when it came to supporting care leavers with their mental health.

We spoke to over 50 Greater Manchester care leavers in total during this project. 40 responded to the surveys, we interviewed 9 young people, and also consulted with several more care leavers whose did not go forward to formally involve themselves in the project. We feel that this base gives us a strong set of data to analyse and make recommendations from, although we also feel that the numbers could have been even higher and the range even wider if it had not been for the pandemic. Most importantly, though, this is a robust and varied collection of the voice of Greater Manchester care leavers and their views on how they are supported with their mental health. We believe that this collective voice holds a lot of power.

We have used this collective voice to put forward a set of recommendations based on our findings. We have made recommendations throughout this report, but will coalesce some of these into key recommendations at the end of this conclusion.

Another key objective of the CLOUD42 project, from its beginning as part of Barnardo's Triangles project, was to support a small group of care leavers through providing peer-to-peer support, the support of trained mental health professionals, and the opportunity to take part in important work that could cause transformational change for care leavers. We believe we have also met this objective.

The young people in the group chose the name CLOUD42 when our group was just a few weeks old. This stood for Care Leavers: Opportunities, Understanding, and Development at 42nd Street. We believe that the group has provided all of this to its members and to the care leavers we spoke to for this project.

The group members had the following things to say about their experiences of taking part in CLOUD42's research project:
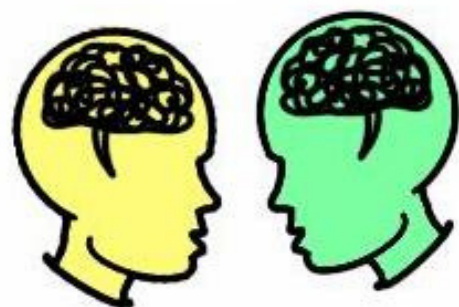
**Dan Walsh**

'Being in CLOUD42 has helped me to feel like I have my own community. The feeling of making a significant difference has helped boost my own mental health as well.'

**Neelam Mahmood**

'All the opportunities have been really great. And the group always keeps us aware of other things that are happening for care leavers. And the research skills that I will take forward have been great.'

*Ezra Rose:*

"

'All the research opportunities I have had have been amazing - and also the opportunities that have been presented to me through CLOUD42 such as the other research I got involved, the training, the evaluations, and the interviews.

Being in CLOUD42 really motivated me to take up these opportunities. And the other thing I really like about the group is that it kept me motivated to campaign for care leavers. I think without this I would have felt really disconnected as I haven't heard from my Leaving Care Worker in six months and it is really hard to find other care leavers to connect with usually.

It's so isolating being a care leaver so it's really nice to meet other care leavers and work with them to improve things. And I feel like I've had opportunities to raise awareness through 42nd Street and CLOUD42.'

"

'It's so isolating being a care leaver so it's really nice to meet other care leavers and work with them to improve things.'

Ezra

# → Our Findings

Our findings show that there is some powerful and important work happening with care leavers in Greater Manchester. Many of the young people we talked to felt supported during the pandemic. This support also came from a variety of organisations and professionals with different young people singling out Leaving Care Workers, mentors, Mental Health Practitioners, staff from voluntary organisations, and Social Workers for praise. It was clear that many of the young people we spoke to felt supported by at least one professional.

But our research also showed there were gaps. The amount of people who shared that their mental health had declined during the pandemic, or those who felt that they had had problems with their mental health prior to the pandemic, was not reflected in the amount of people who were accessing or waiting to access mental health support. This suggests that much more can be done to get mental health support for care leavers in Greater Manchester.

Where there were issues with practice, we noticed that there was a common theme arising. Communication seemed to be a big issue. Many of the young people felt that they could not communicate with their Leaving Care Worker about their mental health – there were various reasons for this, including young people being made to feel they were not a priority, young people not feeling that their workers understood their mental health or knew how to talk about it, and young people feeling that their mental health was ignored. Similarly, it appears that mental health services do not always know how to communicate with care leavers about their experiences and their needs. Care leavers also believe that neither leaving care services nor mental health services are doing enough to communicate with care leavers about what support is available for their mental health.

Care leavers in Greater Manchester require a more bespoke offer for their mental health than is currently on offer and care leavers' mental health needs to be considered at every level of their support. No support can be fully successful without considering how it affects the mental health of care leavers. A key example of this from our research comes from the young people who felt that their mental health needs were ignored because they were at university and it was assumed that this meant they were doing well, without that conversation being broached. They were supported to access education but not to deal with the stresses and anxieties that come with their learning.

In conclusion, our main finding is that the pandemic showed us that mental health support was not accessible enough for care leavers and that this is a long-standing issue.

Those who are working directly with care leavers need to be better equipped to deal with mental health issues when they arise and we need to ensure that those examples of good practice that we have seen are the rule and not the exception. Mental health organisations, in turn, need to find ways to make their services more accessible and more appropriate for care leavers.

We have discussed ways this could be done throughout this report, but will return to that in our key recommendations.

There is one more finding that CLOUD42 wanted to highlight, but which has not yet found a space in our previous sections.

During our surveys we asked the respondents to rate their satisfaction levels when it came to the support they have received from leaving care, mental health, and other services, and around 45% of the respondents chose one of the answers that ranged from somewhat satisfied to very satisfied. In many cases, though, this seemed to show a discrepancy with their other answers. For example, several young people said they were satisfied at the same time as answering another question in which they said their worker had not prioritised their needs during the pandemic. Or, in other examples, we saw young people saying that their mental health had declined, they had not been supported to access mental health support, and their worker did not know how to talk to them about their mental health. But then they would still say that they are satisfied with their support.

**CLOUD42 are concerned that this shows that care leavers have grown used to a certain level of support and have learnt to accept this.**

The group members feel that this chimes with their experiences as care leavers. There is a sense among the group members and the care leavers we have spoken to as part of the project, that the level of service they have been receiving for so long is not going to change and that they need to be satisfied with what sometimes feels like they bare minimum.

While recognising the amazing work that is often done by individual professionals, there is a feeling that the system and the barriers are beyond any one worker and that they should be satisfied with the support as it is because it is better than nothing.

> While recognising the amazing work that is often done by individual professionals, there is a feeling that the system and the barriers are beyond any one worker and that they should be satisfied with the support as it is because it is better than nothing.

In this report, CLOUD42 feel they have shown some avenues for change that could improve support and they are hopeful that services will be responsive to this.

They feel that the pandemic has given an opportunity to see how the issues with mental health support are affecting care leavers as a group rather than just as individuals, and that this shows that big improvements can be made if services listen to the voices of care experienced young people.

They hope that services will listen to their recommendations.

## Key recommendations:

- Mental health services to offer specific waiting lists and workers to care leavers and care experienced young people to create a shorter route to support

- Leaving Care Workers and all staff supporting care leavers to be given training on discussing mental health with their caseloads and noticing signs that people need support with their mental health

- Mental Health Services to train all staff who could work with care leavers so that they understand the care system and the experiences of care leavers

- Services to employ staff and volunteers who are either care experienced or have experience of working in the care system

- Organisations that work with care leavers to offer work and volunteer opportunities to care leavers so that they are better represented in services

- Leaving Care Workers to regularly discuss mental health referrals and options for referral with every young on their caseload, potentially at the time of pathway plans

- Care leavers who identify isolation as a key factor in their mental health to be offered more regular support

- Organisations to provide peer support groups for care leavers facilitated by care leavers and supported by mental health professionals

- Local authorities to provide appropriate equipment to all care leavers who wish to attend groups or one to one mental health support remotely

# → Progress so far…

As this project has been undertaken by young people and workers at 42nd Street with funding from Barnardo's, 42nd Street have been able to get ahead of some of these recommendations and begin improvements to their offer for care experienced young people.

To end this report, we wanted to highlight some of the progress that has already been made:

42nd Street will also facilitate a peer-to-peer support group as part of this project, with a care experienced young person as a co-facilitator

CLOUD42 will be creating a 'What Is A Care Leaver' training package – 42nd Street workers will be the first trainees

Extra funding was provided from Barnardo's for 42nd Street to trial a short-term one-to-one support offer for care leavers in Greater Manchester. This has been completed.

Young people from CLOUD42 are being trained to co-facilitate the group going forward – they will be paid for their work

Training has been offered to Leaving Care Services and some has been completed – more to follow

Since CLOUD42 began, a new service at Salford Leaving Care has been established. This will be an innovation project looking at improving access to health services for care leavers. 42nd Street will be providing a one-to-one worker to provide mental health support to Salford care leavers.
This worker is a previous Leaving Care Worker with a strong understanding of the care system. There will be a specific waiting list for the care leavers referred to this service.