The Health, Care and Wellbeing of Young People who are Care Experienced in Essex

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healthwatch Essex

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1.0 Introduction

1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience. We also provide an information service to help people access, understand, and navigate the health and social care system. One of the functions of a local Healthwatch under the Health and Social Care Act 2012, is the provision of an advice and information service to the public about accessing health and social care services and choice in relation to aspects of those services. This document was revised in July 2022 and the role of Healthwatch was further strengthened as a voice of the public with a role in ensuring lived experience was heard at the highest level.

The Healthwatch Essex Information and Guidance team are dedicated to capturing the health and social care experiences people in Essex are meeting daily. The team respond to enquiries relating to health and social care and are equipped through training, to offer specific information to the public or other professionals. The team are well placed to listen, reflect on and support people to share complex experiences such as those shared in this report. You can find details of how to contact our team on our website here - https://healthwatchessex.org.uk/speak-to-our-team/

1.2 Background

In line with our focus on Hidden Voices, we embarked upon a series of projects looking at 'Hidden Homeless' cohorts in society who generally experience increased barriers in achieving their health, care and wellbeing outcomes. This is the third report in the 'Hidden Homeless' series, focussing on the lived experience of care leavers/care experienced people in Essex.

Prior to joining Healthwatch Essex, I worked as a PA in a Leaving and Aftercare Team for around two years and have also been a Senior Support Worker at a supported housing project for young people which included young people who were care experienced. This hands-on experience was invaluable as a foundation for this project.

1.3 Acknowledgements

Healthwatch Essex would like to thank all the care leavers/care-experienced and professionals who took part in this project through focus groups and interviews.

1.4 Terminology

PA - Personal Advisor
SW - Social Worker
CIC - Children in Care Council
LAC - Leaving and Aftercare Team
ECC - Essex County Council

1.5 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during the engagement visits. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

2.0 Purpose

The aim of this project is to explore the specific health, care and wellbeing needs of people involved in the care system, including the additional barriers that they face in meeting these needs, the support currently available to them and what improvements are needed to achieve the necessary outcomes, which will in turn produce better long-term outcomes for individuals in this cohort group.

Ethical Approval for this project was applied for from the ECC Research & Citizen Insight/Policy Unit. The research proposal was approved under the terms of the Essex County Council's research governance guidelines in February 2025.

2.1 Engagement methods

Group discussion:
In order to gain a more in-depth understanding of Care Leavers and their experiences with health and wellbeing.

Case Studies:
To further understand the experience of individuals involved in the care system.

3.0 Key Findings

Through our two previous Hidden Homeless Projects - **Addressing the Health, Care, and Wellbeing Needs of Ex-Offenders in Essex** and **The Health, Care & Wellbeing Needs of People Involved in Sex Work,** we identified several care leavers who were part of these cohorts. We wanted to explore this possible connection further so have focussed on Young People who are Care Experienced for the next instalment of this project.

- What are the lived experiences of care experienced young people in Essex before, during and after their involvement in the care system?
- How have looked after young people's experiences of the care system impacted on their healthcare and wellbeing?

The **'Toolkit for Supporting Care Leavers in Prison 2019'** Toolkit for Supporting Care Leavers in Custody - NICCO states:

♣ 27% of the prison population have spent some time in care, despite the fact that only 1% of under 18s enter local authority care annually.

♣ It is likely that around a quarter of 18–25-year-olds in prisons are defined as Care Leavers.

♣ Care leavers are more likely to be reconvicted or breached when they leave custody (MoJ, 2013).

♣ Looked after children and care leavers are between four and five times more likely to attempt suicide in adulthood.

Health needs

The impact of trauma and maltreatment in childhood (63% of children enter care as a result of abuse or neglect) places Care Leavers at risk of poor physical and mental health. It can also impact on their ability to self-regulate their feelings and behaviour. For many Care Leavers, their physical and mental health needs may not have been diagnosed or treated due to lack of support networks or regular placement moves.

Relationships

Previous trauma/disrupted attachment, changes in caregiving arrangements, involvement of numerous agencies in their lives, inconsistency in PA/social worker may make it difficult for Care Leavers to develop and maintain positive relationships. It may take longer to overcome the barriers that many individuals put up to prevent trusting relationships being developed. They may display behaviour that makes it difficult to develop those relationships.

The **Children's Commissioner** states:

New findings on how children in care interact with the criminal justice system | Children's Commissioner for England (childrenscommissioner.gov.uk)

Latest government data from 2021 shows that 41% of 19–21-year-old care leavers were not in education, employment, or training, compared to 12% of all other young people in the same age group.[1] Tragically care leavers make up 7% of the deaths of young people aged 18-21 despite only comprising 1% of the population for this age group. [2]

Data shows concerning trends for young LAC. More than half (52%) of children in care had a criminal conviction by age 24 compared to 13% of children who had not been in care. Though this metric includes minor offences such as speeding and graffiti, it is shocking that so many children in care have interacted with the justice system at such a young age.

Children in care appear to enter the justice system earlier than children who have not been in care. On average, children in care who received a custodial sentence first did so in the year they turned 18, whereas, for non-LAC, this was in the year they turned 20. Moreover, of the children in care who received a custodial sentence, 18% were under 16 when they were imprisoned for the first time, this is 4.5 times higher than for those who have never been in care

Care Placements | Provider Hub | Essex

As of 31st March, there are a total of 1164 Children in Care (CIC). The majority of Children in Care are in Fostering placements totalling 69% of placements. This is either in our in-house foster placement (42%), External Fostering (17%), Kinship at 8% or placed at a family home (2%). This supports our strategic intention to keep children in a home environment with families.

3% of our children are placed for adoption. 29% of our looked after children are placed outside of a fostering placement. In these cases, 17% are placed within a Supported Accommodation setting. 6% within a mainstream setting and 3% within lodgers or other registered provision. It is the Council's intention to ensure where children are placed outside of a fostering setting that the child or young person is supported to be in the most appropriate placement.

Engagement for this project was sourced from the Essex Children and Care Council and the Children's Society Staying Close project.

Every child in care and young care leaver in Essex is by right part of the Essex Children in Care Council: Children in Care Council - Essex County Council

Staying Close is for Looked After Children aged between 15 and 24 years, living in residential placements or semi-independent housing. All the referrals come through the Essex Children and Young People's Leaving and After Care Service teams. Staying close | The Children's Society - *'We offer enhanced support to young people who are approaching the end of care support services. Our keywork practitioners work alongside young people to help provide stability for them*

within their placement and prepare them to step down to less intensive forms of care e.g. semi-independent/ independent accommodation, and where possible, reunification with family.

Our support model promotes resilience and placement stability by working collaboratively with young people, families, social care practitioners and placement providers. This enables a wraparound package of care developed with young people.'

This project was also shared across all our social media platforms and to our stakeholders and numerous partners.

One member of the public wrote to me after seeing one of the social media posts:

'Hi Sara

I came across your post.

I am not a care leaver or young.

But I did look into working as a Volunteer Mentor for care leavers.

I found out that Essex County Council does not have this in place.

I can volunteer in most areas but not Essex, but want to work in my hometown

I have been a volunteer on the Colchester SOS Bus for 16 years and have come across the need.

I have witnessed children placed in warden-controlled homes dumped with plastic bin bags of belongings (this should not happen).

I tell everyone involved with these young people when I meet them about the lack of mentors.

So, I thought I would tell you.

Best wishes and luck with your work.'

Looked After Children's Nurses:

I also spoke to two of the nurses from the Child in Care Team from Essex Partnership University NHS Foundation Trust (EPUT) based in South Essex.

Looked after children's nurses (LACs) act as health advocates for looked after children. They carry out assessments, planning and delivery of healthcare, and can offer specialist advice to the young person.

They told me that they send a Child in Care (CIC) Resources/Directory to all of the young people they are involved with when they leave their service. This details numerous organisations' that they can contact if they need help with health needs.

A few of the young people I spoke to told me that they would have liked to have seen the nurse on a more regular basis. Many of them remembered the nurse coming to weigh and measure them but no further input. They also said that they felt they hadn't been given enough information about how to deal with their own health/wellbeing needs after leaving the system.

The CIC website has a section called 'Who's Who' Who's Who in Essex Social Care which explains the role of each worker involved in the care system but unfortunately this doesn't seem to be working at the time of writing this report.

Leaving and Aftercare Teams Essex:

There are four Leaving and Aftercare teams across the county:

Leaving and after care teams | Essex County Council

The website states: *'You can contact them at any time or attend a drop in session.'*

Unfortunately, the website does not give any information regarding when/where the drop-in sessions are held.

All the teams were invited to be involved in this project but only the North team based in Colchester responded saying they were not able to support at this time.

Case study:

Zena* shared her experiences with me around being in the care system.

"I came into care at the age of 12 and was in until I was 17 when I didn't want to live in foster care anymore.

My first foster carers were very on it when it came to doctor's appointments, dentist and the opticians. I felt that I could ask them for help with this whenever I needed it. The next lot of foster carers not so much unless it was a routine appointment that I had to attend. I didn't feel that I could ask them for help when I needed it. I do remember the nurse (Looked After Children's Nurse) coming to the foster house to measure my height and weight when I was in the first foster home but not in the second one.

I had no idea how to do my washing or my cooking or my cleaning or nothing like that. I was struggling. But I didn't feel as though I could talk to them because they didn't want to get to know me.

I ended up running away to stay with a family member as the foster carers I had at that time were not very nice to me. I was able to stay with the family member, and I didn't have to go back to those foster carers. I was stuck in that placement for two years and I made a lot of complaints to my social worker, and she did nothing about it the whole time. She just pushed it to one side. I think that young people need to be listened to a lot more.

I then moved into my own flat, but I don't feel like I was given all the information/skills needed to live independently, I didn't really understand how to pay bills or look after my flat properly. It was really complicated, and I didn't know what to do.

My social worker wasn't very good but now I have a Personal Adviser, and she has been very good for me, she tries to help me when she can and when she isn't on annual leave.

Now that I'm older, I feel like I've matured quite a lot and am obviously learning. I'm learning that I have no one on my side, if that makes sense to do things for me, I have to do it all on my own, so there's no point hiding all of it because I have to do it on my own.

In care I didn't get any support with my mental health. I was told I was attention seeking and that they were going to put me in a psychiatric unit and all these things and it became very deteriorating for my mental health. Being told that I'm crazy all the time wasn't good but since coming out of care, I've had a lot of help. I was diagnosed with borderline personality disorder. I wasn't crazy at all.

My mum passed away and they (previous foster carers) decided that I did not need bereavement counselling. They thought they could handle it on their own, so I have. I've had no counselling for it, which was very hard to deal with. I still don't feel as though I've grieved at all because of it. I've not had the right tools to be able to feel I can grieve."

I asked Zena what suggestions she had to help improve the system and young people's care experiences.

"Some of us actually don't want to go home (to parents) and would like to have a placement where they feel safe at all times because we don't get that growing up and then we don't feel as though we've had a childhood because of it. We had to grow up too quickly.

I think being listened too would be very helpful. Just someone to be on your side and not feel like everyone's against you. Yeah. That'd probably be very helpful.

And regular visits from the Looked After Children's Nurse. Better access to Advocates and more regular contact from them."

Zena said she would like to work in mental health/counselling.

"I feel that as though I might be able to understand myself a bit better and then help people who are in the same situations as me and then maybe I could even go into working helping people, not as a social worker but a personal advisor and help them because I've been through the same situation. I can say that I do understand where you're coming from and them feeling a bit more relaxed with me because I understand."

Group session:

I was invited by the Staying Close project to attend one of their participation sessions where young people and their key workers come together to discuss different topics and have some food. There were around 8 young people and their key workers. Some of the young people chose not to engage but they did stay in the room and listened while I explained why I was there. I also took cake for encouragement!

The young people who did engage were easy to talk to and gave many different examples of their experiences. Below is a summary of what they shared:

Lack of consistency regarding young people's health/wellbeing needs being met whilst in care:

Some foster carers were more proactive than others at encouraging the young people to attend GP, dental and optician appointments.

Some young people felt they were ignored by foster carers when they asked for an appointment, others said they attended regular appointments more often in foster care than compared to independent living.

"I lived with one foster carer who was vegetarian, but I wasn't. They gave me shit frozen ready meals to eat and I wasn't allowed to go into the kitchen to make any other food for myself. I mainly hid in my room and didn't eat."

"I like to go to the gym, my PA agreed that they would pay for gym membership, but I found the gym too small. I wanted to go to another gym which was only £1 a week more but they said no."

"I really like fishing, but I don't get any support from my PA to help me go and do it as much as I would like."

Lack of understanding from health professionals:

Many young people felt that most of the health professionals they have met had no real understanding of what a care leaver may have experienced. One young person told me about her experience with a dentist.

"She kept having a go at me for not going to the dentist sooner; my keyworker was with me for support, and they tried to explain that I had been in care and that it had not been easy for me to see a dentist on a regular basis, but she wouldn't listen. Even the dental hygienist came out after the appointment and said sorry for the dentist's attitude. I would have smacked her (the dentist) in the face if I was allowed."

Another young person talked about his GP experience.

"I don't go to my GP unless I really have to, it's really hard to make an appointment and if I do manage to get one then I only have 10 minutes which isn't enough, sometimes I have more than one thing that I want to talk about."

Communication difficulties with allocated workers:

Some young people talked about being unable to contact their social worker or personal advisor (PA).

"Me and my key worker tried to get in touch with my PA for about 3 weeks and then I got a message to say they had left the team but no one else had bothered to tell me this."

"I tried to contact my PA for about two weeks with no reply, by the time I did hear from them I had already sorted out the problem I was trying to get help for."

Key workers from Staying Close also stated that they had issues trying to contact allocated workers and one was unable to locate the duty phone number for one of the leaving and aftercare teams.

Number of allocated workers for a young person:

One young person told me they had eight social workers in two years. Another had three personal advisors in a year.

The young people told me that they really struggle to build up relationships with workers as they don't last, or change on a regular basis. Most of them just give up and expect for that worker not to be available for them when needed.

'They are all shit, and I don't like any of them' said one young person talking about her previous social workers, PA's and foster carers.

Other things the young people talked about:

- Having to save money to get their hair cut.
- Lack of signposting when leaving residential care.
- Rudeness of the looked after children nurse.
- Registered at the wrong GP so doesn't attend as it takes three buses to get there.

- Complicated to make a GP appointment.
- Not seeing the same GP each time makes it even harder, and only being able to talk about one issue per appointment.
- Residential care-staff made sure young people were registered at the GP, dentist and optician.
- Mental health inpatient stay (in an out of area hospital) - no access to dental treatment and the young person was suffering with a tooth abscess. Staff from the Staying Close project have been trying for over four weeks to get him seen by a dentist.
- Young people felt that they should have had more input/visits from the looked after children's nurse.
- One young person said he attended the dentist/GP more when he was in foster care compared to now due to the lack of bribery as an adult

The positives:

Residential care:

Two young people talked to me positively about their time in residential care; one said he felt it gave him more freedom than foster care. Another said:

"I didn't have to try and fit in with someone else's family, we were our own misfit family."

The Staying Close Project, The Children's Society East:

It was great to see a group of young people sitting together with their key workers in a relaxed and an informal manner and the majority of them were happy to talk to us about their experiences.

4.0 Conclusion and recommendations

There is still work to be done to improve the way that the care experienced/care leavers access help and advice regarding their health and wellbeing needs.
These young people can struggle to build a trusted relationship with adults in their lives and having (at times) a constant change of foster carer/PA or SW does not help this situation. Many young people feel they are left to fend for themselves and are unable to access someone to help them when they need it.

There needs to be improved understanding from health professionals outside of the care system regarding the experiences of young people involved in the care system and how that may have impacted how and when they access healthcare.

Improved information online for young people to access; some of the county wide websites that young people may use to access information were not very detailed. ECC and CIC as detailed above.

That young people are still feeling that they are not being heard/listened to when it comes to their health and wellbeing needs remains is an ongoing concern. They can't always rely on the adults around them to be there when they need them and this causes deficits in timely and effective responses.

Young people need to be able to build strong, trusted, long term relationships with an adult they can rely on to be there to support and hear them when required. So many of them felt let down by the adults in their lives who were meant to be there to help them. When the parental figures in life cannot provide what is required for a young person to be safe and thrive, then the state must do that for them and currently many young people are feeling let down and unsupported by the system that is meant to be helping and protecting them.

Recommendations:

Social Care working to reduce the number of allocated worker changes throughout a young person's involvement in the care system:
Young people cannot be expected to build a relationship with an adult who is meant to be working in their best interests if that person keeps changing and/or communication with them is difficult.

Communication:
Care leavers/care-experienced young people being informed about a change of allocated worker before the change happens, where possible, so they can prepare and for them to be informed of where they can access help in the meantime.

Development/improvement of a duty system:
When I worked in a leaving and aftercare team, I was one of the duty workers. I dealt with young people when their keyworker was unavailable. This meant that the young people always knew that there was someone there for them to talk to and assist them with any problems they were having. I am not aware if this system is still used in the LAC teams or not but none of the young people who spoke to me mentioned that this service was available to them. Having a single point of assistance for the young people to access which is reliable and easy for them to contact would make a huge difference to the confidence in the service provided for them.

Improved understanding from health professionals:
Better understanding by health professionals regarding young people involved in the care system. This could be achieved with dedicated training, health professionals hearing from the young people directly about how they would like to be treated and understood. Young people would feel more confident in talking to health professionals if they knew that they understood more about their experiences. Several young people said that they would have liked more involvement/visits from the Looked After Children nurse, this would help to develop confidence with health professionals and help to develop a stable relationship that is less likely to change if the young person moves to numerous placements/accommodation.

Luggage/Bags:
It was surprising to read from a member of the public that they had seen a young person being moved into accommodation with their belongings in black bags/sacks. I understood that this was not meant to be happening anymore, and all young people would have holdalls/suitcases for moving. I can't imagine what it feels like to have all of your belongings shoved into a rubbish bag, it must make young people feel like they are just not important or cared about. All young people should be able to move their belongings in an appropriate way with care and consideration.

In conclusion, there is much still to be learnt in effectively supporting those who enter and move on from the care system. Much accountability lies at the strategic level, but there are easily achievable improvements which could be made by a greater level of coproduction with the young people themselves.

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