

CARE LEAVERS' EXPERIENCES OF EMOTIONAL WELLBEING SUPPORT WHILE LEAVING CARE

Peer researcher report

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Dedication

This report is dedicated to each of our participants. We are very thankful for your time, honesty and bravery during the interview process. We hope this report represents you as authentically as possible and that you feel heard. The experiences, concerns and contributions you brought are very important to us. We will do all we can to put these to good use and influence positive changes for care leavers in the future.

Acknowledgements

We would like to acknowledge and thank the staff at Foundations for giving us the opportunity to carry out such important work as well as supporting us to produce this report. We are also hugely grateful to the local authority staff in each borough who assisted us with finding and connecting with our participants.

About Foundations – What Works Centre for Children & Families

Foundations is the national What Works Centre for Children & Families. Foundations researches and evaluates the effectiveness of family support services and interventions, and generates the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home and lead happier, healthier lives. Foundations was formed through the merger of What Works for Children’s Social Care (WWCSC) and the Early Intervention Foundation (EIF) in December 2022.

About the McPin Foundation

The McPin Foundation is a mental health research charity. We want mental health to be better understood, and we believe research is done best when it involves people with relevant personal experience that relates to the research being carried out. We call this ‘lived experience’ and integrate it into our work.

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INTRODUCTION

In the summer of 2022, Foundations – What Works Centre for Children & Families (formerly What Works for Children’s Social Care) commissioned the McPin Foundation to undertake the peer research component of two evaluations. This report is about the Care Leavers’ Emotional Wellbeing (CLEW) project.

The wider CLEW project was an exploratory study of the emotional needs of, and provisions available for, care leavers in five local authorities (LAs) in England. The wider CLEW project entailed commissioned evidence reviews, an exploratory qualitative research study with professionals and with young people leaving care, and a deliberative workshop. This report focuses on the research undertaken by McPin peer researchers, as part of the wider qualitative study, with the young people who had left, or were leaving, care.

The McPin Foundation is a mental health research charity specialising in centring the voices of people with lived experience of mental health challenges, but also incorporating other, intersecting experiences (such as being in, and leaving, care), within research and evaluation.

Between Autumn 2022 and early 2023, McPin contracted four peer researchers, all with lived experience of leaving care, and supported them to come together as a small team, provided them with a range of training relevant for conducting peer research (e.g. on ethics, interviewing, working reflexively, and thematic analysis), and created spaces for the development of reflexive research and evaluation skills.

The main aims of the peer research component of CLEW were as follows:

- To understand care leavers’ **emotional wellbeing needs** (including what contributes to low wellbeing, and the range of coping tactics used to manage this)
- To understand the **barriers and facilitators** to accessing emotional wellbeing support
- To understand **transitions** to adulthood and the emotional wellbeing challenges these bring for care leavers
- To understand the role of different **relationships** in protecting, or diminishing, care leavers’ emotional wellbeing
- To understand how **intersecting inequalities** might come to bear on care leavers’ emotional wellbeing
- To understand care leavers’ perspectives on **how emotional wellbeing support could be improved**.



METHODS¹

Following a short period in the Autumn of 2022, within which the peer researchers reviewed, and suggested changes to, the CLEW young people's fieldwork documents, data collection began. This entailed conducting semi-structured interviews, online, with care leavers (n = 7), all under the age of 26, from four local authorities who had been in, or who were in the process of leaving, the care system in England. Interview questions were in line with the evaluation research aims set out above.

Following data collection, the peer researchers familiarised themselves with the young people's data set as a whole – reading, re-reading, and listening back to the interview audio files. They then assessed whether the thematic framework used in the main CLEW evaluation report captured the entirety of the young people's data, and found that while on the whole it did, there was room for more of a focus on future aspirations, which can be key in contributing to emotional wellbeing in the present (this was added in as a key analytical theme). The peer researchers created a joint coding framework in Excel, divided the transcripts among themselves, and coded them, populating the spreadsheet with evidence (in the form of quotes) and their own thoughts and interpretations, clearly distinguishing between these two. We held a preliminary analysis and writing workshop, wherein the peer researchers agreed which themes they were each going to lead on, and were supported (and supported each other) in becoming familiar with the iterative and interconnected processes of analysis and writing.

The peer researchers each led on 'their' report sections, with ongoing support from the McPin research manager. A further workshop was held, in which the peer researchers came together to sense-check their analyses and interpretations with each other, and work jointly towards agreeing data-driven, overarching narratives for each section and for the report as a whole. The peer researchers were keen to include as many quotes as possible in this write-up, and decided not to attribute the quotes due to the small sample size and associated risks of breaching anonymity. Where demographic information is pertinent to the issue at hand, the relevant information is given within the discussion.

¹ Detailed information on the methodology for this exploratory evaluation can be found in the main report, linked in paragraph two.



FINDINGS

Care leavers' wellbeing

Based on the data collected in this exploratory study, it is clear that care leavers' emotional wellbeing needs can be complex and multi-faceted. While 'emotional wellbeing' at its core can be understood as a universal human state, or goal, it can be compromised for everyone, and in particular ways for care leavers. Meeting goals in relation to emotional wellbeing can be especially difficult given the multiple challenges they face, and have often faced, throughout their lives.

Contributors to low wellbeing

Participants spoke of several factors that contribute to low emotional wellbeing, and they expressed how these factors could make life exceptionally challenging. Key challenges highlighted were loneliness and isolation, feeling 'different', trauma, a feeling of lack of safety, and mental health difficulties.

Loneliness, isolation, and lack of family support

Care leavers spoke about the challenges of living independently, of not having family or parental support, and of how this affected them. Some described problems leaving the house and socialising, while others spoke about distress stemming from living alone or losing touch with family members. The effects of these challenges were felt strongly:

"I just took like a decline in my mental health once I lived by myself ... I'm the kind of person like I really hate being alone cos once I'm alone I'm just in my head... I had nothing to busy myself with, so I was alone in my head, in my thoughts. And you just replay memories."

"I'm just stuck in this mindset of that people don't care about me and that they'd just rather get on with life without me."

"I'm literally nowhere in life right now and being all alone, it's just very difficult. And feeling like you have to look for the love in the wrong places and... not having any guidance."

Feeling different, or 'less than'

Participants described feeling different to their non-care experienced peers, as a result of their care experiences. In particular, some felt they had fallen behind in terms of key milestones in life, due to the challenges of being a care leaver, which left them feeling somewhat disconnected, and 'behind':

"I'm seeing my friends like graduate, and obviously I'm happy for them and everything like I'm not jealous, but I just wish like you know, yeah, I just wish I could relate do you know really, I just feel like I'm so far behind."



Trauma

Participants talked about their experiences of trauma and described the negative impact that unresolved trauma had on their emotional wellbeing. There was a widespread sense within our sample that while trauma was survived during childhood, the impact of it extended far beyond life in care, well into adulthood. Some participants described coping well during foster care, but then experiencing low wellbeing *after* independence, when unresolved traumas surfaced:

“The mental health effect of... the trauma from childhood and the trauma from being in care... You’re passed from pillar to post, you don’t trust people, you feel unloved... I want them to be aware of what... effect that can have”

Lack of safety

In some cases, participants described feeling unsafe. While it was felt that lack of safety was in part related to elements of their social and physical environments, it also manifested as a felt lack of psychological safety. One participant described being ‘criminalised’ by the police for being a care leaver and having felt unsafe in mental health hospitals. Another explained that they felt at risk in the area where they lived, which exacerbated their anxiety:

“It’s just like every time I’m here, I always feel like I’ve got to have my guard up every time I leave the house, whether it’s morning, evening or night because it’s just not a very nice area.”

Mental health problems

In their interviews, some care leavers spoke about diagnoses they had received for conditions including depression, anxiety, complex PTSD and psychosis. They spoke not only about the difficulties of managing the conditions themselves, but also of the ways in which these affected their emotional wellbeing, adding significant challenges to their everyday lives:

“I was working before I got diagnosed, or maybe at the same time... I don’t know what to do because I’m just struggling all the time and I’m too into my mental health to have the confidence and motivation to do things, because if I could, I’d just stay in bed all day.”

We acknowledge that mental health and wellbeing are not linear; people can experience mental health problems and have high wellbeing, or experience no mental health problems and have low wellbeing. In this particular study, participants reflected that experiencing and trying to manage their mental health conditions contributed to their low wellbeing.

Wellbeing needs

Addressing low emotional wellbeing was something that participants were actively engaged in, and there were two routes in particular that they spoke of as being key in meeting their emotional wellbeing needs: therapy and financial support. However, for both of these, challenges were identified in optimising the benefits they could bring.



Therapeutic interventions

Participants noted that psychological therapy was helpful. They told us that the timing of engaging with therapy in their lives was key to its effectiveness, yet this was not something they always had influence over. Some described needing psychological therapies when they felt *ready* to explore their past experiences, including many years after, as well as before, leaving care:

“They forced me to go to CAMHS, forced me to go to counselling, which made me not utilise it and made me not want to be there or want to go. Whereas now... I want to do it, it's not there for me.... You need it after you've gone through something, so right now is the right time [for me], but... they don't have the funding; what's the point?”

“I wish it was more - I know obviously CAMHS stops when you're 18. I wish I had started a bit earlier”

Some participants stressed that a ‘one size fits all’, or generalist approach in therapy was not suitable for them and did not meet their needs, yet described having no control over the type of therapy available to them. In particular, some indicated that they needed specialist care, which they found inaccessible:

“A lot of us kind of need privatised help. Public help is not enough for us because we've got issues that are way beyond that.”

Whilst this participant refers to ‘public’ and ‘private’ services, they are ultimately describing the difficulty they experienced accessing *specialist* services that could meet their particular needs, especially as these related to the trauma they had experienced in their lives. Participants stressed that the therapeutic specialisms and modalities that they needed were out of reach.

Financial support

Participants also spoke about the difficulties they experienced with money and/or being unable to work due mental health issues, which related to their experiences of being care leavers. They spoke of their need for financial support, including in the form of benefits, in order to take care of themselves. Some described the stark choices they faced getting by on budgets that did not cover basic needs:

“I sometimes have to sacrifice the rent for food or like travel for food, because travel nowadays is not cheap at all. Like I'm talking it's either eat today or leave the house today”

“Not being able to pay the rent... I'm 18 and who would have ever thought that I would have to do all this... So it gets very difficult.”

One care leaver explained that they had to work part-time whilst at university, which affected their studies. They had to choose between completing assignments on time or having enough money to live on, which placed a strain on their emotional wellbeing:

“If I'm giving up those [working] hours, even if it's only 16 for that week, that's money that I'm not bringing in, so then... when the money's not coming in the costs are still coming out



... I feel like that really did just add to the stress that I was dealing with, because having to find a way of not get[ting] extensions and having to still do the hours”

In addition to identifying financial support as being necessary for emotional wellbeing, some participants also spoke specifically of the need for the Personal Independence Payment (PIP) application process to be made more supportive of emotional wellbeing. One participant spoke in some detail about their experience of a PIP review – the stress and defensive stance induced by the process was palpable in their description²:

“I like to get out with my mates and PIP helps me do that. But with this review, I’m going to walk in to a building and it’s going to go against me that I walk in to the building because I did the three steps up to the building. Then I’m going to sit there and talk to them, and because I can put a sentence together, that’s going to go against me.”

Tactics for coping with low wellbeing

There was a range of tactics described by participants, designed by them to cope with the low wellbeing they experienced. Some of these tactics can be understood – and are widely seen – as ‘healthy’, while others are more readily understood to have damaging effects, or to be ‘unhealthy’.

‘Healthy’ coping tactics

Some participants described taking holistic approaches to their health and wellbeing. Fulfilling activities such as going to the gym or spending time with animals were mentioned as alternatives to counselling or therapy. It was important to participants that they had support from professionals to access and fund these activities. Benefits and financial support, such as PIP, were flagged as being particularly important for funding therapeutic activities, and one participant said they would not be able to pay for this otherwise:

“PIP is like the only thing keeping me mentally afloat. [...] Like I’m a very big animal person and everything, animals are my therapy... I have to pay to get in to like [a safari park] and feed an animal. That’s every birthday since I’ve been out of prison. I only go to the [safari park] because I can’t afford it any other time, so I go there, I feed the animals, I see the animals. It’s amazing and that’s my therapy.”

‘Unhealthy’ coping tactics

Unhealthy coping tactics described by participants entailed drug and alcohol use. Some participants described turning to drugs due to a lack of mental health support and the spiral of emotions that ensued from this:

² See <https://www.disabilityrightsuk.org/news/2018/september/4-out-10-pip-claimants-do-not-appeal-it-would-be-too-stressful> for research exploring experiences of the PIP claim process.



“They just kept sending me in circles which just meant it got worse. I was just getting angrier, using more drugs to try and calm myself down, getting more and more depressed and getting into a rut.”

Facilitators & barriers to accessing and using emotional wellbeing services

All participants described having a level of contact with some form of emotional wellbeing service, either historically or at the time of the interview. One participant was referred to talking therapy with a psychologist by their Personal Advisor, another by a youth worker, another accessed support through their Probation Officer, and another accessed anger management and substance addiction recovery services. The impression participants gave of accessing and using these services was mixed but largely critical, with more barriers than facilitators described.

Facilitators

Professionals supporting & making referrals

The most commonly described facilitator for accessing emotional wellbeing support was participants' Personal Advisors making referrals on their behalf, in a way that was person-centred. One participant explained how their Personal Advisor had offered to make a referral, but they didn't feel ready at the time. Their Personal Advisor checked in with them a few months later and they still weren't ready, however a few months after that, when the Personal Advisor checked in again, they felt ready to go ahead. This participant really appreciated somebody supporting them on their terms, waiting until they were ready, and explained that this approach facilitated what the participant described as a “smooth transition” into counselling.

Flexibility around mode of delivery

Another facilitator for accessing and using emotional wellbeing support was flexibility around the mode of delivery for that support. Some participants described how they found the distance and location of their counselling service off-putting and how they wished they could have remote sessions, as this made a real difference when offered as an option. One participant described how their counselling service offered an online appointment on the day if they were not up to leaving the house, and they appreciated how this flexibility made counselling easier to access:

“It's really depending on just how I feel... if I'm doing a Zoom or like a Teams, I think it's like the Teams with her, I'll message her like maybe a few hours beforehand. So yeah, it's easy.”



Barriers

As noted at the start of this section, barriers to accessing and using emotional wellbeing support were much more commonly cited by participants in their interviews than facilitators. These barriers fall into seven categories, and we outline these briefly below.

Administrative hoops

One participant spoke of the administrative tasks required for accessing therapy as being a significant barrier. This was exacerbated by the participant's low wellbeing, which made doing administrative tasks even more difficult:

“Sometimes, when you're actually drained, I can't explain it, like I do nothing, I feel drained like, sitting at my laptop and trying to fill out a questionnaire like, it's, and also like I'm an insomniac or... I'm even surprised I'm here [in this interview].”

Waiting lists

Another significant barrier to accessing emotional wellbeing support which participants frequently flagged was long waiting lists. Participants described waiting lists of six months, usually more, to access adult mental health care. This was found to be demotivating and challenging. Participants pointed out that this is a barrier which Personal Advisors can do nothing about, and is instead part of a wider, systemic issue.

“I'm in a place mentally where I'm ready for [therapy] and it's not there for me... the waiting list is too high.”

Negative past experiences with professionals

One participant described past experiences of racism with mental health professionals, and how this resulted in them now feeling unable to be vulnerable when accessing support. A different participant described not feeling trusted and feeling as though they were being treated as a liar when attempting to submit a claim for PIP. They said that this continues to shape how they engage in general with all services, including those designed to support their emotional wellbeing:

“You feel like you're not trusted by some services... like they think you're lying; you don't want to go back again. You know, it's a negative effect all around all the services really.”

Unreliability and inflexibility

Participants described attempting to access and navigate emotional wellbeing support, but their efforts yielding little in return. They spoke of services not calling them at allotted times, of being offered appointments at unmanageable times, of not being given a time that was specific enough, and generally of services being inflexible. One participant described the following experience:

“They book you an appointment... you've finally got an appointment but you've got to work in order to put food on the table and it's really inconvenient because they'll say 'oh you'll get a phone call between 8:00 in the morning and 4:00 in the afternoon.' What? There is no



way I can go in to [my workplace] where there's no signal because if I miss that one call, they aren't calling back. That's it."

Being “passed around”

Several participants also stressed the draining experience of being “passed around” from service to service or team to team. They reported finding this particularly draining because it required them to repeat their stories, which they also found to be retraumatizing. One participant described this in detail:

“You get passed from pillar to pillar... you don't want to repeat yourself constantly and I don't personally want to, because my trauma's a lot of trauma and I don't want to sit there and open up and traumatise myself further multiple times when that person might not be able to support me, and then they pass me on and then I've got to do it again. Like I'm not going to go through that; I'm not going to put myself through that.”

Another person expressed a similar concern:

“You just need someone to actually talk to you and figure out a game plan from that, not get sent around on several different services that do f**k all.”

Lack of specialist support

As indicated earlier in this report, participants also mentioned that the type of support they required was quite specialist due to the nature of the issues that they were experiencing. One participant explained that they felt this specialist support was not readily available from the NHS:

“It's quite hard for me to find the right people for [the therapy I need], because really, they need to be highly qualified, not just in one area, but in multiple areas”

Moving around

Participants described how moving areas when changing placements often had a disruptive effect on consistently accessing emotional wellbeing support.

“In a couple of placements I've done therapy for short period of time and then it's just stopped.”

Personal Independence Payment (PIP)

As identified earlier, participants spoke of the difficulties they experienced claiming PIP, of having to ‘prove’ the impact that trauma has had on them to PIP assessors, and feeling that PIP assessors lacked understanding about trauma and how it can manifest in the care-experienced population. This left them feeling mistrusted, frustrated and retraumatized. This is what one participant said in relation to having to ‘prove’ the impact that trauma has had on their physical and mental health:

“How do you prove that in your head you know, I can feel my mum's rings as she's punching me in the side of the face. I can feel that. It's real. I know it's real because I can see



her doing it. I can feel you know, I can feel when she grabs my leg at night because my leg goes cold. How do you explain that to a person? And then they stop your PIP.”

Transitions out of care

Participants described the struggles they experienced managing the transition out of care and into independent living, noting that leaving care can sometimes be harder than being in care. They raised a number of key challenges: handling uncertainty (for example, not being informed or prepared by their local authority), responsibilities such as budgeting (with very little money), cooking, and taking care of oneself, losing healthy support networks, and entering ‘unhealthy’ social environments where it is easier to develop unhealthy relationships and behaviours (such as taking or selling drugs).

Generally, participants described feeling that they had not been properly prepared for leaving care, which negatively impacted their wellbeing. One example of this – perhaps at the more extreme end of the spectrum – was given by a care leaver, who described in their interview how they had been under the impression that they were going to continue staying with their carer, but instead were given three weeks' notice to pack their things and move out.

For some participants, the transition to life out of care was felt to be more challenging than being in care, largely as a result of changes in their surrounding environment, changes in whom they had begun spending time with, and changes in the support networks they now had available. One participant said:

“I was with a nice foster family. I pretty much had everything on a silver spoon. It was great and then [I] turned 18, party lifestyle, left care because I was like... It'll be great. Got shoved in to supported accommodation... and that's where it all like hit rock bottom. It got to like, within a week I was doing drugs, within a month I was selling them.”

This participant spoke of the challenges that came with being placed in supported accommodation as a young care leaver with mental health issues. They found living with other young people who also had complex mental health issues, and having little support readily available, to be an unhealthy environment, explaining that it promoted “trauma bonding” with other residents rather than developing healthy relationships – a cornerstone of emotional wellbeing.

Despite these key challenges, one participant did speak of some positives regarding the transition out of care. This participant expressed that they have developed new skills and learned to self-advocate. All participants expressed a strong desire to overcome the emotional struggles engendered by care experience and leaving care – this is discussed in more detail in the ‘Future Aspirations’ section of this report.



Relationships³

Participants described a range of experiences when discussing their relationships and the links between these and their emotional wellbeing. They indicated how some relationships created or exacerbated low wellbeing, while others enhanced wellbeing. Relationships are hugely significant to us all, in their capacity to support or undermine emotional wellbeing. However, it is important to consider that for the care-experienced population, trauma has often occurred due to abuse, neglect or other forms of adversity in the context of interpersonal relationships (Hillman, Cross & Anderson, 2020). It therefore stands to reason that care leavers may have developed additional needs and challenges with regard to their relationships with other people. Depending on the circumstances, care leavers' relationships can potentially exacerbate childhood trauma or be a powerful antidote to it and enhance emotional wellbeing.

Personal Advisors (PAs)

All participants reported having contact with leaving care services and PAs, but experiences of these relationships varied. Some described their relationships with PAs as being, or having been, supportive of emotional wellbeing. Two factors were noted as being particularly conducive in this regard: PAs having good emotional support skills, and PAs supporting with referrals to other services.

How PAs supported emotional wellbeing

Emotional support skills

Participants stated that it was important to them to have a PA who was responsive, attuned to them, and skilled in listening. Some care leavers gave accounts of experiencing compassion and 'above-and-beyond' support from their PAs, and they really appreciated this:

“Whenever I needed her for something and she was in, she'd always be there to support me; she was always there for me. She was really kind, she was always listening.”

“For the two years that we worked together... [my PA] always did what he could to ensure I didn't feel alone. I wasn't alone in the battles that I was having.”

Support with accessing other services

Some participants explained that they had accessed emotional support services through referrals made by their PAs. They benefitted greatly when PAs (or other professionals) were aware of the breadth and nature of support available in the local area and could point them in the right direction.

³ The significance of relationships – to everybody, and especially to those whose early relationships have been challenging – means that we cannot do justice to the topic within the constraints of this report.



“[My PA] taught me how to navigate the outside world... He always put in referrals.”

How PAs hindered emotional wellbeing

As well as describing the supportive role that PAs can play in helping to enhance care leavers' emotional wellbeing, participants also noted that not all care leavers have this experience, and that there was an element of luck involved. As one person put it:

“You can get really lucky and hit the jackpot and meet the most kind, genuine person who [is] in it for the right reasons... you have to win the lottery to get the one, definitely, if I'm being honest, and I don't feel like I've hit that yet.”

Participants also described a number of factors with regard to their relationships with PAs that they found had actively hindered their emotional wellbeing: a felt lack of understanding and training, incompatibility between PA and care leaver, and lack of regular contact.

Felt lack of understanding and training

Some participants, when describing negative experiences with their PAs, reported feeling unable to speak to their PAs about emotional wellbeing, having previously experienced responses that they had found unhelpful, and some spoke about not feeling understood by their PAs. There was a shared sense that whilst PAs may have good intentions, they may need more skills and training when it comes to supporting emotional wellbeing. One participant stressed the need for PAs to have the opportunity to acquire and develop interpersonal skills in their professional capacities, rather than relying solely on qualifications:

“I've seen first-hand how people are coming into these roles, and they have convinced themselves that their degree is enough. They've not bought any interpersonal skills. They don't know how to communicate. They don't know how to be empathetic. I am the biggest advocate for empathy, it's such an important emotion. It's such an important thing that people need to have.”

“I feel like some of them just lack depth and care and it really does upset me sometimes.”

It was evident during the interviews that the felt lack of empathy caused distress and frustration, and dissuaded care leavers from contacting and/or connecting with their PAs – all which had a negative impact on their wellbeing. In some cases, care leavers turned to other professionals such as youth workers or probation services for emotional support instead.

Incompatibility and inconsistency

Some care leavers also expressed feeling that their PAs were not compatible with them and that they could not work well together. For example, one participant spoke about having different religious views to their PA, which resulted in them receiving unsuitable and unusable guidance:

“When I'm like ‘I'm not really feeling it,’ she's like, ‘oh, you know, have you tried going to church?’ and I'm like, ‘I'm not religious, so what is church gonna do for me?’”



This participant told us that such interactions with their PA had left them feeling distressed:

“I have like meltdowns as I said before, I've emailed them, just lack of support and I felt like they really did fail me... I got off the train, and I was like talking to her, like literally walking up to one of my seminars and I was literally crying.”

Another participant felt their PA did not support their emotional wellbeing in a way that worked for them, and felt dismissed:

“In terms of her dealing with my emotional wellbeing, there's been a couple of times where I've tried to reach out to her about how I've been feeling at that moment, and she's been quite dismissive or tried to... you know... those false happy people that just have to give me happy quotes... She's that type of person and that doesn't work for me, I don't need that.”

Participants also talked about the impact of high staff turnover on the ability to build effective relationships with PAs and in turn receive effective support for their emotional wellbeing. One person explained that she felt she needed a long-term relationship with a PA to be able to open up about her emotions, but that her previous PA had left, which had disrupted this:

“You have to build relationships... it needs to be long term for us to get somewhere. I just feel like I've never had a long-term person for a couple of years is what I'm saying.”

Irregular contact

While some care leavers were happy to contact their PAs as needed, others felt that it would be more beneficial for their wellbeing if PAs actively checked in with them regularly:

“Especially when it's like my parents aren't here... I can't even turn to my parents. I'm meant to be technically turning to you [PA] and obviously I know there are certain things that are out of their control, but... not even checking up... it really does feel like you're on your own.”

“I literally went like maybe like five months without any communication with Social Services ... I'm just like ... ‘you don't even have the decency to follow up.’”

Other professionals

Participants reported having tried to access, and in some cases having accessed, a range of support professionals, namely therapists, counsellors, GPs, drug and alcohol services, and youth services, to meet their emotional wellbeing needs. Their experiences of these services varied. It is important to note that some participants described considerable difficulty accessing any therapeutic service at all. On the whole, care leavers reported positive views of their relationships with therapists, counsellors and youth workers, while in contrast, their relationships with GPs and other health services were described as more stressful and challenging.



The importance of empathy and understanding

Participants who reported good experiences of support, whomever this came from, expressed that empathy and understanding were fundamental qualities in these relationships. One care leaver told us how building a close relationship with youth workers enhanced their emotional wellbeing; they expressed how being able to be their authentic selves and bring distressing feelings to these professionals was especially helpful. In general, participants seemed to value genuine human connection and understanding in professional relationships – it mattered to them to have someone who could come ‘alongside’ them in their lives.

“I have a very close relationship with [the youth workers], and I speak to them about everything. I’ve cried with them. I’ve had breakdowns with them... they’ve given me more support than any of [the PAs] ever did through my low stages, so I’m quite lucky.”

When discussing psychologists, care leavers acknowledged the work they needed to put into therapy themselves in order for it to be beneficial, but also described the importance of speaking with someone who they felt understood them:

“There’s a level of understanding you need to have inside of you to work with care leavers and understand the experience. I want to be able to say certain things at certain times that only people who are familiar with the care system will understand.”

The challenges of working with professionals unfamiliar with care experience

In contrast to the benefits of empathy and understanding described above, some participants described difficulties they had experienced when these qualities were felt to be absent. They reported that it was important for professionals to understand the care system, to know what a care leaver is and to be familiar with the unique challenges a care leaver may face.

“Maybe a normal psychologist... I’m having to explain, it’s not their fault they’re not specialist in [care experience], but I think it’s really important to come in and tell them this and that’s happened, and the person doesn’t look baffled on their face as to what I’m talking about.”

Participants also expressed that they did not feel they got this understanding from doctors or other medical professionals, which contributed to low emotional wellbeing:

“They’re looking at an 18 year old with parents, ‘they’re going to handle that themselves’; but an 18 year old without parents, living on their own, worried about bills, you know, they’re not going to assume, looking at them, that they’re going through all that; they don’t understand what you’re going through, they don’t even know you’re going through it. They need to be aware of this to support you.”

“I don’t think people actually really understand how I feel... well I don’t even think my doctor really understands, to be honest.”



“[It’s] their body language, the way they speak to you, the way they act, the way they are on the phone; they just treat you like... ‘oh, you’re a hypochondriac’... it’s really stressful.”

For one care leaver, both the felt lack of understanding of their care experience, and difficult interactions, dissuaded them from speaking to doctors altogether.

“I didn’t want to go... because of the way I was treated beforehand. Even when it’s life-threatening, like it just puts you off, so all these things, the way they treat you, it just put me off going to them.”

Families, partners and friends

As well as speaking about relationships with various professionals, participants also spoke a little in their interviews about the personal relationships in their lives – with their families, partners and friends. However, while personal relationships are fundamental to wellbeing, and were discussed in interviews, these discussions were not as substantial as those relating to relationships with professionals. We note them briefly here to indicate their significance, and to suggest that more in-depth research be carried out in this area.

Participants’ relationships with family were, by definition (by virtue of their experiences of the care system), complex. They spoke of trauma, isolation, and loss in relation to their families, with some having experienced bereavement and others having lost contact with their immediate families completely. They described how these losses had a negative impact on their emotional wellbeing:

“I found out my dad passed away, and then the next day I kind of carried on as normal, so I went to my seminars and I’ve just kind of just breezed past it. And then it came around [birthdays and holidays]... I think the milestones just kind of hit me... I just really went downhill.”

When it came discussing partners and friends, participants reported more positive experiences. For example, one care leaver told us that their partner had had a transformative impact on their lives, helping them to stop taking drugs, and thereby being supportive of their emotional wellbeing:

“I’ve not got any [drugs] because I’ve got something more to live for, which is my girlfriend and her family.”

Some participants described having friends but highlighted that their friends could not be there all the time and could not fully understand the care experience if they hadn’t gone through it themselves. One participant described how this lack of understanding used to have a negative impact on their wellbeing before they came to accept it:

“I used to be upset by it. Thinking... these people don’t get it, they’ve had some normality, and this is a world, is a whole world in itself, in the world ... If you’ve not been in it, if you’ve not known anybody in it, trying to understand the severity of people’s situations can be difficult... when I tell [friends] stuff, I used to get frustrated a lot. But they just don’t get it and they don’t have to get it.”



Equality, diversity, inclusion and equity

In this section we outline how certain forms of discrimination shape care leavers' experiences and emotional wellbeing. While we recognise that the list of potential forms of discrimination is long (encompassing for example homophobia, ageism, religious discrimination), our discussion focuses on those that received coverage in interviews, namely race and gender. We also recognise that all forms of discrimination potentially intersect where experienced by individuals, however discussion here points to the intersection of race and gender-based discrimination only, since these were most prominent in participants' narratives.

Participants spoke of feeling misunderstood or stereotyped on the basis of their race, and some spoke about experiencing the effects of racial inequalities in the care system. Participants from minoritised ethnic groups⁴ described feeling less understood and supported by professionals in comparison to other groups, which impacted negatively on their emotional wellbeing. One care leaver from a minoritised ethnic background reflected that:

“It's just how you're treated and how you are perceived. You're not treated that much with empathy in comparison to somebody who's white. Because people have their stereotypes so ingrained in their heads of all black people that come in.”

Linked to the above, two participants of Afro-Caribbean descent strongly emphasised a lack of access to diverse practitioners who could provide them with emotional wellbeing support, which affected how comfortable they felt opening up – a key factor in 'successful' therapeutic provision. As one participant put it:

“I was hesitant talking to a white therapist, I just feel like there's certain things that a black woman can understand.”

This participant described how she felt that having a therapist from a minoritised ethnic background would enable them to relate on a deeper level and improve understanding, which in turn would allow her to express herself effectively:

“I express myself differently depending on who I'm talking to and their race, so I feel like [the therapist] would be a lot more understanding and like, you know, from someone who can relate, even if they're not from like the same country or the same region as me, just we have that commonality.”

This participant went on to describe other examples of how racial discrimination negatively impacted their emotional wellbeing as a care leaver, more specifically in the context of the care

⁴ Throughout this report, we use the descriptor 'minoritised ethnic' as an adjective, for example, 'minoritised ethnic background'. In this report, we do not use acronyms such as 'BAME' or 'BME' that do not reflect the heterogeneity that exists across and within communities. Where possible, we are specific and refer to individual ethnic groups. This is as per language principles previously developed by WWCS.

Foundations is developing updated language principles.



home they were living in. They highlighted that care home workers responded to care leavers of Caucasian descent in more appropriate and accommodating ways when returning from contact visits with biological family members:

“So, I think they just saw this tall upset black girl and decided that they don't deserve the same kind of support and empathy that the tiny little white got... I'm going to write a whole book on just being a black girl in predominantly white areas and placements, I think that is traumatising in itself.”

The participant acknowledged how differential treatment from care workers enforced a sense of othering that in turn forced them to alter the way they processed emotions publicly:

“I used to have to present myself in a certain way. I tried to be- Even now like my tone would have to be lower, I just had to do everything to accommodate other people's needs from me. It's how I was perceived and how I was treated in comparison to the white people I lived with and how the language they used specifically to label me was so damaging and detrimental to my self-esteem. I remember feeling like I was inadequate as human or I was a second-class human in this place, so I wasn't good enough. ‘Their words were better than mine.’ I used to change the way I speak.”

Research suggests that young people who have been in care have a deep desire to belong (Cameron, Haurari & Hollingworth, 2019), and there is a risk that the felt lack of access to minoritised ethnic practitioners may further entrench feelings of disenfranchisement. Participants from a minoritised ethnic background expressed the importance of professionals acknowledging how race can affect the care experience, and addressing it in a genuine, meaningful way. They shared that even though local authorities showed awareness of movements such as Black Lives Matter, the response felt “performative” and lacking in positive outcomes for the emotional wellbeing of care leavers from a minoritised ethnic (specifically Afro-Caribbean) background:

“I feel like a lot of the things they do is performative. I remember, like 2020... during the Black Lives Matter movement, [social services] sent out surveys about like Black Lives Matter... nothing came out of it so there's really no support.”

Participants reported feeling that current services are not culturally sensitive, and that the lack of signposting to culturally relevant emotional wellbeing services further marginalised them compared to their peers.

As well as bringing to the surface factors relating to race and racialised experiences of emotional wellbeing support for care leavers, interviews brought to light the way that gender can shape care leaving experiences. In particular, one male participant reported feeling that gender stereotypes and the stigma surrounding men's mental health still exist:

“There's still the standard stigmatisation of men shouldn't cry and how like men shouldn't show emotions thing.”



Another male participant discussed how they didn't feel safe enough to express their full range of emotions out of fear that their emotional responses would be categorised as a stereotypical violent outburst:

“I'm a guy and I don't like talking about my emotional wellbeing and mental health as it is, and then there's just fear of judgement and I guess being seen as unable to control myself is kind of a constant fear.”

This participant reflected on how the intersectionality of multiple forms of discrimination can interact to negatively shape an individual's emotional wellbeing (and way of relating to the world in general), pointing to how these forms of oppression do not exist in isolation but rather interact with, and compound, one another. They said "racism, homophobia, sexism" had made them a "bitter, violent person".

Aspirations and achievements

Although participants reflected at length on the difficulties they had experienced through leaving care and accessing support for their emotional wellbeing, they all spoke of wishing for a better future for themselves and other care leavers.

Existing research on care leavers shows that being in care is linked to poor emotional wellbeing and poorer outcomes in adulthood (Home for Good, 2022), and we acknowledge that care leavers face many more challenges in comparison to their non-care-experienced peers. However, we also wish to honour the aspirations, resilience, and achievements that our participants brought to light in this research, as well as the hard work they have put in to support their own wellbeing. In their interviews, participants reflected on the wisdom and self-knowledge that they had developed since leaving care, and they expressed ambition and hope for their futures. There was a clear desire to overcome adversity, to succeed in their chosen occupations, and to build good lives for themselves.

Improving emotional wellbeing

Participants expressed dedication to acknowledging and addressing the emotional wellbeing needs they had. They identified that speaking to others about emotional wellbeing could be challenging at times, however, they also showed a commitment to using the support available. One care leaver reflected on their journey of accessing youth workers when they were ready, demonstrating a commitment to improving their own wellbeing:

“Someone passed on their number in 2019 and I wasn't in a good place of my life to do that in 2019. So, in 2020, I think it was, I got their number again and... I started going to the meetings and things like that and then engaging in projects and it's been really good.”

Improving physical health

Some participants spoke about their desire to improve their physical health and take care of themselves, although they told us it was not always straightforward, and they needed support from



others to do this. Some described a desire to take a holistic approach to health, for example by improving nutrition, stopping taking illicit drugs and taking care of physical health problems. One participant told us how taking care of one specific health condition had blossomed into looking after other areas of their health.

“[Looking after condition] progressed to looking after my mental, physical, emotional health and it's been difficult. It's a very difficult thing to get into, but it's been fun, I've enjoyed it. It's been enjoyable seeing how food and sleep can really affect every aspect of your life.”

Building identities outside of the care experience

It is important to note that some care leavers value their identities as care leavers and survivors. Indeed, one participant viewed it as a permanent characteristic, claiming “if you're a care leaver, you're a care leaver. 99 years old, you're still a care leaver”. However, other participants said they did not want to be defined by the care leaver label, nor by their experiences in care. They were keen to develop their own sense of self and be the creators of their own stories moving forwards:

“It's not something that I really like, I don't wear a badge like, ‘I'm a care-leaver’ it's not something that I actively talk about.”

“I just don't want to be othered.”

Helping others and improving the system

Many participants described their dedication to improving the care system and helping other people through volunteering, employment, or involvement opportunities.

“I do want to work with young people who have been in care... I just feel I would be really, really good at it and maybe potentially open care homes and things like that. But I'll always be working with other people and bettering the lives of other people, with my experience, of being in care for as long as I've been.”

“I do a lot of care leaver stuff, so I'm either at the forum or organising events or attending events or doing stuff within the leaving care team or my work placement.”

Achievements and gratitude

The care leavers we interviewed had achieved a lot in challenging circumstances where, in many ways, the odds had been stacked against them. It is worth pausing to note these collective achievements, ‘big’ and ‘small’, not least because they imply resilience, which itself supports emotional wellbeing.⁵

⁵ For example, see <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0025195>



Between them, our participants were studying for diplomas and undergraduate degrees, volunteering in a range of public sector organisations, undertaking work placements, delivering training to others, working as employees and in self-employed capacities, and participating in various care leaver forums and panels. Beyond these education and occupation-oriented achievements, moving deeper into the emotional realm, participants had accomplished many ‘small’, but hugely significant achievements. For example, returning to therapy when this had been difficult previously, acknowledging and facing deep-seated fears, talking about issues they found hard to talk about and had previously avoided, and finding new, creative ways to manage their own self-care.

Participants were very mindful of the support they had received from the people and systems around them in working towards their dreams and looking after their wellbeing, and they expressed heartfelt gratitude for this. In the words of one participant:

“My local authority took a chance on me and I’ll always love and respect them for that. So I think I didn’t fall through the cracks... I have to humble myself and say, “actually, they did me a solid.” Because now I’m on top of the world. Yes I don’t earn a lot, but I will one day. I’ll open my own company.”



CONCLUDING THOUGHTS

The interviews conducted for this peer evaluation yielded a broad range of information related to support for care leavers' emotional wellbeing. Within this breadth of data, there are a number of key issues that stand out for us as particularly salient, which we would like to draw attention to here.

- First, care leavers often have additional and complex emotional wellbeing needs, and face upheavals when leaving the care system, which indicates a need for specialist, trauma-informed support. Early adversity profoundly affects the wellbeing of children in care and of the adults they become. There is sometimes a depth and complexity to trauma that arises from care experiences, which requires specialist interventions. Participants expressed the need for care-informed, trauma-informed, person-centred support, which wasn't always accessible for them
- Second, many care leavers have, by definition, experienced relational trauma, and therefore have particular needs for positive, healing relationships in their lives. It is already known that "to address relational trauma we need relational repair" (Treisman, 2016), and this came out strongly in our interviews. This means that all those who interact with people who have been in the system should be aware that they have the potential to make or break the relational healing process
- Third, care leavers from minoritised ethnic groups experience the care system, and leaving care, in specific ways that are shaped by racial inequality, and there is a corresponding need for access to minoritised ethnic professionals for those who would like it, as well as relevant training for all professionals who interact with care leavers
- Fourth, care leavers would like the professionals supporting them to understand their care experience, whether this be doctors, PAs, or other professionals. Feeling understood was a key factor that really affected the quality of care leavers' emotional wellbeing, and relevant training should be provided.



RECOMMENDATIONS

Throughout the interviews, participants shared well-considered and detailed reflections on how the offer for care leavers could be improved. Here we group these together into those directed mainly at local authorities and PAs, and those aimed at wider systems.

Recommendations for Personal Advisors and local authorities

Training in empathy and communication skills

Several participants stated that they felt some PAs would benefit from training in empathy and communication, particularly in relation to communicating with somebody who has complex mental health problems.

Help with administrative/referral tasks

Participants described the challenge of filling out complex forms when attempting to access emotional wellbeing support. While some care leavers reported PAs completing referrals on their behalf, there was a sense that it would be better if more PAs could provide support with the administrative tasks required to facilitate a referral into emotional wellbeing services.

More preparation for the transition out of care

Participants described wishing that they had been offered more support with preparing for leaving care. This related not only to the logistics of leaving care, but also to skills like budgeting, cooking, and taking care of themselves, all of which would enable a sense of preparedness and control and in turn support emotional wellbeing.

Tackling bias

Participants reflected that more needs to be done to tackle racial discrimination and stigmatisation towards care leavers and young people with mental health problems, and the intersection of these. Many spoke of the need for further training among professionals, especially on racial biases.

Personal Advisors not waiting until ‘breaking point’

Some participants suggested that because PAs are extremely busy, they (perhaps understandably) categorise some care leavers as less in need of their attention. These participants suggested that because they are quieter, academically able and/or in employment, they are classified as people



who can cope with less attention from a PA. It is worth noting that this appears to be gendered – more felt by the women who spoke with us. This resulted in those participants feeling as though they were not getting the support they needed and/or not being heard. They expressed a desire for PAs to proactively check in, even with those deemed to be less in need.

Local authorities proactively covering more expenses for care leavers

Several participants suggested that local authorities could be proactively covering more expenses for care leavers, to help boost their emotional wellbeing. They suggested that covering costs associated with communication and transportation would support care leavers to be mobile, thereby enabling them to maintain relationships and independence, both of which are intrinsically linked to wellbeing.

Services being independent of Leaving Care Teams

One thing to consider is the value of separating certain services from Leaving Care Teams. For example, one participant who received counselling through their local authority expressed a desire for that counselling to be physically separate from their Leaving Care Team office. This could enable an increased sense of confidentiality and psychological safety and would apply to any relevant service.

Continued support after turning 18

Participants suggested that the support they receive prior to turning 18 should be extended far beyond that age.

Wider recommendations

Increasing understanding through training

Participants spoke of experiencing stigma and/or a general lack of understanding from professionals across a range of services regarding the challenges that care leavers face. They suggested that more should be done, through training, to increase awareness of the experiences of care leavers and challenge this stigma.

Continued prioritisation for care leavers

Ensuring that care leavers are top priority on waiting lists for mental health and healthcare services was proposed as a possible solution to the issue of long waiting lists.



System flagging

Flagging care experience within healthcare and mental healthcare records, alongside training on what care experience might mean for individuals, was also raised as a potential solution to the problem of professionals not being cognisant of care experience histories and all that these might imply for individuals (for example in terms of trauma and the re-traumatising effects of retelling personal stories). Importantly, it was noted this should of course be with the consent of the care leaver first.

Having the option of practitioners from minoritised ethnic groups

As noted in the EDIE section of this report, several participants described instances of racial discrimination when accessing mental health support and/or healthcare in general. One participant explicitly suggested that having the option of a Black counsellor as a Black patient would enable them to feel able to be vulnerable – this is often important for therapeutic progress.

Personal Independence Payment (PIP)

As identified earlier, several participants spoke critically of the complexities and challenges associated with attempting to submit a claim for PIP. To help address this problem, and in recognition of the crucial function of PIP in supporting their emotional wellbeing, they suggested increasing and improving the training given to PIP assessors on care and care leaving experiences.

We, as the team of peer researchers, also feel that the current system of PIP is not working for people with poor mental health, and especially not for care leavers. We wish to call attention to the mental health charity Mind and their suggested five key changes to fix PIP for people with mental health problems. These changes are:

1. An independent regulator for the benefits system
2. A clearer route to long-term benefits
3. Give people more choice in how they are assessed
4. An independent commission led by disabled people
5. An end of benefits sanctions for disabled people.

We believe that these changes would make PIP work better for people with mental health problems, and that they would especially help the wellbeing of care leavers.



PEER RESEARCHER REFLECTIONS

“It has been such a pleasure to work on this project as a peer researcher with McPin. I have been able to connect with my own care experience in a really positive way. McPin's dedication to peer research has encouraged me to admire how valuable and powerful my lived experience can be. Being a writer at heart, I've also enjoyed working with the team to nurture new writing and analysis skills. I have particularly enjoyed helping other care leavers to have a voice and express themselves. I've been very impressed by the bravery and tenacity of our participants, who shared their stories and experiences with us so openly and articulately. I really believe that there is so much hope, positivity and potential in the care leaver population, which can be built on with the right support.”

Sophina Rylance, peer researcher

“Working as a peer researcher on this project with McPin has been an incredibly empowering experience for me. It has provided me with the tools and opportunities to advocate for and amplify the voices of people with lived experience of leaving care in a powerful, compelling and insightful manner, and I have been able to contribute to the mission of promoting understanding, empathy and positive changes in the lives of others. Working as a peer researcher on this project has not only benefitted my current role but will also add value to my future endeavours in the field. One of the most rewarding aspects of this journey has been the connection I have established with the study participants. Through engaging with their stories and learning about their unique journeys, I have not only contributed to the research process but also experienced a cathartic and holistic form of therapy in my own right. This engagement has indirectly helped me process aspects of my own life story in a profound and transformative way, which would have been difficult to achieve in any other environment.”

Mary Kemmer, peer researcher

“Working as a peer researcher has been an incredible and thought-provoking experience. One thing I will take away from this is a reminder that care leavers consistently have a strong desire to improve the care and leaving care systems for future generations. I have been moved by the compassion of the care leavers I interviewed. I am so grateful for their honesty and insight. I have also learnt so much from the rest of my team, who I am also very grateful to have worked with.”

Lily-Rose Sharry, peer researcher



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