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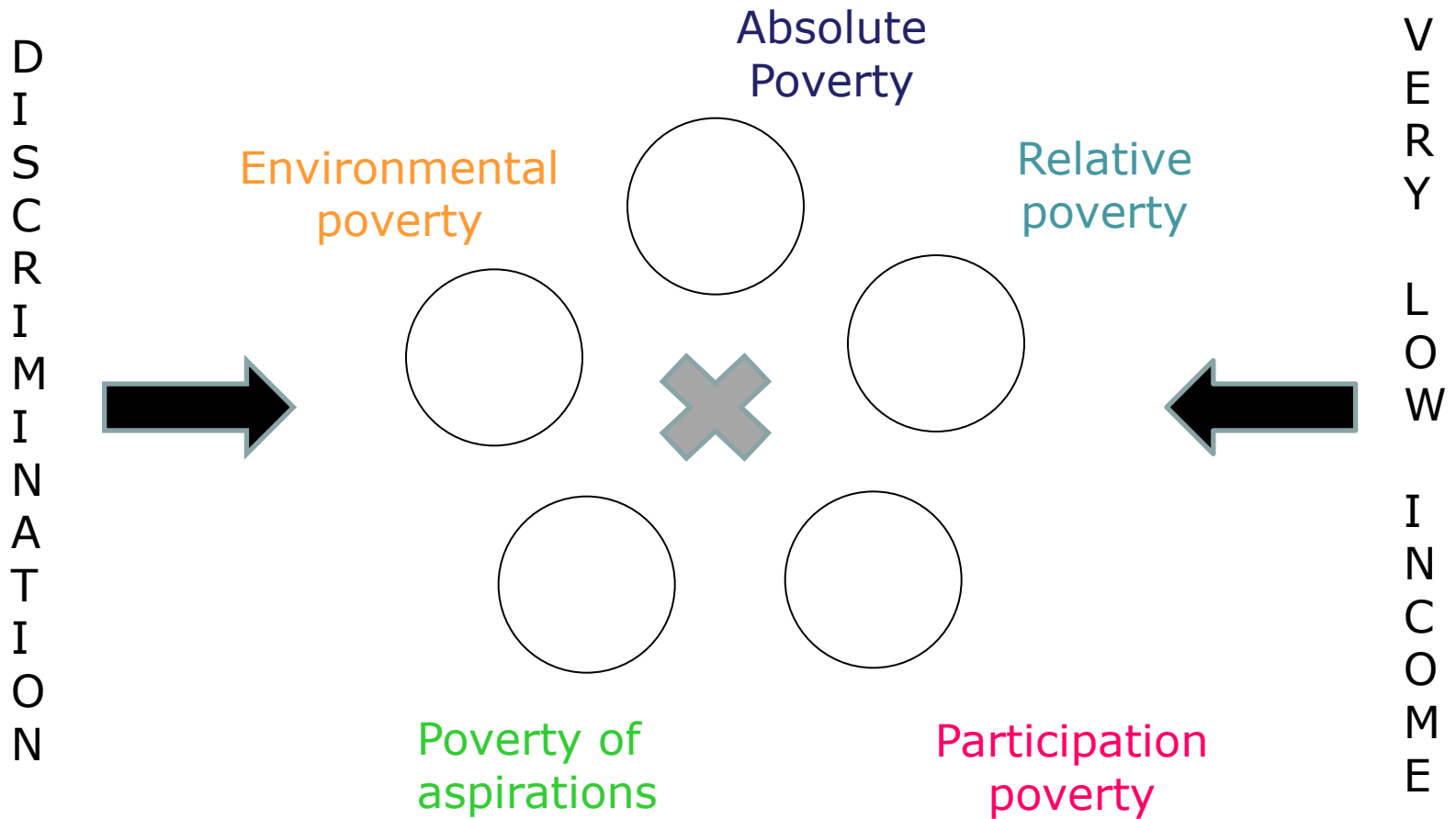
# Leaving care: addressing poverty and well being

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# What is poverty?



# Outcomes for care leavers and life after care

- **Health warning: this is generalisations and averages!**
- Stats Wales 2013- 12% of care population achieved 5 or more GCSE's grades A\* to C (average is 51% of pupils)
- Welsh Government figures show 41% of care leavers are NEET on their 19<sup>th</sup> birthday
- Looked after children experience mental illness at levels around five times higher than average (DECIPHer 2014)
- Care leavers are more likely to engage in adverse risk behaviour including misuse of substances
- 9% of children in care move 3 or more times per year. (fostering network Wales 2012)
- 25% of homeless adults have been in local authority care (UK statistic, Crisis 2014)
- Two thirds of young people in care have left care or foster home by the age of 18. The average age for leaving home is 22. (UK statistic, Crisis 2014)

# Applying the daisy model of poverty to the life experiences of care leavers.

1. What kind of poverty situations may care leavers face?
2. What positive and negative behaviours and coping mechanisms could an individual care leaver employ to manage the experience of being in the middle of these different types of poverty?

# About the life skills options project

- Lasted 4 years for Flintshire and Wrexham
- Funded by Big lottery and WEFO on a payment by results basis
- Target to engage with 40 NEET young care leavers aged 16- 21
- Aim- to give holistic support to enable the participants to find meaningful work, training or education opportunities, sustainable after the length of the project.
- Delivered in partnership with CAIS drug and alcohol agency Ltd and Careers Wales.

# Design of the project

- Individual work to build confidence self esteem, motivation, identify personal aspirations, mentoring
- 2 group programmes- one for work ready skills such as team work, problem solving, decision making, interview skills, writing CV's, job applications. Second for work experience placements, college visits, accredited training, taster learning sessions.
- therapeutic intervention- psychotherapy for longer term support with over coming problems.

# Integrating therapeutic intervention into the life skills programme

- Individual support and well being- addressing low self esteem, low confidence, celebrating achievements, personal goal setting in incremental steps.
- Group programme- Group exploration of anger management, motivation, positive relationships, life style choices, alcohol and drug misuse.

# Psychotherapy intervention

- Flexible approach- location where young people comfortable, short regular sessions, client led.
- Had to be multi faceted to address a number of far reaching experiences
- Issues faced- substance misuse and addiction, domestic violence, post traumatic stress, eating disorder, anxiety disorders, self harm, depression, support with managing diagnosed conditions, behaviour management



# So how did the project address poverty?

- Financial poverty- Mentoring ensured income and benefit advice was addressed. Maximisation and support for working out pay, benefits and EMA for college and work choices.
- Participation poverty- personal goal setting so had a voice, client led therapy, activities.
- Aspirational poverty- all aspects of work on raising self expectation, changing horizons, support for positive family life
- Environmental poverty- lots of individual support for housing problems, health advice
  - **Therapeutic intervention addressed all the non financial aspects of poverty to enable financial poverty to be addressed!**

# Linking anti poverty work with support for positive mental health

- *“Disorders of mental functioning cannot be seen as static diagnostic labels but rather must be seen as dynamic responses to social/environmental stressors”*
  - (p. 7, WHO, 2003)
- Young care leavers can face two stressors that are interconnected within their lives and impact upon their mental well being:
  - The different types of poverty
  - Past experiences of family life and care systems.
- Both of these stressors require therapeutic interventions integrated into any practical solutions and programmes.

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