



## What support do care leavers want as lockdown ends?

### An outline of key messages for service providers from the Beyond Lockdown Study

#### Introduction

Many young people leave the care system feeling unprepared, financially insecure, in poor mental health and without the support networks most of us take for granted. This may leave care leavers particularly vulnerable to the effects of the Covid-19 pandemic and lockdown.

Via a national online survey (n=134), followed by online workshops with care leavers in the KSS region (n=10), Beyond Lockdown investigated the impacts of the pandemic on care leavers' daily lives, connectedness, mental health and well-being and asked care leavers what support they need as lockdown ends.

Here we summarise the key messages for service providers which we hope will be invaluable in offering relevant, targeted support that enables care leavers to thrive after lockdown.

More detailed reports are available, including sample demographics, method, impact and key messages for other care leavers. Data analysis is ongoing, and an article is being prepared for submission to a journal.

#### Summary of key messages to service providers

Participants offered service providers clear, practical guidance to support care leavers as lockdown ends: **what** the main support needs are, **who** is best placed to offer support and **how** best to deliver it.

#### \*What?

**Mental health** was seen as *'one of the biggest issues'* and a priority area for post-lockdown support.

*'Feel down and low, can't see people, eat crap, not doing anything, bored, worried about going outside.'*

70% of survey respondents reported a deterioration of their mental health during lockdown; 45% screened positive for possible clinical depression (PHQ-2) and 43% for possible clinical anxiety (GAD-2); well-being scores were lower than average (SWEMWBS). Care leavers described losing motivation, self-esteem and confidence, difficulties sustaining hobbies/interests and uncertainty going forward.

**Employment, education, training:** many students and workers struggled with home working during lockdown, describing poor concentration, poor WIFI and internet problems, limited access

to resources, loss of routine and isolation. Care leavers would like training to help regain/learn presentation, communication and CV-writing skills in an even more competitive environment.

**Finances:** 31% of survey respondents found it harder or impossible to earn money/receive benefits during lockdown; 23% found it harder or impossible to pay rent or bills. Workshop participants also described price increases and additional costs such as home internet, difficulty paying bills and obtaining benefits. Financial support and advice will be needed as lockdown ends.

**Housing:** 22% of survey respondents did not feel safe where they were living and feeling unsafe in housing was associated with poorer mental health; 31% had changed accommodation during lockdown, one third of those to live with family. Workshop participants voiced concerns that some may have gone back to '*a bad family situation*'. A lockdown move may result in a placement being lost, so participants urged services to identify and support these young people after lockdown.

**Social connectedness:** over half of those who completed the survey often/always felt lonely during lockdown. Loneliness was associated with poorer mental health. Workshop participants thought care leavers will need help to reconnect after lockdown, but that loneliness could be a barrier to reconnecting and progressing as lockdown ends.

**Physical health:** 40% of survey respondents reported deterioration of physical health during lockdown; 77% reported disrupted sleep patterns during lockdown; 42% found it more difficult or impossible to exercise; 38% had difficulty accessing medicines. Post-lockdown support would be valuable.

### \*Who?

**Personal Advisors (PAs):** participants identified PAs as a crucial source of support and information. Although some described positive PA relationships, there was widespread acknowledgement that many are poor and the PA is perceived as a '*stranger*' who only checks in '*when something needs to be done*'. This '*tick box*' service lacks '*emotional connection*' and when this is the case, '*I'm not going to tell my deep feelings*'. Care leavers want their PAs to be available, to listen without judgement, to understand, and keep them informed about the range of support available to them.

Care leavers suggested training for PAs could help them recognise signs of distress and mental health difficulty, and a guide to ensure they ask about important issues such as mental health, loneliness, and sleep. Several CLEWG participants endorsed the value of care leaver involvement in PA recruitment and training.

Participants suggested that PAs need to invest time getting to know, and connecting with, each care leaver. This could be as simple as a PA remembering the young person's interests and talking about those on subsequent visits. They put forward the idea that, if PAs and care leavers could be matched, rather than allocated, the all-important '*emotional connection*' would be more likely to develop – and from there genuine care and concern.

**Peers:** care leavers would prefer to talk to their peers, to '*have someone there as a friend rather than a professional*'. Workshop participants, all members of local authority or university care leaver groups, spoke of the benefits of mutual support between care leavers because '*it helps people to open up if their experiences are relatable*'.

Workshop participants discussed a possible role for peer support in the post-lockdown transition. Care leaver peer support workers could act as a bridge between services and care leavers to build confidence, help care leavers consider their needs, provide a listening ear, and help them take first steps *'before the big guns'* (services). However, they thought that peer support workers would need to be well-supported, trained and supervised by professionals. There was agreement that befriending was more appropriate than mentoring.

**University/college staff:** many students identified university and college staff as important sources of support during lockdown, especially when they had been proactive and offered *personalised* support. University-led Zoom drop-ins for care leavers had been valuable *'you turn up if you want to, leave it if you don't. It's just really useful to be there.'*

#### **\*How?**

Care leavers do not want to be forgotten or abandoned, *'the best support is keeping in regular contact'*. They need reassurance that support will be there *'no matter what'*.

**Be proactive:** because many care leavers find it difficult to ask for help or confide problems. Participants suggested reasons for this reticence, including fear of looking weak, fear of compromising independence, poor insight, lack of trust in professionals and lack of confidence. Services need to *'make the first move'*, to *'start the conversation'* around sensitive issues like mental health and loneliness – it is easier to answer a direct question than to instigate a conversation. Care leavers would also like services to take a proactive role in informing care leavers of their rights and the range of support options available.

**Personalise the support:** because no *'one glove fits all'*. As one young person explained *'we all have complicated issues: coming at us all with the same approach won't work.'* If support is not personalised, care leavers won't *'care or connect'* or take it seriously. Flexibility was considered key to a personalised approach as was reassurance that PAs are available if needed.

**Enable small steps to independence:** Readjusting after lockdown will be difficult for care leavers who are feeling anxious, depressed, demotivated, low in confidence and self-esteem. They would like support to enable them to take small steps as lockdown ends with the aim, albeit gradually, to foster independence. One young person explained that care leavers want to feel a sense of achievement *'I did it by myself – so you don't feel like someone did it for you – you did it for yourself'*. A self-help booklet and website were suggested as useful resources.

**Face-to-face:** Care leavers stated a preference for face-to-face support, but if this remains restricted, individual online support is acceptable, via text/instant messaging, Skype/Zoom or social media sites like Twitter, Facebook or Instagram. Only 10% indicated that they would *only* engage with face-to-face support. Workshop participants acknowledged the usefulness of video calls during lockdown, but explained *'if there is a genuine issue, it's not good to talk to a screen, face-to-face is better, more personal.'*

**Accessible:** Several participants emphasised the importance of clear and accessible health-related information. They suggested YouTube videos or other interactive materials rather than lengthy documents. Some care leavers explained that they had lost touch with regular sources of health information and, during lockdown their eating, sleeping and exercise patterns had suffered.

Free outdoor workout sessions were suggested to provide safe opportunities for care leavers to meet informally and provide a non-patronising space to share health tips and address health concerns or misapprehensions, specifically around Covid-19.

## **Group differences**

Data analyses suggest that, on some indicators (for example mental health and loneliness), female care leavers and those who identified as having a disability may have been affected disproportionately compared to others. However, students reported better mental health and well-being.

We have limited data from care leavers who are unaccompanied asylum-seekers (UASC). Three were supported to complete four key questions from the survey, and one workshop participant who was employed in a participation role by a local authority. The initial three described a lack of supportive visits during lockdown, difficulties with laptops and stressed the importance of home office support with their applications as lockdown eases. The UASC workshop participant expanded on the technology problem: *'Even if they have access to [technology] they think, 'Oh my God, I don't know how to use this laptop, I don't know Zoom or skype' ... I came from another country where I had never even used a smartphone, so it is a different world.'* They also described how cultural and religious influence and stigma, particularly around mental health, may act as barriers to help-seeking.

## **Summary**

After a long, difficult lockdown, many care leavers are feeling depressed, anxious, lonely, without structure and lacking in confidence. Many find it difficult to ask for help when they need it. Some want services to *'reach out'* because they find it impossible to ask for help, particularly if they're struggling with mental health difficulties. Others say *'leave us alone unless we ask for help'*. Knowing whether and when to reach out may be a challenge for services.

Participants suggest that meaningful, caring relationships are vital, particularly with PAs. Peer support networks may have a valuable role to play too. A focus on mental and physical health, reconnecting with others and providing practical support with daily living and accommodation is required. There should be a focus on care leavers who may be especially vulnerable at this time, including those with disabilities and unaccompanied asylum-seeking care leavers.

For more information, or for the full reports of the messages to services and messages to other care leavers, please contact:

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