



DRIVE FORWARD

MOMENTUM MADE BY YOU

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Supporting Care Leavers' Mental Health

DRIVE FORWARD FOUNDATION'S SUBMISSION TO THE INDEPENDENT REVIEW INTO CHILDREN'S SOCIAL CARE, NOVEMBER 2021

Background

- Over 40 per cent of care leavers feel that the mental health support they received was 'not effective at all' (survey conducted by DFF)
- Nearly half (45%) of children in care have a mental health disorder ([Barnardo's](#))
- 72% of children in residential care have a mental health disorder ([Barnardo's](#))
- Care experienced people are between 4 and 5 times more likely to attempt suicide ([Barnardo's](#))
- Local authorities are obliged to publish a 'local offer' detailing the ways in which they will support care leavers in their area. However there is no obligation to include details of mental health support
- CAMHS services are encouraged to '[fast-track](#)' children in care so that they have priority access to services, however there is no such mechanism to prioritise care leavers in adult mental health services, despite care-experience being such a high risk factor for mental health
- Some local authority leaving care teams, such as Middlesbrough, have partnered with local CAMHS teams to arrange for a counsellor to provide ring-fenced support for its care leavers

The solution

Having conducted surveys, analysed models of best practice and gathered qualitative data from several professionals, we have co-designed a mental health campaign with care-experienced members of our Policy Forum.

As a minimum, we are campaigning for there to be **at least one in-house counsellor in every local authority leaving care team.**

A lot of the time, care leavers lose out on key services because local agencies don't work together well enough. So, as part of our campaign, we are asking for better multi-agency collaboration between health services and local authority leaving care teams and for these counsellors to be NHS-funded.

We believe this is the very minimum that should be provided for care leavers. In reality, we expect that provision would be tailored to each local authority's needs.

What we are asking for fits with the Government's [NHS Long Term Plan](#). This sets out plans for mental health professionals to be based in schools and colleges, so that more 18-25 year olds can have their mental health needs met in a place that is convenient for them. This should be extended to local authority leaving care teams to address the high concentration of mental health issues among care-experienced young people.

Poor mental health outcomes are associated with difficulties entering and sustaining employment; criminalisation and homelessness. There are also all areas in which care-experienced people are over-represented. Therefore, by extension, if we support care leavers with their mental health, we would expect to see reductions in criminalisation, homelessness and unemployment amongst the care-experienced community.

Qualitative evidence

Below are some real life case studies of care-experienced young people that we work with:

"When I was in residential care, it was like nobody seemed to understand the seriousness of mental health. The staff did not understand how much I was detrimentally being affected by it."
Care Leaver, 22

S: mental health services too general

S needed to access mental health services when she left care to deal with the trauma that she'd experienced. When S was quite unwell, she worked with the local psychology team and had to visit the hospital every day. However, every time she visited the hospital she spoke to a new person each time. She found herself having to repeat her trauma at every visit, which affected the treatment she received: "by the time you've finished repeating yourself, you don't really feel like talking about how you're feeling".

S also felt that she had to repeat herself during the transition from CAMHS to adult mental health services: “when you’re 16/17, CAMHS are supposed to plan for your transition to the adult mental health service team. But because I’d been moved around a lot - from the place I was adopted, back to my mum and then to semi-independent - the communication got lost. Agencies don’t seem to work together”.

S feels that care leavers need a specific type of counselling that meets their needs. “Most of us who are care experienced will have faced trauma. Most of us will need a service that understands us and isn’t generalised. Our intersecting issues from the care system are not considered - we need some sort of cohort service. Even when I was receiving help from a sexual abuse charity, their advice was extremely general and didn’t take into consideration how abuse from a foster carer - someone who is supposed to look after you - has a particularly isolating effect”.

I went into care at the age of 12 due to my mum being unable to care for me due to poor mental health. I had experienced many traumatic events in my life which have left me with scars that are still present to this day. I received therapy on and off throughout my teenage years to cope with the trauma I had undergone from CAMHS. However, childhood trauma can still haunt you even after you turn 18.

F: The isolation of Covid-19 exposed the need for bespoke care leaver mental health services

“You undergo many changes from transitioning from foster child to care leaver when you turn 18. Social workers turn into PAs. You are expected to rely on the welfare state if not in employment or student loans/grants if you are at university. Many move out and live in semi-independent accommodation or start to live on their own. At 19, I decided to move out of my foster placement due to a breakdown in our relationship. That meant that I had to move back to my previous borough as I only had priority for housing in my local authority. I moved into my flat, living alone for the first time at the age of 19.

“It was shortly after moving in that I had my first mental health breakdown. Due to moving out of borough, I had to stop accessing mental health support from where I lived to go through the same process. The therapies that I had waited a year to access were stopped at my most vulnerable point and I was expected to access support from a different NHS Foundation Trust instead. Since I was a new patient, it meant that I would have to start from the bottom and join the waiting list for therapy. As a result of these many other factors, I ended up taking a year out of university, unable to be sure I could return. I was not able to access ESA despite being signed off by my GP due to being classed as a student. This then meant I was forced to work despite being unwell in order to keep a roof over my head and food on the table.

“My external stressors made it hard to stabilise my mental health and the level of support I needed from mental health services increased as my mental health spiralled out of control, using

self-harm as a coping strategy. I was eventually diagnosed with Emotionally Unstable Personality Disorder (EUPD). It was at my lowest point that I was offered emergency access to therapy and having those services that I started to make a slow recovery to become what I am today

: a full-time midwife and campaigner in my spare time. Despite the sessions being limited to a certain amount, they allowed me to understand the effects of my trauma and my experiences in the care system that led to me having EUPD. This then helped to develop healthy coping strategies and reduce self-harm.

“As a result of accessing these services, I was able to go back to university and complete my degree in midwifery. I consider myself to be one of the lucky ones who were able to access mental health services due to having acute symptoms. This helped me to get my life back on track despite having a mental health condition, however this isn’t always the case for other care leavers. I still struggle with my mental health. Due to finding re-accessing therapies difficult, I ended up paying to have private therapy instead.

“I joined Drive Forward in January 2020. In doing so, I met other care leavers and found that lack of mental health support was a common issue faced by those who've been through the care system. Many share the same sentiments as I do and also feel that adult mental health services are unfit for purpose in meeting the specific needs of care leavers. For example, the limited amount of sessions that is usually offered cannot adequately deal with issues such as abandonment, trauma from the care system, transitioning into independence at a premature age, and the manifestations of childhood trauma in adulthood. This system echoes the experience of being passed around and not getting enough support during care leavers’ time in care

“When Covid-19 came along and we went into lockdown, I was completely alone. I live by myself - a lot of care leavers do. We’re often isolated when we leave care, and most of us were pretty isolated in care too. It’s fair to say that loneliness has been a constant feature of my life - and lockdown took me back to a place of being completely isolated. During lockdown, I received my care files. These are the files that were kept by my local authority while I was in care and care leavers can ask to have them when they’re older. My care files included some really triggering stuff - but I was handed them without as much as a debrief from my local authority, let alone any counselling. And even then - even as I was dealing with such a triggering piece of information - I couldn’t physically go and see anyone. I couldn’t go and hug my friend who lives downstairs.

“In summary, I believe that offering a specialised mental health service that is provided for in-house in the local authority would be make a difference by

- Offering mental health support that can be specifically accessed by care leavers which means care leavers do not have to compete for mental health support with the general population
- Provide mental health support that is targeted to the specialised needs of care leavers
- Tackle the specific impacts of Covid-19 on care leavers mental health

“There are already specialised services for care leavers such as access to housing and personal advisers, and it is time we matched this with specialised mental health services too.”

Further resources:

[Children’s’ mental health problems don’t disappear at 18, and nor should support](#)

[Good mental health – not a luxury but a right](#)

[Drive Forward calls for urgent Government action on mental health](#)