

Kent County Council

The role of occupational therapy interventions with care-experienced young people



Executive Summary
November 2023

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This Executive Summary is an abridged report, of a fuller Research Report detailing a pilot research project, which commenced in 2023 within an active social care team in Kent supporting Care Leavers 18+.

Background and rationale

Research question: *Exploring whether trauma-informed Occupational Therapy interventions could assist care leavers in meeting their personal outcomes, by improving functional skills and emotional-regulation?*

Answered by: A role-emerging, service evaluation-style research project over 6 months with consenting care leavers. The pilot study utilised the skills of Occupational Therapy (OT) third year apprentices on 12-week placement (4 apprentices in total) supported by an experienced senior OT, with research experience. Care-experienced participants worked on their desired outcomes within an intervention period of between 6 and 10 weeks, following an assessment.

The lead researcher was Matt Bushell, Leaving Care Team Manager, Social Worker and embedded researcher in Kent County Council, funded 0.4FTE by the Kent, Surrey and Sussex Applied Research Collaboration (KSS ARC).

Kent County Council (KCC) 18+ Leaving Care Service supports around 2000 care leavers at the time of writing. It is the largest such service in the country - supporting young people in transition to adulthood, with more active support for 18–21-year-olds and following a 2018 UK government recommendation, supporting 22–25-year-olds, primarily in a less-active element. All care leavers are supported by a Personal Advisor overseen by a social work qualified Team Manager; there are also specialised workers in the service for Mental Health Social Work, Housing, Benefits, and Education, Training and Employment. Care Leaver apprentices (2) also work in the Service and were involved consultatively in this project.

Drawing upon Professor Mike Stein's (2008) research conclusions that a traumatic childhood with the lack of consistent familial security can cause longer-term adult issues around functional skills, confidence and wellbeing, we believe this can be mitigated by skilled OT support. Occupational Therapists (OT) have traditionally worked in Local Authorities within environmental adaptations, movement and handling

etc, but their very name calls for a wider appreciation of meaningful occupation and personal development as a key factor in their support; along with helping people to develop their function skills and their emotional regulation. This pilot built upon my 2015-17 co-produced (with Vann and Gasson) Research project on Autism and Enablement: an approach that has expanded in Kent to disabled children, adult mental health and the wider health neurodevelopmental pathway.

There is great need in this vulnerable cohort, and Care Leavers continue to be over-represented in areas of concern, likely related to harm in their formative years; nationally, the NSPCC (2021) suggest that 1/3 of care leavers become homeless in the first 2 years immediately after leaving care, and 25% of homeless people have at some point been in care. Only about 14% of care leavers go onto higher education, whereas 47% of non-care experienced young people do. 13% of care experienced young adults had a diagnosable disability condition (Kelly YOLO2022) and Barnardo's 'Neglected Minds' 2017 informs that '46% of the Barnardo's care experienced young adults, in the opinion of the Personal Adviser, had mental health needs.' We believe that the presentation of disability need is much higher than the YOLO study of diagnosed young people.

Consultative work within the service prior to the Research, suggested that the four principal areas of need for our care-experienced young people were: Housing and homelessness, mental health and reduced functional skills. This is further evidenced by Kent County Council data, that in August 2023: 10% of their Care Leaver cohort lived in unsuitable accommodation, inclusive of 83 young people homeless/sofa surfing; 39 young people were in prison; 578 YP were in no education, training or employment, without a mitigating factor noted i.e. parent, disability and presently unable to work.

National guidance augments further a need for enhanced focus on supporting young people care-experienced to develop in their confidence, interdependence, competence, wellbeing and personal outcomes. The UK government's Care Review, described that:

“ The disadvantage faced by the care experienced community should be the civil rights issue of our time. Children in care are powerless, are often invisible and they face some of the greatest inequalities that exist in England today ”

It also identified that many care leavers felt that they were forced out of a care too early and without learning essential skills. Even when care leavers felt that they left care at the right time, not all of them felt that they had the skills they needed. The document's Conclusion states: *'Care leavers need a gradual transition and to be taught the skills they need to live independently.'*





Development of the occupational therapy pilot

In 2022 Kent County Council were successful in applying for funds from the Applied Research Collaborative for Kent, Surrey and Sussex. Significant Patient and Public Involvement had commenced before the pilot to ascertain areas of unmet need for care leavers.

Matt Bushell, as embedded Lead Researcher (and Team Manager in a Leaving Care Team) completed a year of consultation with care leavers, Leaving Care staff, academics, the Kent Youth Council, the National Care Leavers Benchmark Forum, commissioners; and also consulted with Essex LA (Local Authority) who were the only other Local Authority to have experimented with a fixed-term Specialist OT in a Leaving Care service. She also contributed to our planning. An Impact log is available if needed.

There was no establishment resource of OT in the 18+ Leaving Care service for this pilot (Nor any other UK LA), so Christchurch University in Canterbury, Kent were contacted, who said that they would be happy to consider our Service as a student placement provision. Christchurch University and KCC agreed this needed to be ethical but did not need full ethical approval as it was a type of Research that was more a new service evaluation. An Induction was designed for the OTs which covered introduction to the services, specialist roles, and some knowledge on childhood trauma and interventions.

Further consultation was completed with the OT Apprentices, an OT senior lecturer/researcher from the University of Sussex, an OT qualified Personal Advisor, a care experienced Personal Advisor and internal Senior Management.

Methodology

A service evaluation research pilot ran from January to June 2023; the funding stretched to securing the services of a Senior OT supervisor to support the students in their practice.

Similarly to the Autism intervention, and dictated to slightly by the capacity of the OT Apprentices on 12 weeks placement, it was decided to make the assessment and support intervention around 6-10 weeks in duration; we took two sets of 2 apprentices; who had previously worked in social care and health.

A participation sheet was devised and agreed with all stakeholders. It covered much of the ethical points, use of data, opt in and out processes, concern escalation, means of thanks etc.

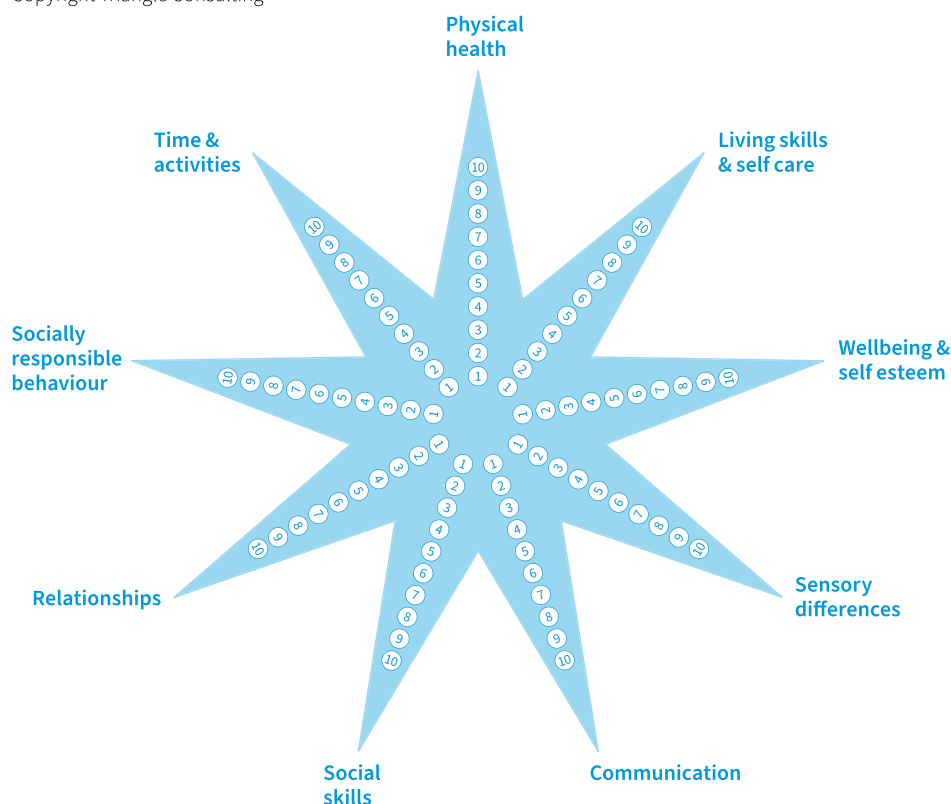
- **Measurement tools**

We elected to use the Outcome Star as a self-assessment measurement tool because the tool had already experienced significant research testing and was found by service users to be useful (Good and Lamont 2019, Bushell et al 2019, Triangle Consulting Research Library). The Young Person's Star was considered the best fit for care leavers. The Star was primarily useful as a Quantitative tool, where each participant self-assessed where they considered they sat within a scoring system set upon domains such as Health, How I feel etc. The higher the score 1 to 5, the greater the person felt that they could manage this area unsupported. The Outcomes that the young person chose to work on, did not have to relate to the lowest scored Star areas, but often they did, and it helped when they did. The initial, and end scorings of the Star would help to demonstrate a *Journey of Change* for the young person. Triangle trained all 4 OTs in its use.

A second measurement tool was a qualitative Exit/Final Interview, which was completed with each participant, and interviews were also completed by the Lead Researcher with the OTs, who also took feedback from practitioners in a joint meeting, as well as the OT supervisor and the Personal Advisors of the participants. The participant's Questionnaire was critically appraised by the Kent Youth Council.

Fig 1 – Example of blank Young Person’s Star

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In summary, the measurement of success in this project was both qualitative in relation to feedback from participants as to how beneficial the intervention was, and quantitative as regards the personal measure of a Journey of Change. Personal outcomes met were also considered a success criterion. The participants also benefitted from a Final Report detailing their progress and recommendations going forward; in reality these were gold standard and highly appreciated by the young people and their supporters. As added value, some participants whose needs warranted this also received a personalised sensory assessment.

- **Recruitment**

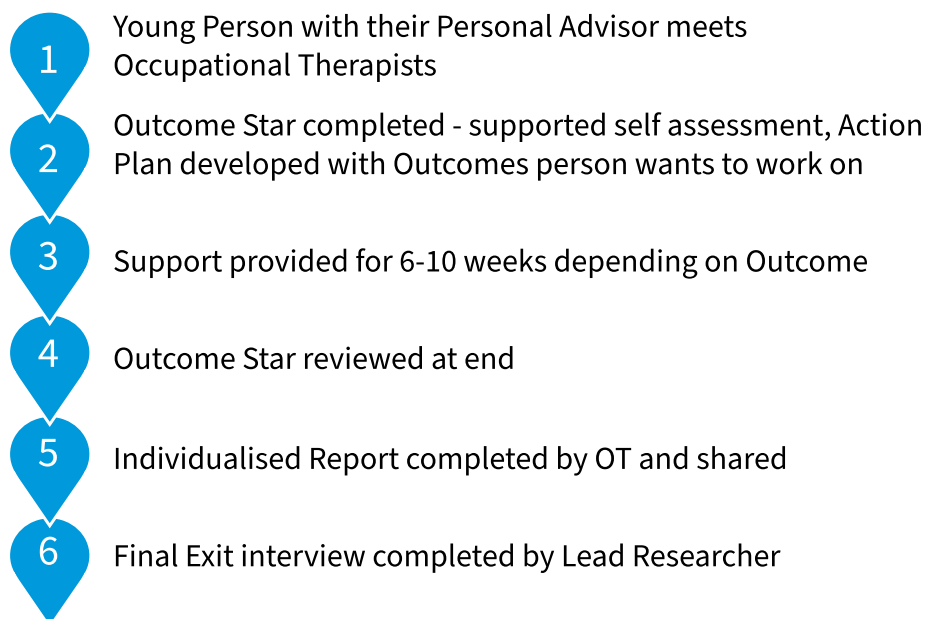
Consenting care leavers, after discussion with their Personal Advisors, became the research cohort. The Participation Sheet explained how we would keep them safe, anonymise their information and other aspects of participation. 14 young people were referred over three weeks prior and then we had to stop referrals. We accepted all referrals. Young People were given a gift voucher for their participation.

The young people were from an age range of 18-23 years. They had a range of need from no diagnosis but suspected childhood trauma, to mental health issues, to neurodiversity, to Cyclical Vomiting Syndrome and Ehlers-Danlos Syndrome.

- **Safety**

This research, being a service evaluation, a role-emerging study at that, did not need full ethical approval, but we still progressed as if we needed to, in respect of ensuring the young person's safety. A Participation Sheet was completed, signed by participants, explaining that we would only use the results of the research and their participation in a non-identifying way; and that we had good systems in place, in ensuring that if they did find it traumatic to challenge themselves in areas they may have held back from in the past, we would provide support or signpost to the right agencies. Key to this was the availability of our Mental Health Social Worker who the lead researcher supervised anyhow, and this professional also knew some of the participants. Between us, including a trusted PA, we had a wealth of resources we could refer people to, if our own efforts were not enough. PAs are obliged to be in touch with young people every six weeks, but often much more frequently than that.

Fig 2 – Agreed process for pilot



The Lead Researcher interviewed:

- 10 Young participants
- 4 OT apprentices
- 1 Senior OT

One Group of PA's at end, 7 PA's who had referred young people

And took feedback from fellow professionals, such as Specialist workers in the Service.

The findings below were discussed in a Service-wide conference, with consultation over recommendations for the way forward. 80+ staff and commissioners, and care leaver apprentices attended, and one of the participants spoke, as did the OT.



Evaluation of the occupational therapy pilot

The Lead Researcher met all the Young People in their homes for the Final Interview (except for one person who we agreed a phone contact because of ongoing hospitalisation), to see how they got on and what they felt about the key elements as described above.

The interview was between 1 and 5 weeks after the intervention ended. Even after the longer time, the impact of the intervention did not seem to fade from memory. Here are the areas supported, Fig. 3:

Fig 3 – Outcome addressed with Young People

Outcomes supported with young people

Mood	Confidence	Wellbeing	Cleanliness
	Budgeting		Transitions
	Work		Housing
	Anger	Health	Diagnosis
	Cooking	Equipment	
	Self help	Travel	
	Sensory	Carer support	
	Anxiety	Sleep	

In total, 14 Young people were referred to the pilot, 10 finished – and 8 agreed to participate in Outcome Star initial and final assessment. 4 young people asked to not complete the intervention, saying they had not the capacity to invest in it at this time, but two of the young people hoped it would be an offer again so they could engage later.

Fig 4 – Overall change per participants in Outcome Star

Outcome Star total score changes per young person



Fig. 4 displays the combined/total scores of all ten domains for each participant – Initial and Review scores. It can be seen that every participant who completed the Outcome Star Review either stayed the same, or improved. 63% of participants improved in their total/combined scores. 3 young people who did not self-assess that their lives had improved overall within in the Outcome Star scoring, all talked very favourably in the Final Interviews. For example, young person J said, ‘I can’t explain how important they are (OT).’

Triangle Consulting, the developer of the Stars, would not expect to see huge change in a short-term intervention i.e. a 1-point movement in a Journey of Change for a 5-point scale. In this study the Change was an overall 6%, so a credible result. This said, there is one outlier above which slightly distorts the average overall. We checked G’s Final Interview to see whether there was a reason as to why she was such an outlier, and ascertained that, ‘How You Feel’ i.e. her overall feeling of wellbeing, improved by 60%, and this appeared to have a direct link to the fact that she was frustrated about having moved some time ago, but had never managed to unpack her boxes.

For any person this is important, but for a care leaver it could be argued that unpacking your belongings is even more important, than for the average person: a sense of being grounded and secure, after a childhood that has been disrupted. Maybe this is why other areas also improved for her; it is a common factor in Outcome Stars (and was also seen in our Autism 2017 research also), as it is in real life, that if work on one area, other areas of functioning also improve (because you feel more organised, motivated, purposeful etc.)

Fig 5 – Domain areas most improved overall

Outcome Star - all participants combined change in domain areas

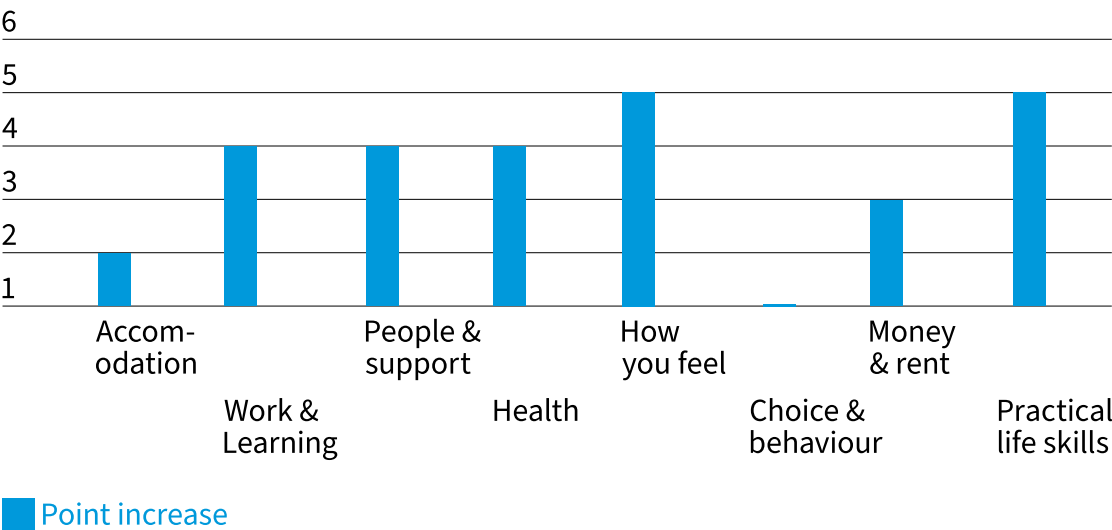


Fig. 5 displays the Domain areas where young people felt that they had changed. The results are as we would have hoped; as the greatest Change (5) came about in both ‘Practical Life Skills’ and ‘How You Feel.’ Both of these areas directly link to the research question around whether OT can positively support care leavers in their functional and emotional development; the results provide some initial evidence towards addressing this question, and although a small sample, does give some validity to the approach. Additionally, Health (4) also scored highly, which links to OT work in supporting young people to get health services and better diagnosis, a point again evidenced as a positive in the spoken word by many participants in Final Interviews.

Thematic Analysis

(10 young people completed and all agreed to a Final Interview)

A Thematic Analysis was completed by the Lead Researcher in relation to analysing the qualitative interviews, primarily but not exclusively the Final Interviews with young people participants. Interviews were also held with the OT students, OT senior and specialist Leaving Care Staff and the Personal Advisors of the participants.

Accepting the small sample of 10 young people, a Braun and Clarke-style (2006) phased thematic analysis was undertaken, with:

- 1 Familiarisation of the data – a detailed consideration of the interview notes.
- 2 Generating Codes/Themes
- 3 Searching for Sub Themes
- 4 Cross-referencing Participant themes with other respondents
From field notes and captured quotes, the research data helped to construct these Themes:

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Theme	Sub Theme
Improved Internal Strategies.	Improved self-understanding.
	Enhanced self-worth.
	Improved self-regulation.
Theme	Sub Theme
Improved External Strategies.	Trusting others/professions.
	Accepting professional support.
	Reconceptualising professional roles.
	Being understood by a professional.
Theme	Sub Theme
Improving Outcomes.	Improved functional outcomes.
	Seeking clarification on diagnosis.

Theme

Sub Theme

Enhanced understanding of the OT role.

Young People better understand what an OT can help with.

Participants would like to help shape a future offer.

Improved Internal Strategies

Improved self-understanding

Young people stressed that through the intervention they had an improved self-understanding. By self-understanding, we mean understanding ourselves, our beliefs, behaviour, our idiosyncrasies, our bodies, our worries, our senses, our strengths, things we need to work on etc. 10 out of 10 participants indicated that they better understood themselves. We all need to understand ourselves in order to have a secure base, to deal with the external challenges which will inevitably come in life

One Young Person said:

The OT helped in ways I didn't expect, you didn't realise how you were being helped until the end; now I know myself much better and more in control

Enhanced self-worth

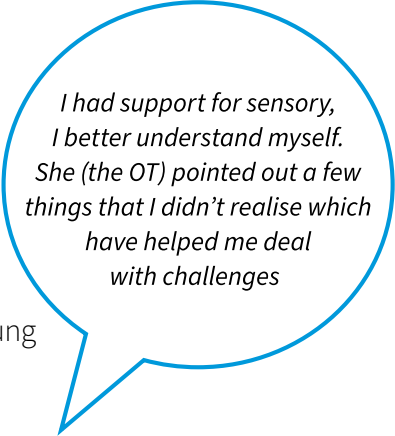
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I genuinely found her support helpful, and we worked a lot on my self-worth which was an area I needed help within

One Young Person said:

Improved self-regulation

Improved self-regulation was another important sub-theme. One lady, exemplified in the Intervention section below, worked on both a Mood and Happiness board, which helped her to better understand her emotions, and within this better understand her internal bodily signals (interoception – discussed more later in this Report), which support emotional regulation. In her Final Interview she said she had better control of her emotions now, felt calmer and still had the posters up on her wall. *Wider feedback within this Theme:* The Personal Advisors of the participants (July 2023) felt that their young people had developed, displaying a greater ability to self-manage following the intervention.



*I had support for sensory,
I better understand myself.
She (the OT) pointed out a few
things that I didn't realise which
have helped me deal
with challenges*

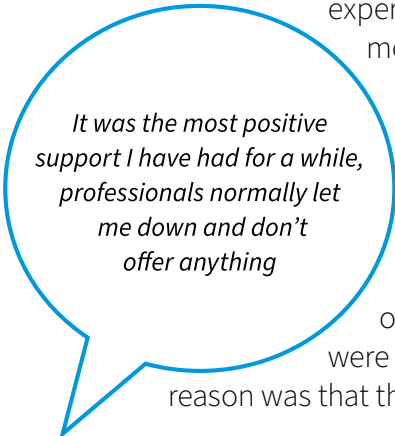
The OT students felt that ‘most young people we saw had sensory need and needed earlier support in this area,’ also adding that, ‘Most of the YP we supported have challenges with self-regulation, many use others to help self-regulate.’ This was a point echoed by the Senior OT supervising:

‘Many of the young people supported are struggling to manage their self-care needs, to be able to self-regulate their emotions and are reliant on those supporting them to co-regulate. The need to be able to self-regulate impacts on care-experienced young adults being able to live independently’.

Improved External Strategies

Trusting others/professions


To improve in our independence, we also need to enhance our interdependence on others – whether through a support network or professionals. 6 of the 10 participants specifically said that the OT experience helped them to trust professionals more, with 2 of the 6 being quite vocal about how professionals had let them down as a child. A hypothesis could be that trust of others is more difficult for care leavers because where a young person has experienced negative childhood experiences, they might greater distrust others. It was positive then that the OT’s were so quickly trusted; it appeared that one reason was that the OT delivered.



*It was the most positive
support I have had for a while,
professionals normally let
me down and don't
offer anything*

Accepting professional support


Young People not only accepted professional support, but agreed to onward referral at the end of the support period, to other professional groups – three diagnostic assessment requests, a floating support referral, a referral to another Health Service. The Lead Researcher was quite confident that these advancements would not have happened without the OT intervention.



That first call was one of the most powerful moments with a helping professional ever

Reconceptualising professional roles


The concept that they (The OT) were professional, but did not seem overly so, was discussed a lot by Young People to the Lead Researcher. It was like they were different from the average professional, and not just because they were students (All the OT students had worked professionally in Social Care or Health for years). Linking to the above Sub Themes, the experience seemed to change their opinion and concept of professional support.



Nice not to be dismissed by a professional

Being understood by a professional

Not only was it important to young people to better understand themselves, they also spoke of valuing the fact that a professional understood them; even if this was through some self-realisation on their own part - that the person better understood the areas to work on, as well as their strengths. Conversely, this appeared to the Lead Researcher to highlight concern that professionals the young people had met through their childhood were not listening to them, nor seeking to understand them – in the young person’s opinion. This possibility was borne out by some comments made by participants:



It took 2 sessions before I opened up, like I had never done with a professional before. Their attitude was just right, not overly professional, calm and informal

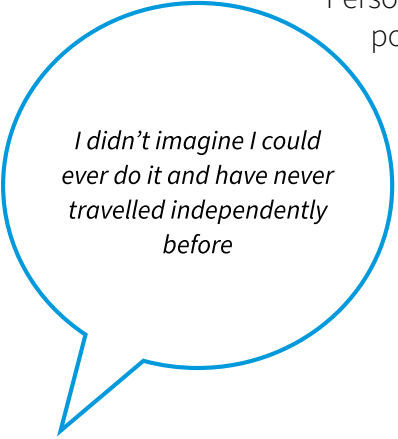
Wider Feedback within this Theme: The OT’s agreed that: *‘We are good at engaging because we don’t come across as too over-professional, give time/listen; Show interests in their interest; Use a therapeutic use of self. We need to treat people as individuals, and understand childhood trauma experiences, overwhelming for YP.’*

Improving Outcomes

Improved functional outcomes

There was evidence of the meeting of specific Personal Outcomes/goals and enhanced functional ability. Two good examples in this area, of specific outcomes met and improved functional ability were: Young


Person G who managed to unpack her boxes of possessions in her home, and Young Person D who was pleased that he could, for the first time, manage public transport to his day opportunity independently. He gave this feedback in response:



I didn’t imagine I could ever do it and have never travelled independently before

Seeking clarification on diagnosis

Some potentially life-changing developments also presented, no doubt through the increased trust of professionals, increased self-esteem and self-awareness aforementioned - 3 of the 10 participants stated that the intervention helped them to question previous diagnosis and asked for support to request a diagnostic assessment – one physical and two neuro-developmental. 4 sensory profiles were also completed, and these were highly valued and participants said they took on the recommendations and found them useful. One young person agreed to a referral for another health issue, private to her.



I have been looking for some time to make an autism referral; the OT agreed to help, and completed a sensory profile which was added the referral, which was positive

Wider feedback within this theme

Some Personal Advisors of the participants (July 2023) felt that roles like OT helped young people in their interdependence, as many young people who had previously been supported in care, had a limited support network and it was positive to get YP used to other professionals, and thereby not so dependent on their Personal Advisor. The Personal Advisors were surprised at how quickly young people engaged with the OT; conscious that some of their young people had not always gelled with other professionals.

Fellow professionals felt OT's offered great potential to meet outcomes in the area of Education, Training and Employment (ETE); one of our specialist workers found working with the OT very productive and said,

'I believe more OTs are essential particularly from the point of view of EET as they would be able to work intensively with those young people who are not ready for the world of EET, especially finding alternative provision.'

The 18+ Leaving Care Service's Mental Health Social Worker, added that:
(The OTs)

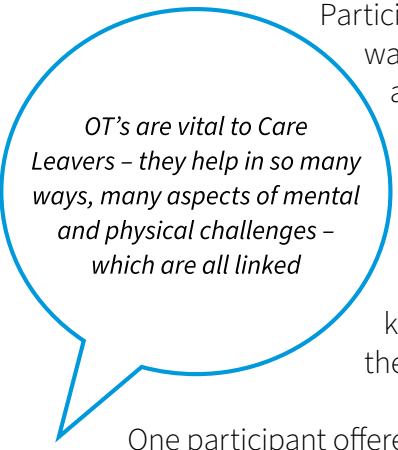
'Provide expert advice and recommendations in key activities of daily living, such as budgeting, financial management and in the area of specialist adaptations for those YPs with physical health difficulties. Their work with young person G is one of many examples where their input has been life-changing for the YP.'

Enhanced understanding of the OT Role

Young People better understand what an OT can help with

90% of young people stated that they did not know what OTs did before they agreed to participate. It is a testament to the trust in their PA, who explained as best they could, and there was some detail also in the

Participation Sheet. The positive aspect here was that all participants said they had a better understanding of what an OT could help with, after the intervention. All young people felt that the OT had helped them, this is positive but also demonstrates that they must have understood the OT role, in order to know that the professional had helped them. All felt it was a positive experience.



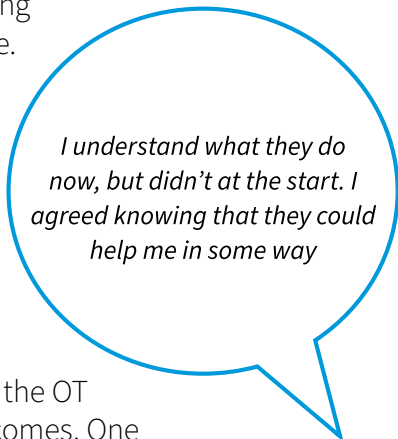
OT's are vital to Care Leavers – they help in so many ways, many aspects of mental and physical challenges – which are all linked

One participant offered these thoughts:

Participants would like to help shape a future offer

All participants felt there should be an OT offer in Leaving Care Services in the future. 60% of participants said they would be happy to help others understand this, if there was ever to be a future offer. They generally felt that videos of young people actually doing things with the OT would bring this to life.

50% of participants felt that the intervention did not go on long enough, which again evidences value. 20% of people did have extra time, in order to meet an outcome OT's are vital to Care Leavers – they help in so many ways, many aspects of mental and physical challenges – which are all linked completely. Feedback from the OT was that this better helped to meet outcomes. One participant offered, once he had experienced the OT support:



I understand what they do now, but didn't at the start. I agreed knowing that they could help me in some way

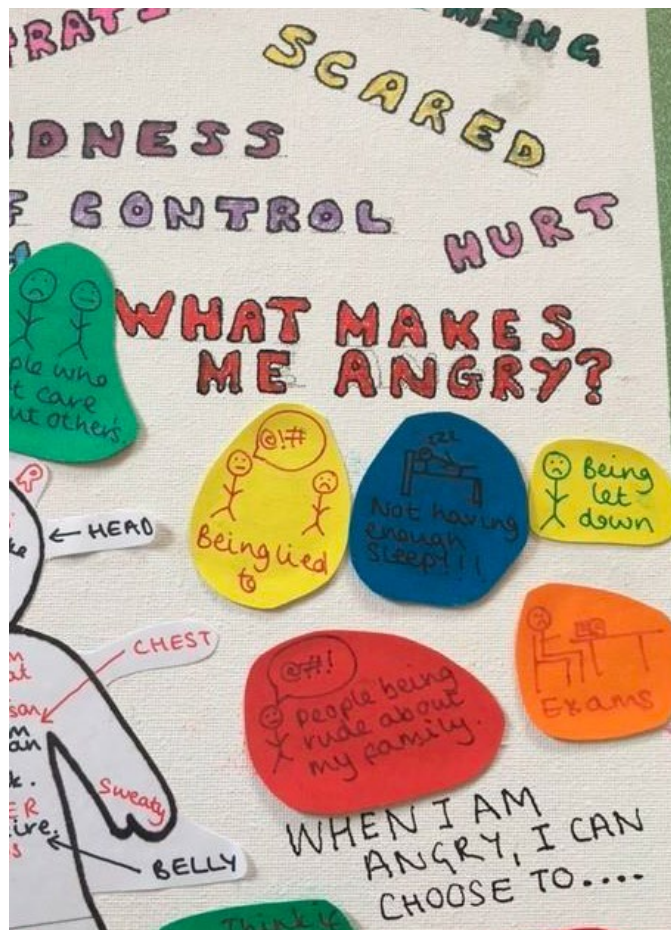
Wider feedback within this Theme: The Personal Advisors of the participants (July 2023) agreed with most participants that videos would help young people take up the offer, if offered in future, as they had to try and explain the OT intervention initially. In a mini conference on the research findings, table-top discussion concurred that You Tube video was the way forward; maybe with people who had been through the intervention successfully telling others how it can benefit. A good number of the participants stated they would be pleased to help.

Tonic Consulting completed a 2021 Kent and Medway 16-25 consultation with young people with mental health difficulties (600 YP) and created from their work, a list of *What Good Looks Like* (as regards support to YP with MH difficulties). Their list was everything the young people in the trial said in Exit Interviews, unprompted by Open questions; this is Tonic's list:

- Being heard and understood
- Non-judgemental approach
- Staff that understand and can relate
- Staff with time to build a trusting relationship
- Flexible ways to engage
- Helping YP build skills to cope better and increase resilience
- Being consulted in decision-making and planning

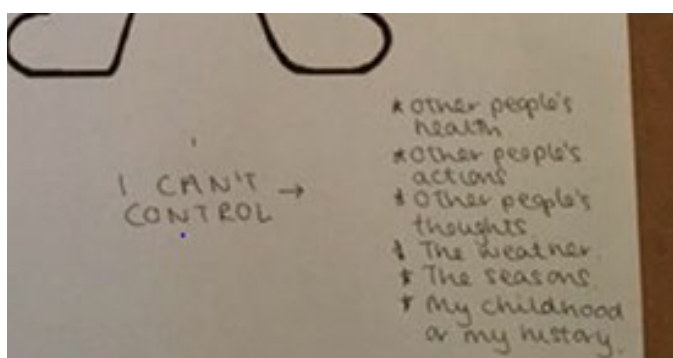
Examples of work completed

Fig 6 – YPS Anger Board with interoceptive information



Utilised by the OT with a young person who wanted to better understand her feeling of Anger, and also of Happiness and link these to the internal human bodily signals.

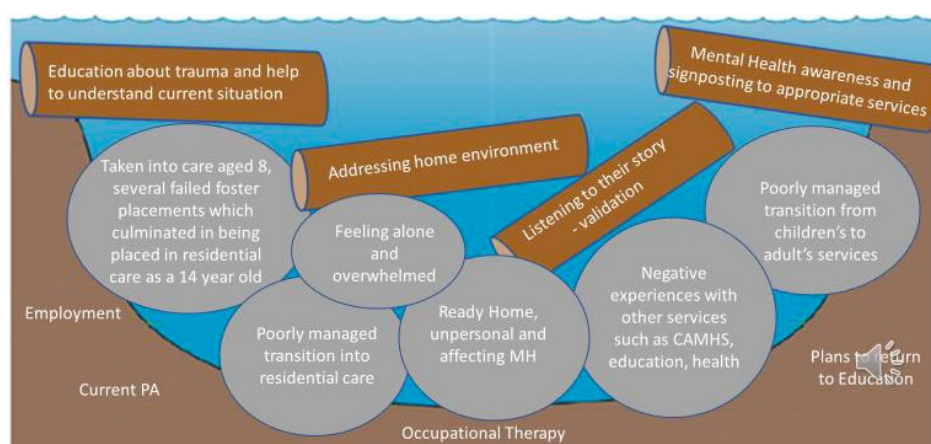
Fig. 7 YP snippet of Circle of Control exercise



Utilised by the OT with a young person who felt overwhelmed by a sense of responsibility to others, and where she felt the impact of a lack of control. This helped her to appreciate what was in her control.

Case example

Fig 8 – Example of KAWA model completion, completed in Pilot



Utilised by the OT with a young person who wanted to formulate her previous experiences, her strengths and areas of stability.

4 sensory assessments were completed, highly valued for their recommendations by Young People in Final Interviews. 3 young people were supported using the KAWA model – they all found it useful to see the things that were blocking them in their journey to independence, and the areas which were foundations.



Discussion and wider Learning from the pilot

Some of the key points of learning I take from this pilot are:

Time to Plan and build relationships? The OTs felt that, in most cases, you needed two or three weeks to build a rapport with a young person before they would trust you and start working on outcomes fully. They cited two YPs where there was great success, and the first pair of OTs did the groundwork before the other two came in and started running with the YP.

OT liaison with internal specialist workers, in a pseudo multidisciplinary worker offer: The Kent Leaving Care Service, because they are the largest in the country, are fortunate to have some in-house specialist workers. Some of the most positive professional feedback in this pilot came from other specialist workers, particularly in the Mental Health Social Work and Education, Training and Employment sectors, giving positive indications that an embedded OT offer in the future would improve young people's outcomes through a multi-professional offer.

Pathway Plans: The Kent Care Leavers Surveys since 2018 have generally displayed positivity around Pathway Planning (The Statutory Plan for care leavers). In 2022 63% of young people responding (<25% of all young people) gave their Pathway Plan a 4-star or 5-star rating. I, the Lead Researcher agree that they are generally of good quality and involve the young people in completion, but the young people did not have great things to say about them, but did say they were sick of being assessed per se.

The impact of Adverse Childhood Experiences: All care leavers in our sample had experienced Adverse Childhood Experiences (ACE) – for instance experiencing neglect, abuse, death of loved ones, living in households with domestic abuse, mental health, substance misuse, and the more ACEs a young person will have experienced, the greater

their risk to positive life chances (CDC 1997). The OT pilot saw the impact of childhood trauma in young peoples' behaviour, functioning and emotional regulation, specifically:

- 1 Emotional regulation difficulties
- 2 Sensory and interoception issues
- 3 Social adjustment issues
- 4 Withdrawal from the world
- 5 Attachment difficulties
- 6 Emotional Attachment to objects

Source – opinion/supervision of OT apprentices.

Within this area of need, I was surprised to hear from the OT cohort that it was their professional opinion that Interoceptive issues were present in all young people they supported. I say surprised because I would have expected this in autism, but not to such an extent in young people who have experienced childhood trauma.

Interoception (written about extensively by Kelly Mahler), is quite a new area of *understanding* (although first described by Sherrington in 1906!); it is the decoding of the internal body signals. Where interoceptive difficulties are apparent, emotional regulation can be affected (Löffler 2018, Mahler 2022); our OTs concurred with this statement in interviews and were keen to stress a direct and identifiable link between interoception and emotional regulation, as being able to read your own bodies signal and clues, allows a person to regulate emotional responses. The consequence is that if a person struggles to regulate their own emotions, they need others to help co-regulate for them and thereby become more dependent on support of others.

The overlap between childhood trauma and genetic neurodifference is such that it is sometimes hard to distinguish causation. I do not think we fully appreciated until we worked within the Leaving Care project, how childhood trauma can mimic both autism and ADHD. In some cases the only way to find out, such as in the case of one of the participants, is to try and get a bit of a life history. The lack of reliable family respondents might be an issue though for carer leavers.

Diagnostic confusion - 4 out of 10 of the participants who finished asked the OTs for assistance to clarify their diagnosis or lack of. Is that 'Being in Care' overshadows the fact that young people may also have neurodevelopmental or mental health need? Some Young people could in theory be taking strong medication for a misdiagnosed condition, with long waiting lists for medication reviews.

Engaging Unaccompanied asylum-seeking young people – It was a concern that no asylum-seeking care leavers volunteered to be participants, despite PA's assuring them that they had discussed the offer with a diverse range of young people. Perhaps this calls for research in itself - as to how better we can encourage young people from diverse backgrounds into trialling interventions, as we know that many young people seeking asylum have had traumatic childhoods and trauma.

Conclusion

The aim of this research was to gain some evidence where a scarcity of researched evidence exists presently, around whether Occupational Therapists (OT) could positively assist care leavers to meet their personal outcomes, by improving functional skills and emotional regulation. We believe we have been able to provide some compelling initial evidence that OT's have exciting potential to support Care Leavers; young people who might have a variety of strengths and challenges but all of whom appear to have experienced childhood trauma.

The caveat is that this was within a fairly small sample of young people, but for the Research Team the numbers do not discredit the achievements, because each individual life influenced is a life improved. The qualitative feedback from these young people has been compelling. Within a short period of intervention, one man was able to understand that he needed to explore whether he had back ache because he was not

using both feet/legs equally balanced; another lady had never unpacked her belonging in a new placement and did that; another man had long considered that he could never independently travel to a day activity, and achieved it; another young person was able to wash her own hair unaided; one young person understood that she had an eating disorder for the first time, 4 YP had sensory plans for the first time to better cope with sensory challenge and 4 questioned their childhood diagnoses. These are not small matters, in a way they are life changing and it may have been that without the OT intervention they would not have achieved these things, as many had been receiving 'care' through their childhood without these problems being addressed. The other aspect is that many of the young people were hardened by a care system which they looked back at with high emotion, and which caused them to distrust professionals. It was a testament to their bravery and their faith in their professional support that they took the risk in the OT project; and that they were able to articulate so well, how it went.

Many of these areas mentioned above are mitigatable problems, and arguably should have been supported earlier in life. This evidence, coupled with the evidence from another research project the Lead Researcher led on within Autism (2017), indicating that when supporting vulnerable young people, we have to ensure that there are neurodevelopmental 'bases' in place, before a person can be expected to excel in higher level functioning such as education attainment, independence skills attainment, behavioural and emotional control; sensory self-management being in the basement. The Lead Researcher expressed surprise concerning the OTs view that all participants had sensory issues - with interoceptive difficulties in the mix – the internal body signals. As stated earlier in this document there are direct links to childhood trauma impact and emotional regulation; if we cannot help young people care experienced to regulate their own emotions, then they are reliant and dependent on others to help co-regulate. This was the greatest revelation, that young people did not understand themselves well enough, and when they were supported to do so, it appeared in many that childhood trauma was a factor in their sensory issue.

It was pleasing to see that the Outcome Star evidenced as the two most improved areas: Daily Living and How I Feel About Myself, as these are two areas OTs working in this area should see as success criteria.

The greatest evidence for me overall was provided in the Final Interviews – we never expected such positive feedback from young people. We listed quite a few quotes in the Thematic Analysis above but here are some more:

‘I found this support really useful and found I could really talk to the OT, and open up, more than I have with most professionals I have met’.

‘They listened without putting labels on me and understood me. I got so much out of it’.

‘I really enjoyed these sessions and she helped me out in a time of crisis’.

The Thematic Analysis completed, evidenced that ‘I better understand myself’ was 100% offered freely by respondents; this we felt, went some way to validating the approach, because we all need to understand ourselves in order to then deal with external challenges. This justifies for me, that this client group, whose needs are often overlooked by agencies, will at times need professional input because of their childhood trauma and associated difficulties.

What was also indicated in my analysis was the wide area of support provided by the OT’s – it could be argued that it centred on practical functioning development and emotional wellbeing, but within this, a wide variety of Outcomes were supported.

Recommendations

This research demonstrates the range of areas an OT can support: At the time of writing this report, the Lead Researcher saw a comment from a young person not in the Pilot within their Pathway Plan:

‘I struggle with cooking, as I have never been taught how to cook. I have use of a shared kitchen. I tend to use the Microwave a lot, and eat ready meals. I do not eat a healthy balanced diet, and have a McDonalds breakfast in the morning’.

The level of need here is immense, and this example is sadly common.

The pilot has provided some initial evidence that OT’s can help care leavers in their functional abilities, but often there is a dual need to support a young person’s emotional wellbeing; the OTs in the pilot showed evidence that they could do both. The level of sensory need within the cohort is, we believe, not well understood and hopefully this study further evidences that childhood trauma can cause sensory difference. We use our senses to make sense of the world, and in some ways ourselves. To understand yourself, you have to understand your senses as a base and maximise them; our OTs did a great job here helping our young people better understand themselves.

The evidence we have gained in the Pilot demonstrates a need for further research. If we were to successfully bid for a large research project, it would certainly be based upon a key area of discovery in this initial research, that the nexus between childhood trauma impact/MH/ND and functional skills is a symbiotic one; that using a KAWA model approach, the river to independence will flow if those boulders could be enabled away – those boulders being, for example, poor self-esteem and wellbeing, distrust of professionals, sensory need or emotional regulation issues. OTs are increasingly excellent in addressing these areas.

Within care leavers research, where there are a small amount of large projects but very few smaller intervention-related research projects, hearing from the actual care leaver has been an issue overall. The 2023 What works study acknowledged that young people's voices were in a significant minority to professional respondents. I believe being an Embedded Researcher has been one of the key areas that have assisted here.

A future research project would therefore concern itself with supporting those young care leavers, from Mike Stein's 'struggling' group, but acknowledge that some in this group may not engage. We are less concerned with survivors who are doing well and would continue to benefit from the standard service, but we would also want to target resources to those 'Getting There/Moving On' who need some extra help – it is a large cohort in every local authority.

A future research project would need to consider the lessons learnt from this initial research -

- Planning time should be built in, up to three weeks.
- YP need to know more about what they are signing up to, and social media appears to be the best way to communicate; videos of others who have been through it and can talk from experience, would help.
- We need to find ways to recruit Unaccompanied Asylum-Seeking young people (as none agreed to be part of this pilot and there is great need there)
- Young people should have a say in frequencies of engagement, as sometimes weekly was too much.
- Young people might not be in the right place at the time of asking but ask them again later and they may feel more confident.
- Having arbitrary time scales is not helpful, sometimes to meet an outcome might need a bit more time (but OTs cannot work long term such is their scarcity of resource)
- Personal Advisors are often a conduit to engagement, along with longer term host carers.
- Care Leavers seem to have a hierarchy of trust – LA workers seem to rank lowest, but within this the 'Personal Advisor' role appears most trusted, probably because they work hard to build relationships and often 'stick around'. OTs were often seen as more trustworthy and not a professional who would harm you.

- Interviewers have to be highly skilled – I am not sure how someone without social care experience could have managed to interview some of the young people, question-based scripts did not work at all.
- The Outcome Star was again found to be a useful tool; the Star we used wasn't useful as a 5 point graded tool, 10 would have been better such as is used in the Spectrum Star.
- There were some good indications of enhanced multi-disciplinary work – external and internal. Internally the OTs worked very well with our Mental Health Social Worker and our Employment, Training and Education specialists.
- The work poses questions for the future about where best an OT might be based and what type of work would provide most benefit in their limited role. Would it, for instance, be better if they worked with 16-year-olds planning for adulthood, or with those who have high support needs and costs.
- Considering the limited resources of OT and bearing in mind that Kent supports over 2000 potential young people, could the OT role in the future be based around specialist assessment, including sensory/interoception, motor processing, emotional regulation etc with a plan of support provided by others, rather than themselves; but overseen and reviewed by them. Only providing the intervention in limited, prescribed circumstances?
- The intervention is not just about the outcome; the outcome is important to all, but the knock-on benefit is greater trust in accepting support, greater self-confidence, resilience, improved emotional wellbeing etc.

And could we seek to explore in future work how best OT can support in the wider children services system, as with the Autism and Enablement project, some of the areas of need identified in young people could and should have been supported earlier in life. We must acknowledge that OT is a higher cost, limited resource and although 100% one to one work would probably get the best results, we are in a time of funding shortfall and how can we make any future investment in OT stretch across the system and pay for itself ideally, so could we explore additionally:

- Promote independence in costed placements
- Provide groups to address interoception and ACEs (thinking about linking in with recovery college for development of groups / short courses)

- Groups to address specific skills such as budgeting / cooking / meal planning / mindfulness / developing a routine / parenting / looking after your health / condition specific awareness and education.
- Working with Childrens Social Workers PAs, carers, foster carers from a younger age, housing providers, working with partner agencies such as early help for parents and education settings for asylum seekers

As we think about what this project could tell us and where to go next, there are two routes forward we see:

- 1 Invest in OT in the Childrens pathway, ideally joint health and social care funded.
- 2 Further research to build evidence base.
Or Both!

We would like to end on a participants view, a Harry Potter fan, who said that the OT who supported him was almost indulging in a form of sorcery – as he was being helped without him realising he was being helped and it was only when it ended, that it sunk in. The reason for this is that OTs work within people's everyday environments and occupations and it does not always seem like help but when it goes well, the person is moving on in their life incrementally. As a social worker, they left me amazed and bewitched at their talents.

Dissemination

The products that will follow this research and audiences approached will be:

This Final Report and an Executive Summary version (which we will check with our Care Leavers apprentices). This Report will go to senior management in Kent County Council, the local KSS ARC, and the National Leaving Care Benchmarking Forum (NLCBF); hopefully also to the Kent Integrated Care Board. The NLCBF and KCC promise to send to links in Government Depts to see if we can use this initial research to further build an evidence base in this area. Essex LA are also keen to see the results.

Internal: leaving Care service – over 100 professionals and stakeholder have been invited to a mini conference in September in Kent to discuss the finding and consult on ways forward.

External: The report findings have been shared at 2 Care Leavers conferences, including the National Care Leavers Benchmark Forum (November 2023 Manager event) which supports over 200 UK authorities. The OT apprentices had an article about the Pilot published in the November 2023 edition of the 'OT News'.

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**The role of occupational
therapy interventions
with care-experienced
young people**

Executive Summary
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