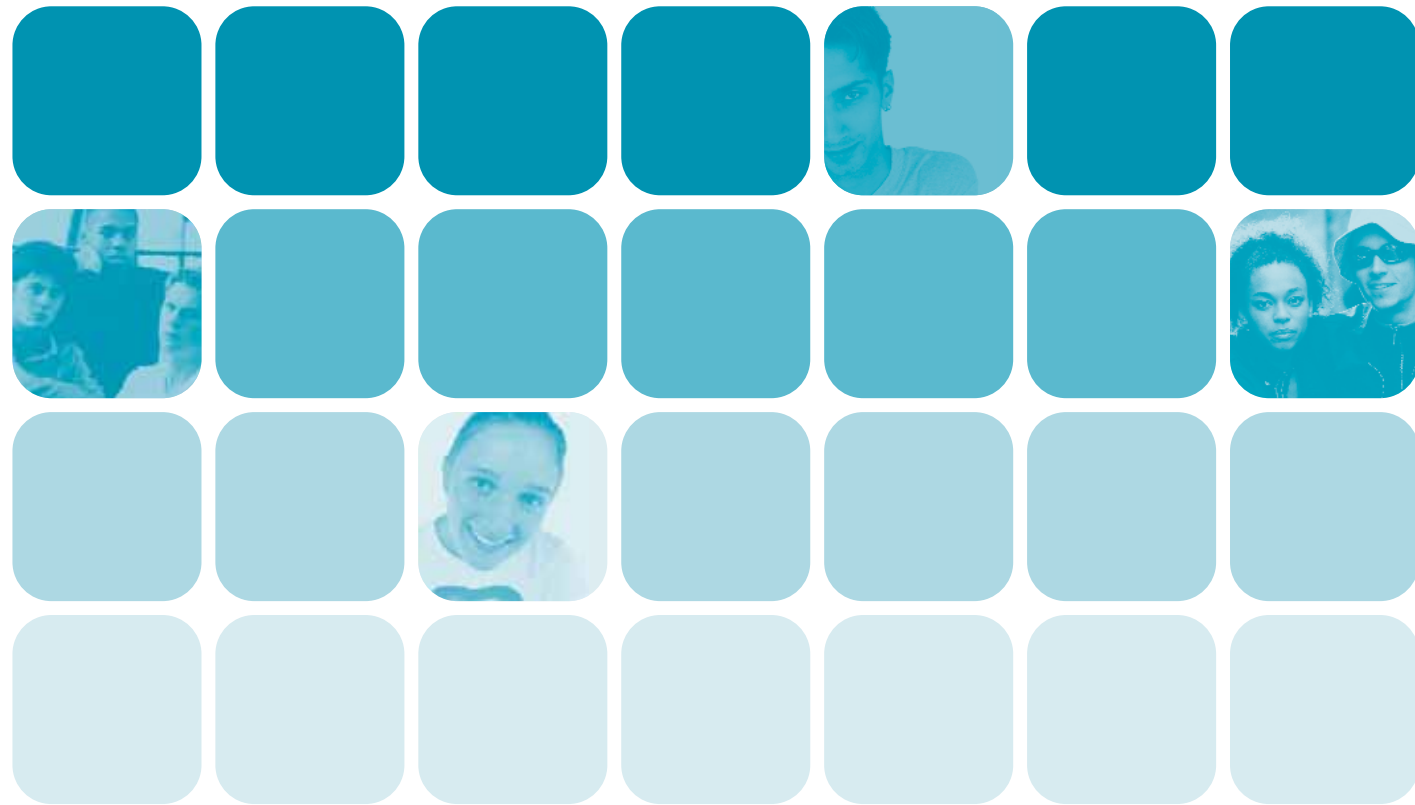



Evaluation of Edinburgh Connect



Summary



Edinburgh Connect is a mental health service which works in partnership with residential care staff and foster carers to promote and enhance the mental well-being of looked after and accommodated children and young people.

The Edinburgh Connect Team

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Summary



This paper summarises the independent evaluation of Edinburgh Connect by the Scottish Development Centre for Mental Health. Copies of the full report are available from both Edinburgh Connect and the Scottish Development Centre.

1. Mental health of looked after and accommodated young people

A brief review of available research on the mental health of looked after and accommodated (LAAC) children and young people identifies the following significant factors in considering the role and impact of Edinburgh Connect (EC):

- There are relatively high levels of mental health problems among young people who are looked after and accommodated and to a lesser extent among those in foster care
- Early experiences that lead to young people being LAAC can be risk factors for poor mental health in childhood and later in life
- Being looked after and living away from home can itself have a detrimental effect on mental health and well being
- For some young people a period in care has a detrimental effect on subsequent life chances
- There are difficulties in securing access to mental health advice, support and treatment for LAAC young people for a range of reasons that include resource pressures but also relate to the differing world views and language in Child and Adolescent Mental Health (CAMH) services and LAAC services

- There is often a lack of awareness and understanding about mental health among care staff and foster carers, for example understanding of how prior childhood experiences and early attachments affect subsequent feelings, thoughts and behaviour.

2. National context

The recent national Framework for Children and Young People's Mental Health in Scotland affirms that some groups of children and young people are at greater risk of developing mental health problems than their peers, and those who are or have been looked after or accommodated are among these. To ensure that these children and young people are able to access support for their emotional and mental health needs, additional support or specific action will be required. The service elements deemed necessary to achieve this include:

- The provision of training and consultation on emotional and mental health needs for residential care workers and foster carers (among others)
- Accessible and confidential support for LAAC children and young people who are feeling troubled



- Explicit arrangements within each NHS CAMHS team for looked after and accommodated young people, including referral protocols and arrangements for care planning and review
- Liaison between specialist CAMH services and services for LAAC children and young people, including multi agency planning and commissioning to ensure the development and delivery of accessible and appropriate mental health responses for children and young people in local authority care.

Recent years have seen the development of a range of services across the UK including several in Scotland to address LAAC mental health. These take a variety of forms.

In Lothian the Residential Healthcare Project (2002) identified considerable levels of unmet mental health needs among LAAC. The project recommended increased multi-agency prioritisation of LAAC health needs, through promotion, prevention and care and treatment. Changing Children's Services Funding was used to develop a response to address the mental health needs of LAAC, in ways that would develop service capacity, understanding and culture. This signaled an awareness within Social Work and its partner agencies of the need to address mental health issues for looked after and accommodated children and young people, both by enhancing capacity to respond to identified needs and by enhancing the care environment to promote better mental health.

3. The Edinburgh Connect Model

3.1 Aims

Edinburgh Connect aims to:

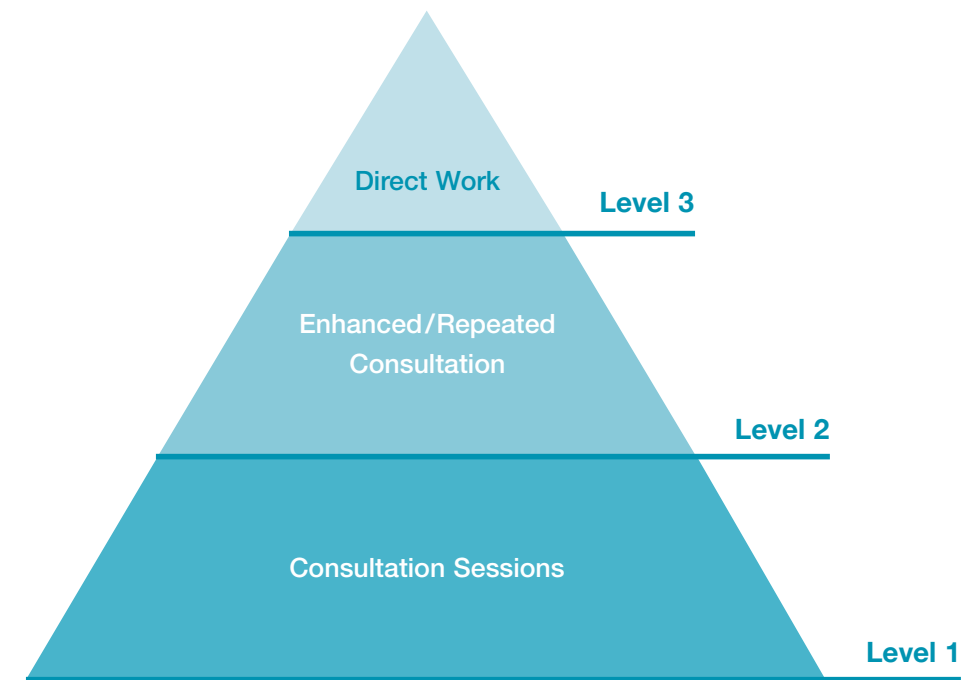
- Support residential care workers and foster carers to meet the mental health needs of looked after and accommodated children and young people,
 - through consultation and co-working
 - by identifying tools for assessment and processes and frameworks to support the delivery of therapeutic interventions
 - by working with staff and carers to identify and address training needs related to mental health
- Contribute to strategic and operational development of services to improve LAAC mental health.

3.2 Staffing

The team comprises: a team co-ordinator, three senior mental health practitioners and a team administrator, plus one session consultant psychiatrist input per week and a Specialist Psychiatric Registrar on 6 monthly attachment. A short term funded psychology assistant was engaged to review and compile tools and resources for use by residential care staff.

3.3 Service model

The pyramid has been used by Edinburgh Connect to illustrate their working model.



Most of the work takes place at Level 1, through regular three weekly consultation sessions with Residential Care staff. Level 2 consultations involve more in-depth, follow-on consultations with key workers. The team is also available out with consultations, to offer telephone advice. The team also offers training to staff, for example on mental health awareness. At Level 3, Edinburgh Connect works individually with young people in the residential units. This is a relatively small element of the team's work.



4. Evaluation aims

An evaluation was commissioned from the Scottish Development Centre for Mental Health with the following aims:

- To track the progress of EC in relation to its objectives and inform the continuing development of the Edinburgh Connect service
- To identify, from the perspectives of a range of stakeholders, the factors that facilitated and inhibited the effectiveness of the team and the achievement of its objectives
- To identify key learning points and recommendations for the longer term development of local service responses to meet the mental health needs of looked after and accommodated children and young people.
- Space and privacy to be alone and have opportunity to take time out to calm down and get away from the noise and disruption of unit life
- Feeling safe and secure: because of earlier experiences of not feeling safe, it could take time for young people to build trust in staff and other residents. Persistence on the part of staff in continuing to offer support, build up trust and ensure young people were not exposed to bullying were key
- Feeling listened to and respected: young people wanted to feel that their views and concerns taken seriously
- Leaving care: care leavers highlighted their need for ongoing emotional and practical support after leaving the residential units.

Residential care workers identified three sets of issues that influenced the mental health and well being of their residents:

- Relationships and attachments: stability in the home/school environment and continuity of valued relationships; parenting styles to offer the young person care, love, safe boundaries and support to allow the young person to grow and develop; supportive peer relationships
- Life circumstances can have a detrimental effect on the young person's physical and emotional development and their exposure to risks such as abuse or neglect, or substance misuse

5. Key results

5.1 Perspectives on mental health of LAAC

Young people

Young people highlighted a number of themes that they regarded as important for their mental health and well being while in residential care:

- One-to-one support with dedicated uninterrupted time with a member of staff you could trust, to talk through problems. It was also important that this supportive listening was available in ways which were acceptable to the young person

- Psychological factors, including self esteem, self confidence and exposure to stress: being in a residential unit is in itself a stressful experience.

The challenges of attending to these issues in a residential care environment were held to be considerable, for example the setting can create an artificial peer group for young people, where dynamics are often very intense and can influence a young person's behaviour. Care workers highlighted admission as a critical time when the young person required support to adjust to the way of life within the unit, to feel safe and in time to begin to deal with the experiences and circumstances which had led them there. In the longer term, to be able to address mental health effectively, staff needed confidence and skills to know how to deal with challenging behaviour, how to recognise when a young person was experiencing mental health problems, and how to broach mental health issues with young people. It was also felt that staff required skills and experience to be able to work with young people's behaviour where this caused concern.

Units were perceived to have a responsibility to promote positive mental health and positive attachments, as well as being able to respond to problems and difficulties. Staff were aware that the physical and social environment and the care practices within the unit could create conditions conducive to good mental health through activities that focus on general well-being and through creating

opportunities for staff and young people to develop trusting relationships. Unit ethos and culture were viewed as key in facilitating good communications within the staff team and with residents and in promoting opportunities for the development of skills, knowledge and confidence through discussion, critical reflection and access to formal training and reading materials.

Edinburgh Connect approached their work on the understanding that LAAC children and young people may have experienced a lack of consistency, predictability and protection in their lives and had limited opportunities to grow and develop and to feel safe and valued and as a consequence could have difficulties in relating to the world and to other people. For EC it was crucial to recognise that early experiences could impact on mental health and on current behaviour as could the experience of being looked after. The team's approach was to seek to understand why a young person might be behaving in a certain way and use this as a guide in devising strategies to help and support the young person, rather than focusing more narrowly on managing behaviour.

Foster carers highlighted two main types of experiences which in their view affected the mental health of the children in their care:

Bereavement, loss and feelings of abandonment for example: a death in the family; feelings of rejection from birth





parents, or indeed from other foster and adoption families where placements had broken down; coping with separation from siblings or friends. Experiences of loss, disruption and change affected children's ability to make attachments in the present. Depression and problems with identity were also highlighted as potential consequences. Some children were considered to be afraid of having to leave their current placement. Moving on from foster care at the age of 16 was highlighted as particularly stressful in this regard.

Experience of abuse or neglect meant children required support to help deal with their pasts, although it was not always clear to carers and workers whether this constituted a mental health issue. Experiences of abuse or neglect were exhibited by children in a number of ways, particularly as self harming behaviour (manifested in all ages of children), in challenging behaviour (sexualised or aggressive behaviour, lying, running away etc); and in developmental difficulties (difficulties with speech and communication, play, relationships).

The number of Level 1 consultation sessions undertaken by Edinburgh Connect with RCUs increased considerably from Year 1 to Year 2 whilst the number of children and young people discussed decreased by a half. This suggests that Level 1 consultations had become more in-depth. The number of Level 2 (enhanced) consultations decreased slightly, but more cases were discussed.

In relation to direct work with young people, the number of sessions increased from Year 1 to Year 2 by a third and the number of young people seen also rose from 18 to 28. Figures for the first half of Year 3 show a continuing rise in the number of young people engaged in direct work (26 in the space of six months). Level 3 work tended to be relatively intensive and involved on average five to six consultations per young person. This compares with two to three meetings on average per young people discussed at level 2 consultation and on average two sessions per young person at Level 1. Level 3 work also involved an element of family work: 14 of the 187 Level 3 consultations in Year 2 were family sessions as were 13 of the 131 sessions undertaken in the first half of Year 3, involving three families.

Taken together these figures would suggest that over time Edinburgh Connect developed a more intensive and more focused service, working in greater depth with the unit staff, with young people themselves and their families.

Impact

Edinburgh Connect achieved positive impacts both through its capacity building role and through the direct work undertaken with individual young people, their families and carers, as follows:

Capacity building

- Enhanced awareness of mental health in general among residential staff
- Development of staff skills and confidence (observation, identifying issues earlier)
- Reassurance and support for unit staff about strategies they can use to support young people for example at points of transition
- Better information about a young person's background, leading to enhanced understanding of reasons behind behaviour and of appropriate responses. This was particularly welcomed by those working with a young person at points of transition
- Clear pathways had been mapped out to facilitate access to appropriate levels of advice and or input for young people in relation to mental health
- Access to wider range of resources and services to support young people.

5.2 The Edinburgh Connect model in action

5.2.1 Building capacity in residential care

Activity

The tables below present details of the volume and level of work undertaken by Edinburgh Connect in supporting 15 Residential Care Units (RCUs) and indicate trends over time.

Table 1: Number of consultations

	No. of consultations 2003-2004 (Year 1)	No. of consultations 2004-2005 (Year 2)	No. of consultations 2005 (6m only) (Year 3)
Level 1	167	243	121
Level 2	140	127	58
Level 3	138	187	131

Table 2: Number of young people discussed

	No. of YP discussed 2003-2004 (Year 1)	No. of YP discussed 2004-2005 (Year 2)	No. of YP discussed 2005 (6m only) (Year 3)
Level 1	227	112	67
Level 2	46	58	34
Level 3	18	28	26



Direct work

- Young people valued the opportunity to talk to a member of the EC team as a neutral source of support and to have some protected time outside of the busy life within a residential unit
- Access to the team had lowered the threshold for young people to get help with mental health issues
- Input from EC was thought to help young people manage difficult stages in their lives such as transitions to new placements
- EC was able to support the young person in his or her relationships with other family members and friends.

5.2.2 Building capacity in foster care services

In the 12 months to March 2005, EC undertook 88 consultations with foster carers, in which 57 children were discussed.

Impact

Foster carers and the resource workers supporting them reported that they gained the following from consultation with EC:

- Reassurance and support in caring for the child. This was important in enabling carers to be more relaxed when caring for the child
- More information about the child they were caring for and increased knowledge and understanding of the child's mental health needs

- Strategies that could be used to support the child and manage behaviours that might be problematic.

The child in foster care was thought to benefit as a result of carers' being better equipped to support them, being less stressed and more confident. In addition the intervention of EC ensured access to other resources. It was anticipated that, by assisting in these ways, EC could be instrumental in preventing placement breakdown.

5.2.3 Putting Edinburgh Connect on the map: relationships with other services

There was evidence from a range of sources that EC had developed good working links with most other services that supported LAAC, including the nursing service, education service and the reviewing team. There was considered to be scope to build stronger links with the through care and after care team although this had resource implications.

There was a shared concern among services to ensure that the many different inputs and resources available to work directly and indirectly with LAAC young people were sufficiently co-ordinated in assessing needs and in planning and delivering support.

EC's working relationship with CAMH services had grown in strength in last 6-9 months in relation both to day to day working with young people and wider operational management issues. Differences

remained however between EC and care services for LAAC on the one hand and CAMH clinical services on the other in the way in which mental health is construed, priorities set and responses framed. One consequence of these differences was that the EC model was not universally supported within CAMH services and some senior clinical service managers retained concerns that the resources invested in EC would be better utilized for direct case work, more closely integrated with CAMH services.

6. Conclusions

6.1 Achievements

EC was set up with a brief to undertake capacity building with residential and foster care services, to enable these services to address mental health needs and to promote good mental health. This model is in line with approaches advocated in the recent national Framework for Children and Young People's Mental Health (Scottish Executive, 2005).

In its two and half years of operation the service had become well established and well known. The capacity building model had been refined and developed over time, but the team retained a strong focus on this core function in its work with residential units and with foster care services. Using a range of methods, effective relationships had been established to enable EC to work on a regular basis with all units.

The evaluation indicates that on the whole the team was working successfully with residential care and foster care to promote better understanding of mental health and to improve responses available to young people who experience mental health problems.

However units' levels of engagement with the service were not consistent. This appeared to be a function of unit culture and management and leadership style rather than a measure of the mental health needs among young people in those units.

The establishment of the EC service had taken place against a background of considerable structural change both in the local authority child and family services (with the reshaping of departmental structures and the review of residential care) and in the CAMH services (with the integration into a single management structure of Child and Family Mental Health Services and Young Person's Unit services). Despite the challenges associated with change of this order, these developments heralded new opportunities for EC to become more firmly embedded in the new structures.

The rationale driving the review of residential care to promote a service that can actively strengthen attachments and give greater primacy to family relationships of young people underscored the important role of EC as a resource to support residential and foster care to achieve these goals.



Summary of key achievements

- Increasingly effective use of consultation by units
- Improved confidence among residential staff and foster carers in dealing with mental health issues: understanding behaviour and knowing how to respond, feeling more confident in caring role
- Observable improvements in carers' skills e.g. observation, care planning
- Improved access to mental health expertise and support for young people
- Young people have a consistent source of support at a time of change or transition in their lives
- Smoother interface between residential care and CAMHS
- Fertile ground laid for implementation of the attachment model proposed by the review of residential care.

6.2 What makes EC effective?

The evaluation findings indicate that the following characteristics of the EC service have contributed to its success:

- Becoming embedded through regular contact with units
- Credibility and effective working relationships established with units
- Paired working in consultation brought access for the units to a breadth of experience and expertise and for EC team members assured mutual support and opportunities to share ideas and knowledge
- Ability to offer multiple levels of support and differing types of intervention to assist units in developing their capacity to address mental health

- Ability to work with immediate mental health issues including crises and also to build capacity in the longer term to support and promote mental health for all LAAC young people
- Infrastructure to support relationships in the form of service agreements and link workers, although the potential of this has yet to be fully realized
- Multidisciplinary in composition, that includes psychiatry but is not consultant led.

Edinburgh Connect was able to live up to its name in creating and sustaining connections on multiple levels:

- By bringing information to bear, which was previously lacking. This includes information about the young person's

prior experiences and their family relationships, about services and resources, and about the types of responses which could be used to support the young person's mental health

- By linking prior experiences and new placements and providing continuity
- By increasing understanding of the link between what is going on for the young person and what their behaviour may be manifesting or expressing about their own thoughts and feelings and about their past experiences.

6.3 Issues for the future

6.3.1 Residential care

There are concerns that the continuing variability in ownership and engagement of units has led to inequities for some young people, for whom access to advice and support with mental health issues may be compromised.

Unit ownership of mental health and engagement with EC require support and commitment from senior management in Child and Family Services. This is critical to continue to build and sustain capacity within units and to promote and protect the quality of care provided by ensuring that issues and concerns that emerge through the work of EC can be effectively addressed.

Targeting and focusing will continue to be a critical issue for EC within a reshaped residential care service to maintain the desired balance among the following components:

- Direct work and indirect work, involving consultation and training
- Responding to crises and immediate mental health needs and working in the longer term to ensure that as far as possible the experience of being looked after and accommodated is mental health promoting
- Focusing on transitions, not only new admissions but also those moving on from care
- Focusing on those young people who may be most vulnerable e.g. those in secure care.

The review and proposed reorientation of residential care provides an opportunity to ensure that the promotion of mental health and well being of young people is a priority and EC would be a key resource to support this.

There is a need to consider how best the voice of young people can be strengthened to inform how services work with mental health issues. There are opportunities that could be used, to draw more effectively on the views and experiences of young people who have been in care.



6.3.2 Foster care

The service has been well received by those involved in supporting foster care placements. However questions remain about the relative priority and proportion of resources attached to this strand of the service. Options to enable the support offered to stretch further include offering a training programme for foster carers.

6.3.3 Strategic responses to LAAC mental health

The integration of CAMH services and the development of a pan-Lothian strategic group for children and young people's mental health afford an opportunity to arrive at joint agreement on and support for Edinburgh Connect. Its work has thrown into relief the difficulties and challenges still to be addressed, to improve how services respond collectively to LAAC mental health. Progress here is likely to be contingent on a number of factors: establishing a shared strategic vision and direction for development; closer integration; and a stronger emphasis on prevention and early intervention.

Strategic direction

Clearly defined strategic plans and objectives for children and young people's mental health are required, to enable service managers and practitioners to make informed judgements on prioritisation. The current lack of clarity can make it difficult to achieve a shared view across agencies about collective and individual agency responsibilities towards LAAC

mental health and make informed judgements about the 'best place' for Edinburgh Connect in the longer term. An overarching strategic framework for children and young people's mental health in Edinburgh would clarify roles and inter relationships between different services

Integration

Closer integration is needed between health, social work and the voluntary sector supported by commitment at senior level to take a joint approach to address the mental health needs of children and young people to allow the particular requirements of LAAC to be jointly agreed and prioritised appropriately by health, education and social work services.

Prevention and early intervention

The review of residential care has drawn renewed attention to the importance of prevention, early intervention and working upstream, to maintaining family and community connections for children and young people who become LAAC.

EC has much to contribute to the challenges that lie ahead for residential and foster care within the wider system of support for children and families to ensure that the mental health impact of placement decisions and of care environments is fully considered. The service has demonstrated what can be done by combining direct work with young people with capacity building to enhance skills, knowledge and confidence that support care practices and care environments that promote and protect mental health.



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