



Editor's note

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There is an increasing amount of evidence emerging within the United Kingdom and across Europe to suggest that children in state care are prone to social exclusion on the grounds of many of their experiences prior to entering the care system (physical, sexual, severe emotional abuse, neglect and abandonment, alcohol and drug problems of parents, poverty and deprivation, criminal behaviour, and so forth) as well as their experiences in care. A recent prevalence study in the United Kingdom (Meltzer et al., 2003) places the rate of mental disorder (in all categories) for looked after children at nearly 66% for children in residential care, and at 40% for those children in foster care. This compares with rates of mental disorder (in all categories) of 10% for children within the general population (Meltzer et al., 2000). This is an extremely concerning result, but possibly not that surprising in that we know that children wouldn't be within the state care system unless they had experienced significant trauma.

But these high rates indicate the need for services and resources designed to meet the needs of these very vulnerable children. So what is the state of play? Do such services exist? What are the prevalence rates in other European countries? Do they show the same level of need as the UK statistics? What are the differences? Do good services exist that use an evidence base when working with children in public care? How are such services evaluated?

A 22 month EU funded project, which began in December 2001, was designed to begin addressing some of these questions. The project focused on the prevalence of mental health problems among children in state care and on the initiatives that were undertaken in different European countries to treat these problems. The partner countries and representative agencies involved in this research project were: NCH – The Bridge Child Care Development Service (United Kingdom – project co-ordinators), Barnardo's (United Kingdom), the Katholieke Universiteit Leuven (Belgium) and the Institute of Child Health (Greece). Now over two and a half years later we are not sure that we have come any closer to providing definitive answers to any of the questions listed above, but we have attempted to provide a little more information into what is known about mental health for children in state care across Europe, and have given ourselves many more questions to answer in the process. A topic of this magnitude cannot provide easy, 'quick fix' answers to the problems many children in public care face. Indeed the evidence base concerning what interventions are known to work with these children remains thin. What can be stated categorically is that the solutions to working with complex problems are also complex. What we have seen from some of the innovative work in this field to date is that the most effective work will also on occasion involve a whole network of other people working with the child: the social worker, foster carer, teacher and other professionals, not just a specialist mental health professional.

However, what makes working with children in public care so difficult and demanding is the sheer unpredictable nature of the care process as experienced by the child. In the UK, even when offering these children mental health services, there is no guarantee that there won't suddenly be a placement change for that child (for whatever reason), necessitating a change in school, friendship networks, reduced family contact, and changes in class and culture. This

must and does have an effect on children's resilience, self esteem and ultimately will affect their mental health. For the services working with children in public care there are also considerable challenges ahead regarding the robustness of the evaluation methods such services currently use (or don't use) to evidence their work.

So let us start at the beginning of the process of being 'looked after' by the state. The reasons for children's entry into the state care system within each country included in the study are varied. In addition, as countries have different histories, an examination of this contextual information shows that there are a number of different factors in individual countries that have influenced the development of services generally for children in state care in that particular country.

Most of the papers in this and the next issue were presented at a conference entitled "Mental Health of Children in Public Care: European Perspectives", held in London 19-20th September 2003. This conference marked the endpoint of the EU funded research project. We begin with papers from the four partners who were involved in this study.

Sara Scott from Barnardo's discusses the results from the literature reviews conducted as a part of the project's activities. She concluded that prevalence rates of emotional and behavioural problems among looked after children living in public care are high and that there are major gaps in the evidence base to inform service development which must be addressed urgently if children currently in state care are to be supported in ways that might increase their chances of a bright future. Treatment does not always fit to the children's needs. For instance, the problems of 'looked after' children are multiple, while most effectiveness research focuses on time-limited interventions for single issues. Further, there is increasing recognition that problems of attachment underlie many presenting behaviours in this population, but there is a paucity of research on attachment interventions. Finally, research incorporating looked after children and young people's perspectives on their needs, experiences, and the value of services and approaches is extremely limited.

Helen Agathonos-Georgopoulou, Jasmin Sarafidou and Metaxia Stavrianaki present the results of the Greek prevalence study. This study found a high morbidity of diagnosed disorder for Greek children in state care, with one in three children observed to have diagnosable difficulties. Although higher than rates of mental health problems within the general Greek community, the Greek results indicated noticeably lower rates than in similar populations of children in care in Belgium and UK. Agathonos and her colleagues discuss significant differences in the profile of children in state care in Greece as compared to other European countries as a reason for these disparities and conclude their article by listing recommendations to improve practice in Greece.

Hans Grietens and Walter Hellinckx discuss the results of the prevalence study in Flanders (Belgium). They found that seriously deviant problem behaviours and psychopathology were highly prevalent in children living in counselling institutions and that children's problems were complex and only marginally to moderately affected by institution, educator and child characteristics. They also reported that these children's problems tended to increase across time and that most children received professional help for their problems, either inside or outside the institution. A comparison between the Flemish and the Greek data showed that there were large differences between both groups of children with regard to prevalence rates. It is however very difficult to compare rates due to the differing child welfare systems.

Christine Cocker presents the work that was completed in the United Kingdom in relation to this research. At the inception of the project different information was known in each partner country about prevalence rates and outcomes for this group of children. As a result of this, the

research methodology of the study was different between the UK and the other two European partners. The UK concentrated on examining specific projects where services were being provided to children and young people in public/state care with mental health problems. In her paper, Cocker describes a selection of projects in England: how they were set up and funded, staffing numbers, types of professionals involved, services offered and evaluation methodology used. She also points to the areas of key learning, themes and developments that have emerged from these services. The paper makes clear that in England the challenge now is to better understand the mental health needs of children in state/public care and how these needs can be met by specialist services.

Helen Minnis (next issue) discusses the role of foster carers in supporting children in public care. Her paper reviews a foster carer training project which offered attachment based training for foster carers. Minnis comments on the importance of supporting the systems of care for the child. She also identifies a project that routinely screens all children coming into care for potential areas of mental health difficulty.

Panayiota Vorria, Jasmin Sarafidou and Zaira Papaligoura (next issue) summarise the results of a number of Greek studies completed over the last 20 years, many of which Vorria and others have undertaken, on children living in residential state care in Greece. Vorria comments on the impact that institutionalisation and deprivation has on the developing child. In particular, reference is made to the quality of the attachment experience for a child living in residential care, the impact on the child's ability to relate to peers and other adults, and the effects of this on the child's school experience and in later life.

Andrew Kendrick, Ian Milligan and Judy Furnivall (next issue) comment on the mental health of children who are in care in Scotland. They discuss prevalence rates, comment on new policy initiatives, and highlight a number of innovative projects within Scotland which have focussed on improving the mental health of children in state care.

Ann Buchanan (next issue), finally, discusses the concept of resilience and its applicability for children in state care. Buchanan poses six questions in her paper. She asks whether it is possible for looked after children to build skills in resilience.

Together with the research report (Cocker, 2003), these special issues show that looked after children in public care are most vulnerable. It is good news to hear that many initiatives are undertaken to meet the needs of these children. European funded projects enable professionals and policymakers to exchange information about treatment and prevention and to share knowledge and expertise, although contexts may be very different. We hope that what we learn from each other may be disseminated at a local level and inspire daily practice in our institutions.

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