

Written evidence submitted by Agenda to the Education Committee inquiry into the mental health and wellbeing of looked after children

30 October 2015

Introduction

Agenda welcomes the opportunity to respond to this enquiry. With record numbers of children in care, and evidence that outcomes for care leavers are worsening, this enquiry is both timely and hugely important.

This submission notes:

- Looked after girls have different mental health and well-being needs from looked after boys, because boys and girls are likely to develop different mental health conditions and to respond to adverse experiences in different ways.
- Services should be aware of the specific mental health needs of girls in care generally, and the specific mental health needs girls may have arising from experiences of abuse and trauma.
- Professionals and services should make sure they are taking responsibility for ensuring girls get the support they need, and that responsibility for accessing the right support does not fall to vulnerable children living already difficult lives.

1. Girls in care and mental health and well-being:

- 1.1 The outcomes for children who have been in care are well known but remain shocking, with poorer educational attainment, increased mental health problems and a higher likelihood of becoming homeless. The links between care and offending are particularly marked for girls, with 61% of girls in custody having been in care.
- 1.2 Girls in the care system can face particular risks including sexual exploitation and/or becoming involved with gangs.
- 1.3 Home Office figures report as many as 70% of people involved in prostitution (the overwhelming majority of whom are women) have been in care. A project working with women involved in prostitution reported that at one point all 18 of its specialist bed spaces were occupied by women who had been in local authority care.
- 1.4 It is clear that looked after children experience very high levels of mental ill health: around 45% of looked after children in the UK have a diagnosable disorder and up to 70-80% have recognisable mental health problems.

1.5 22% of girls in care become teenage mothers and one in 10 care-leavers who are parents have their own children taken into care. It is clear that a new approach is desperately needed not just to prevent this generation of children in care struggling with mental ill health, but to prevent this persisting inter-generationally.

2. Needs and experiences of looked after girls

- 2.1 Boys and girls in care will have different needs and experiences and face different health issues, social pressures and expectations related to their gender.
- 2.2 Girls are more likely to develop depression, anxiety disorders, PTSD, and eating disorders, and more likely to have more than one mental health problem than boys. Boys are more likely to be diagnosed with substance abuse disorders, conduct disorders, and hyperkinetic disorders. Girls and boys often also present differently when suffering from the same condition, with girls more likely to become withdrawn and isolated, and boys more likely to 'act out'.
- 2.3 Children with different mental health needs are likely to need different support, and girls and boys may respond differently to the same kinds of intervention even if diagnosed with the same condition. Mental health services and support need to pay attention to the particular mental health needs of looked after girls, including those who have experienced sexual abuse and CSE. Girls need to be able to access specialist therapeutic services, including those responding to trauma, which reflect their specific needs.
- 2.4 It is well recognised that a very high proportion (around 62%) of looked after children have experienced violence, abuse or neglect and that these experiences can be a driver of poor mental health. It is perhaps less well recognised that girls and boys will often have had different experiences of abuse and violence.
- 2.5 The Children's Commissioner reports that girls are more likely than boys to experience sexual abuse or child sexual exploitation (CSE). Experiences of CSE and sexual abuse have specific impacts on mental health and wellbeing, for example increasing the risk of PTSD.
- 2.6 Whilst in care, girls can be at continued risk of CSE, with clear implications for their mental health and well-being. Children in care and those who go missing from care, particularly girls, are especially vulnerable to sexual exploitation.
- 2.7 Girls in the care system may be at risk of sexual exploitation due to a range of reasons, including having had a difficult start to life, being isolated or distant from friends and family, having no one they trust to turn to, and being disengaged from services such as education or health. Multiple placements have been shown to increase the risk of

sexual exploitation for girls in care. A government commissioned report following the abuse of young girls in Rochdale found that some residential homes are specifically targeted by abusers.

2.8 Some professionals can judge girls experiencing abuse or exploitation in negative, gendered ways, for example they may be viewed as “difficult”, ‘troublemakers’ “sexually precocious”, “manipulative” or “attention seeking”. Negative attitudes from professionals are particularly unhelpful and may prevent vulnerable children from getting support.

2.9 Girls who are being sexually exploited or abused are and must always be viewed by professionals as vulnerable children who need support and protection.

3. Problems with the provision of mental health services

3.1 Children in care can struggle to access mental health support, sometimes because their needs are assessed as being too high or too low for particular kinds of support. Too often mental health interventions are only provided at ‘crisis points’.

3.2 This is problematic for girls who are more likely to present with inward-facing or withdrawn behaviours, meaning they can be less likely to meet ‘crisis point’ criteria until problems are much more entrenched. In adults, although women are more likely to have a diagnosed mental health problem, men are more likely to be admitted to mental health wards or crisis care as their behaviour is more likely to be seen as ‘high risk’.

3.3 It is essential that services are set up to respond to the level of need looked after children with mental health problems have, rather than expecting children to fit in with existing service provision.

3.4 Looked after children can also have difficulties accessing mental health services, because for example of struggling to attend specific appointment times or concern or reluctance to attend meetings in formal clinical settings. Girls who don’t attend for these reasons can be labelled as ‘not engaging’ and may not be offered further support when it is in fact the way services are provided that is inappropriate to their needs.

3.5 Responsibility for engagement must rest with the service providing support to vulnerable children, not with the child themselves.

3.6 Even where girls do access services, those services often do not meet their needs. Mental health provision can have an overly clinical focus rather than taking a wider look at a girl’s well-being. There can be a tendency to label children with clinical diagnoses rather than explore

the experiences and trauma which are at the root of many girls' mental health needs. These experiences need to be responded to if girls' well-being is to be supported.

- 3.7 Looked after girls are likely to need holistic support which takes account of their wider needs and experiences, as well as their specific mental health requirements. To have a positive impact and support girls' well-being, professionals must take into account whether girls' other needs are being met. For example, services need to be aware of whether a looked after girl has positive relationships with others and is engaging with education.
- 3.8 Services also need to be aware of the differing impacts of gender and ethnicity on children's experiences and needs, and the intersectional nature of these inequalities. Black and ethnic minority girls often experience greater inequality and discrimination and additional cultural and social issues which can compound the problems they face. Support for BME girls must reflect this and be appropriate to their needs.
- 3.9 It is particularly important that all services which looked after children come into contact with are able to recognise when girls have experienced or are at risk of CSE, and know how to respond to keep girls safe. It is essential that professionals work together to achieve this. Services have a responsibility to protect and support children in their care. Professionals need to be clear on the particular risks of child sexual exploitation for girls in care, and there must be proactive engagement from all professionals to protect children at risk of or experiencing CSE.
- 3.10 This proactive engagement requires good communication and understanding from professionals. Barnardo's recommends professionals working with children experiencing CSE take an approach which is not judgemental of the child, is flexible, accessible, and engages assertively to ensure they stay involved in support.

4. Transition to adulthood

- 4.1 Young women leaving care and older looked after girls can face a 'cliff edge' of support as they transition to adulthood. This is a particularly risky time for young women and girls, who are much more likely than girls in the general population to become teenage mothers (and have their own children taken into care) or to end up engaged in prostitution or in custody.
- 4.2 Despite clear guidance that young care leavers should not be placed in unsuitable bed and breakfast accommodation, this practice is still widespread. Such environments are particularly inappropriate and dangerous for vulnerable young women in what tend to be predominantly male environments. There is a real risk of exploitation and coming into contact with people involved in criminal activity. Such

living situations can exacerbate young women's mental health needs, especially if they have been abused by men in the past.

4.3 All of these outcomes can increase the risk of mental ill health. Adult women, especially adult women with experiences of trauma, can struggle to access appropriate mental health services. The Department of Health specifically recognises that children in care are more likely to struggle with the transition between CAMHS and adult mental health services. Girls who have been receiving support with their mental health needs may be lost between services as they transition to adulthood.

5. Conclusions

5.1 Looked after girls have different mental health and well-being needs from looked after boys, because boys and girls are likely to develop different mental health conditions and to respond to adverse experiences in different ways.

5.2 Services should be aware of the specific mental health needs of girls in care generally, and the specific mental health needs girls may have arising from experiences of abuse and trauma.

5.3 Professionals and services should make sure they are taking responsibility for ensuring girls get the support they need, and that responsibility for accessing the right support does not fall to vulnerable children living already difficult lives.

About Agenda

Agenda is a new alliance of organisations and individuals who have come together to campaign for change for women and girls at risk. We believe society is failing to adequately protect and support women and girls who face the most extensive violence, abuse, trauma and extreme inequality. We are calling for systems and services to be redesigned with women and girls at their heart so that they can access the support they need to rebuild their lives and reach their full potential.

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