

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [anghydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [mental health inequalities](#)

MHI 24

Ymateb gan: | Response from: Unigolyn | An Individual

Care leavers are disproportionately affected by mental health

Good morning my name is [REDACTED] and I am currently the care leaver co-ordinator at [REDACTED]. I work with care leavers who come into custody and have implemented a care leaver strategy to identify and support the care leaver population, with the main aim to reduce the impact of re-traumatisation and to roll out a trauma informed program for the young people and men. I have also developed a trauma informed training package for all professionals who work throughout the establishment and also in the community. Including police and probation, social services, education settings and third sector organisations. I spent most of my childhood in care and have personal life experience which helps me identify and shape practice. I have also fostered and adopted and know first hand how there is a need for better mental health services to address the needs of looked after children and care leavers. I also understand the barriers that care leavers face not being able to access the appropriate support.

Care leavers are overrepresented in the criminal justice system which research suggests is due to the life experiences and trauma an individual has encountered. As a result care leavers are disproportionately affected by mental health.

Research conducted in HMP PARC 80% of the care leaver population stated they have suffered from mental health conditions. Statistics provided by the care leavers association stated 88% of care leavers felt depressed during and after leaving care and care leavers are seven times more likely to die before the age of 25 than their peers. There are not adequate services to support the specific needs of care leavers as a result interventions can leave a care leaver more traumatised.

Factors contributing include trauma attachment and brain development -

It's not just the interpersonal trauma and abandonment that impacts a care leaver but also the relationships they have experienced from their caregivers Abuse and neglect which for some does not stop when they enter the care system. Ace's including abandonment issues especially in adoption breakdowns. Bereavement where siblings

have been separated in different foster placements or younger siblings have been adopted.

Attachment theory focuses on the relationship between caregiver and a child. This is the foundation for life, the foundation of brain development creating positive pathways in the developing brain. Positive attachment experiences are crucial for sound social and emotional development. Effects of secure attachment include trust, intimacy, affection, development of reciprocal relationships, positive self esteem, future independence and autonomy, ability to manage impulses and emotions and resilience in the face of adversity. Care leavers who have not had positive attachment can make the transition into adulthood and independent living a challenge, especially where childhood trauma has not been addressed. Identity is another factor that can impact a care leavers mental wellbeing not knowing who they are or where they have come from. No one to reminisce about past events or clarify memories to have an understanding from a different perspective, as a child will process the information and try to make sense of what that memory is in a negative way. Broken memories with no one to help piece them together to make sense of them or to clarify if the memory is reality. These are just some of the issues that can impact a care leavers mental health.

Due to trauma, attachment and brain development care leavers can develop a survivor mentality, be self-reliant as they have not had positive relationships with less support than their peers. No one cares about them and this can lead to challenging behaviour. Relying on themselves becomes a part of a care leavers identity. As they see it they have had to fight to stand up for themselves in order to survive and avoid further victimisation.

Other issues are trust, growing up caregivers who were supposed to keep them safe, have essentially let them down. Care leavers can view the world as an unsafe place and lack confidence that adults can support them. Lack of support or education to seek help is another barrier 78% of care leavers stated they felt isolated during and after leaving care and are expected to live independently at a young age with insufficient information identity issues, little or no practical or emotional support, developmental delay all of which contributes to poor mental health.

Medical intervention is one route to address trauma and attachment disorder. However, there is confusion and disagreement, failure to recognise what the actual diagnoses and what assessments and interventions are needed. Some symptoms of attachment disorder coexist in other behaviour associated with early traumatic experiences. Professionals working with looked after children and care leavers should all have training and be educated of life before, during and after care and what these experiences can be like for an individual who has grown up in the system. A trauma informed care approach, following a set of principles to assist and guide professionals

enabling them to have an insight of the impact of a care leavers mental, physical and emotional health. An approach that promotes support holistically, not just focusing on treating individual symptoms and behaviours. Looking at the trauma a care leaver has experienced but also thinking about the environment before, during and after care, the procedures that follow, the impact of stress and brain development. Not just addressing the symptoms, rather strengthening the root causes. A healing centered engagement approach is required to address the needs of care leavers afflicted with trauma. It's important to understand and recognise the way in which care leavers have been impacted by their experiences and essential for the care leaver to know their symptoms come from somewhere.

The leaving care act 2000 implemented new requirements after the recognition that young people's transition into adulthood and leaving care could be delayed due to their childhood experiences impacting their psychological health including, developmental delay, attachment disorder relating to emotional, physical, sexual abuse and neglect. These experiences can have a detrimental impact on the care leaver exposing them to greater risks than their peers into adulthood, which increases the risk of criminalisation. The Social Services and Wellbeing Wales Act 2014 gives each local authority the responsibility to develop a local offer for care leavers who are entitled to support and allocate a personal advisor.

Research conducted at HMP Parc suggests that young people do not know if or what support they are entitled to. Where the young person does have a personal advisor research suggest the personal advisors are not staying in touch or visiting and the personal advisor support only applies to a small percentage of care leavers who have been in care for more than 13 weeks after their 14th birthday, even though anyone has come into the care system may have experienced significant trauma and potentially have no positive support. Where pathway plans are being done with a young person to address mental health issues and support on release this is not being adhered to. When a young person does reach out to potentially have support for mental health, services are not able to provide this. A whole new approach is needed to address the needs and mental health services and support for care leavers.