

Optimising the delivery of mental health support to adolescents living in care out of home care via low intensity Life Story Work [LIMITLESS 2]

Submission date 19/04/2024	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 10/05/2024	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 12/09/2024	Condition category Other	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Teens are the fastest growing age group entering care, and the group most at risk of poor mental health. Better evidence on the ways carers can support teen's mental health is urgently needed.

Life story work is a way of promoting mental health for those living in care by helping them to understand who they are and how their experiences might have shaped them. This builds a sense of identity and belonging. It is usually delivered in a high-intensity way meaning it relies on specialist input over many months. It is therefore too expensive to provide to everyone. Life story work tends to be delivered solely to younger looked-after children (0-11 years old), and there is limited evidence and guidance available for its use with teens (12-18 years old). Ultimately, the most in need often miss out. Understanding if life story work could be delivered in a lower-intensity way (e.g., by foster carers) to teens, how and if this helps is vital.

Our recent project, LIMITLESS 1, reviewed international literature to understand when and how low-intensity life story work could work for teens. We produced initial guidance. For example, a teen should be supported by a carer to record everyday successes to promote self-belief. However, the literature did not tell us enough about how different external and/or internal factors may change how this should be delivered in different settings or if it makes a difference. To develop detailed advice that takes these factors into account and can improve mental health, we must now hear from those living and working in care. We will then need to test out if this advice is liked by teens, carers and social care professionals, if it is practical and learn how we could test if it helps.

We aim to improve the mental health of teens living in social care by improving the guidance available to support them.

Who can participate?

Carers, teens and Social Workers in partner local authorities.

What does the study involve?

This study has 5 stages. In stage 1, we will gain permissions to do our research and recruit and train 8 teens in care as co-researchers to help collect views from teen participants. In stage 2, we will ask participants to look at our initial guidance for teen-focused low-intensity life story work from LIMITLESS 1 and tell us how it could work (or not), when (and when not), why (and why not) in real life. In stage 3, we will use these findings to co-design detailed advice in the form of a "LIMITLESS Toolkit" to improve life story work delivery to teens. In stage 4, we will give 10 carers the toolkit to try, and update it using their feedback. Finally, to see if it is practical and learn how we would see if it helps, we will ask a larger group of carers to help, giving half the toolkit and asking the other half to carry on as normal.

What are the possible benefits and risk of participating?

Participants may enjoy helping a study that aims to improve guidance.

There are no direct risks from participating.

Where is the study run from?

School of Education and Lifelong Learning, University of East Anglia (UEA) (UK)

When is the study starting and how long is it expected to run for?

February 2024 to October 2027

Who is funding the study?

The study is funded by The National Institute for Health and Social Care Research (NIHR) (UK)

Who is the main contact?

Dr Simon P Hammond, University of East Anglia (UEA). s.hammond@uea.ac.uk

Contact information

Type(s)

Public, Scientific, Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

Nil known

Study information

Scientific Title

Optimising the deLIvery of Mental health support to adolescents in care via lowIntensity Life Story work: a realist evaluation with co-deSign and feasibility trial [LIMITLESS 2]

Acronym

LIMITLESS 2

Study objectives

Optimising the delivery of mental health support to adolescents in care via low-intensity Life Story Work will improve carer closeness and teen's well-being

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 20/02/2024, School of Education and Lifelong Learning Research Ethics Subcommittee (University of East Anglia, Norwich, NR4 7TJ, United Kingdom; +44 1603 591460; s.hammond@uea.ac.uk), ref: ETH2324-1306

Study design

Multi-center interventional feasibility trial

Primary study design

Interventional

Study type(s)

Other, Prevention

Health condition(s) or problem(s) studied

Well-being

Interventions

The intervention arm will be given the LIMITLESS Toolkit to implement. This intervention comprises of resources for teens, carers and social workers to implement. We will assess the acceptability of the intervention and the feasibility of the trial processes (e.g., participant identification, recruitment, randomisation, data collection and completeness) to inform the design of a future substantive impact evaluation. Data will be collected via participant-reported

web-based questionnaires at baseline (before carers are given the intervention) and one, three, and six-months post-randomisation.

Intervention Type

Behavioural

Primary outcome(s)

1. Caregiver-reported mental health difficulties in adolescents in care measured using The Brief Assessment Checklist for Adolescents (BAC-A) at baseline, one, three and six months
2. Emotional and behavioural difficulties in children and young people measured using Parent-report version of Strengths and Difficulties Questionnaire (SDQ) at baseline, one, three and six months
3. Perceived closeness of relationship measured using the 'Inclusion of the Other in the self' Scale at baseline, one, three and six months
4. Parental self-regulation, including their self-efficacy, personal agency, self-management and self-sufficiency as a parent measured using the Me as a Parent questionnaire at baseline, one, three and six months
5. Health Related Quality of Life (HRQoL) measured using EQ-5D-5L at baseline, one, three and six months

Key secondary outcome(s)

There are no secondary outcome measures

Completion date

31/10/2027

Eligibility

Key inclusion criteria

Our unit of analysis will be the carer but we will also assess the feasibility of recruiting and collecting data from adolescents in care. For this feasibility stage, carer recruitment is not contingent on having a paired adolescent recruited into the study, i.e. we are not recruiting dyads.

1. Carers

- 1.1. Currently looking after an adolescent aged between 12-18 years who has been in placement for at least 4 weeks with no moves planned in next 6 months
- 1.2. Offering any placement (foster, kinship foster care, residential)

2. Adolescent in care

- 2.1. Aged between 12-18 years
- 2.2. In any placement (foster, kinship foster, residential) except where living with their biological parent(s)
- 2.3. Not currently seeking support from a specialist (tier 3) CAMHS
- 2.4. No moves planned in next 6 months

Participant type(s)

Service user

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

12 years

Sex

All

Key exclusion criteria**1. Carer**

1.1. Offering an emergency placement

1.2. Have an adolescent currently seeking support from a specialist (tier 3) Child and Adolescent Mental Health Service (CAMHS)

2. Adolescent in care

2.1. Below 12 years old

2.2. No carer enrolled in the feasibility trial

Date of first enrolment

01/05/2024

Date of final enrolment

31/07/2024

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Norfolk County Council - Children's Services

County Hall

Martineau Lane

Norwich

United Kingdom

NR1 2DH

Study participating centre

Suffolk County Council

Endeavour House

Russell Road

Ipswich
United Kingdom
IP1 2BX

Study participating centre
Hertfordshire Social Services Directorate
County Hall
Pegs Lane
Hertford
United Kingdom
SG13 8DQ

Study participating centre
Essex County Council
County Hall
Market Rd
Chelmsford
United Kingdom
CM1 1QH

Study participating centre
Nottinghamshire County Council Social Care Services
County Hall
Loughborough Road
West Bridgford
Nottingham
United Kingdom
NG2 7QP

Study participating centre
North Yorkshire County Council
Ict Services Data Centre
County Hall
Northallerton
United Kingdom
DL7 8SB

Study participating centre
Camden Council
Contact Camden Reception
5 Pancras Square

London
United Kingdom
N1C 4AG

Sponsor information

Organisation

University of East Anglia

ROR

<https://ror.org/026k5mg93>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health and Care Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Available on request from s.hammond@uea.ac.uk

IPD sharing plan summary

Available on request