Caring about health leads to healthier care leavers

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The Care Leavers' Association

- Key data from research into health needs of looked after children and care leavers
- Key data from our own research and health project
- Some broader questions to think about
- Some possible solutions

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- There is considerable evidence showing that care leavers are a disadvantaged group.
  - 23 % of the adult prison population have spent some time in care;
  - 25% of those living on the street have a background in care;
  - 25% of care leavers were pregnant or young parents within a year of leaving care;
  - 13 % of children who had been in care for a minimum of one year obtained five good grade GCSEs against 59% of non-care peers;
  - 35% of 19 yo care leavers are NEET, double the number of their non-care contemporaries;
  - 11 % of care leavers in England live in 'unsuitable accommodation' upon leaving care; only 6% care leavers attend university.
- In general outcomes for care leavers relatively poor
- In our literature search we found over 100 reports highlighting poor health

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- Meltzer et al., (2003) conducted a large scale survey and found significantly higher levels of mental health problems in looked after children. When compared to a community sample of children from deprived socio-economic groups, results still indicated significantly higher rates of mental health disorders in looked after children.

- Ford et al., 2007, found that British children in care have significantly poorer mental health than the most disadvantaged children outside the care system.

- Dixon et al., 2008 found that young people who were interviewed a year after leaving care were almost twice as likely to report mental health difficulties (12% to 24%).

- These findings were echoed by Pecora, 2010 who found that foster care alumni may be at an increased risk of having mental health difficulties compared with youth still in care.

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- The most extensive source of information regarding the mental health of looked after children was provided by Meltzer and colleagues for the Office for National Statistics (ONS).
- This report represented the first national survey for young people looked after and surveyed 2,500 yp aged 5-17, professionals, carers
- The findings indicated that 45% of the looked after population could be diagnosed with at least one psychiatric diagnosis, rising to 72% for those in residential care (Meltzer et al., 2003) in comparison to around ten percent of the overall British population of young people (Meltzer et al., 2000). The overall proportion of children with a diagnosable mental health disorder remained consistent when these findings were followed up five years later and was greater among boys than girls (49% compared with 39%)

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- Two-thirds of all looked after children were reported to have at least one physical complaint. The most commonly reported physical complaints were: eye and/or sight problems (16%), speech or language problems (14%), bed wetting (13%), difficulty with co-ordination (10%) and asthma(10%).
- Over three-quarters of children with a mental disorder had at least one physical complaint compared with just over half (57%) of the children who were assessed as not having a mental disorder.
- (43%) of the children who were clinically assessed as not having any mental disorder were viewed by their carers as having emotional, behavioural or hyperactivity problems.

- Possibly will be repeated soon

- Frame or lens? Medical or social model? Behaviour psychiatric or response to situation? Or both?

- McCarthy and colleagues (2003) found that 40% of a sample of children looked after by one English authority were experiencing significant difficulties in three of four key areas: home life, friendships, learning and leisure activities. The authors comment that ' *children and young people with multiple adjustment problems are at high risk of developing a range of very significant psychosocial outcomes in later adolescence and early adulthood* (p17). There are also implications for those caring for these children and young people.

A National Voice 2010

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- Survey of 106 looked after children and care leavers
- A majority of 81% said they found everyday life difficult to cope with
- 73% said that their emotional health had affected their home life, relationships, education, work or leisure
- Responded to the question 'If you had a mental health issue is there anything that would stop you asking for help?', 55%; felt that there was something stopping them from asking for help. Professional help being a particular issue due to the stigma attached.
- Question "who they would talk to if they had an emotional or mental health issue:
  - 60% chose 'friends' 50% 'family'
  - 34 % chose 'social worker or aftercare worker'
  - 11% chose 'counsellor'
  - 9 % chose 'Child and Adolescent Mental Health Services' (CAMHS)
  - 9% chose 'no one'

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The health and well-being of young people leaving care has been consistently found to be poorer than that of young people who have never been in care. In summary, research has shown that:

- In studies of care leavers, anywhere between 12 and 48 per cent identify themselves as having a long-term health problem (Horton 2005).
- Care leavers tend to eat poorly, often not eating enough because of lack of money (Blueprint Project 2004a), and not having the knowledge and skills to cook healthily (Stanley 2006).
- Care leavers are more likely to have mental health problems, including depression, anxiety, fears, conduct disorders and attachment disorders (Richardson and Joughin 2000).
- One study into the health of young people leaving care found that two fifths had tried to take their own lives between the ages of 15 and 18 years (Wyler 2000); and another that over a third have self-harmed since the age of 15 (Saunders and Broad 1997).
- Care leavers are likely to have experienced the death of a close family member or relative – some of these deaths will have been traumatic – this can have physical, mental and emotional impacts on the young person (Penny 2007; Healthy Care 2007).
- Care leavers have higher rates of substance and alcohol misuse and are more likely to smoke (Save the Children 1995; Big Step 2002; Wyler 2000; Department of Health 1997; Williams and others 2001).
- One study found that two-thirds of care leavers smoked cigarettes daily (Ward and others 2003).

Our research

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- 87% of people experienced feelings of low self esteem
- 79% of people experienced feelings of anxiety
- 76% of people experienced feeling depressed
- 78% of people experienced feelings of isolation
- Results did not change much from in care to after care

Why mental health deteriorates when you go into care? What our forums said!

- Lack of emotional bond / trust
- Multiple placement changes (feels like punishment)
- Not being listened to
- Build up guilt
- Saying I am better off without family
- Calling police to deal with behavioural issues (i.e. smashing a plate) Just made me want to be naughtier, made me angrier.
- Took advantage that staff weren't trained
- ABUSE – (phys, ment,emot)
- Post Code Lottery
- Emotions not seen as important – Emotionally handicap (no therapy)
- Mental abuse
- Not given chance to talk about it
- Wrong time to deal with it when help was offered (anger management issues)
- I opened up, they dismissed how I felt and palmed me off
- Counselling not regular enough

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Why does mental health not improve when you leave care and live independently? What our forums said!

- No one cares
- Totally on your own
- All support disappears
- Moving about a lot services losing track
- Not given skills (practical, emotional etc)
- Had to wait months to be seen (mental health) I gave up
- Kept asking questions (wrong type of counselling)
- Couldn’t relate to people because of care experience
- I had to take drastic actions before I saw someone / got help
- Therapy that doesn’t work
- General mental health
- Never really leaves you (care experience)
- Public perception of looked after children/care leavers

What can we all do?

- System
  - Formalise care leaver health in JSNA
  - Ensure wider commissioning supports care leaver health
  - LAC to have comprehensive health assessments that are updated
  - Appoint a health champion for care leavers
  - Improve placement stability and choice
  - Increase therapeutic placements

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Care Leavers

- Care leavers have health assessment in pathway plan
- Priority access to services
- Improve transition pathways to adult services
- Increased role for PA
- Mentoring/coaching/befriending services
- Range of emotional wellbeing and self development interventions

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Wider key issues

- Mental health assessment upon entry to care
- Prevention
- Emotional health and wellbeing support during care
- The quality of care and relationships
- Stability
- Understanding behaviour
- Access to mental health services
- Access to adult services

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