

# The lifelong health and well-being of care leavers

*‘We need more frequent data, at a higher level of granularity, to help improve the outcomes for care experienced people. These people too often do not meet their potential because they have been let down in their early lives. I am keen to work across the statistical system to help drive this work forward.’*

Professor Sir Ian Diamond, UK National Statistician

*“Groundbreaking work looking at the lifelong impacts of a period in care and the impacts on mortality rates for care experienced people differentiating between the type of care that young people are in and how long they live.”*

Josh MacAlister, Chair, Independent Review of  
Children’s Social Care

## WHO IS THIS BRIEFING FOR?

This briefing is for anyone interested in health, education and social welfare policy. It demonstrates a clear need for joined-up cross-departmental thinking at both national and local level to improve the lives of care leavers.

## BACKGROUND

Children are only taken into care when there is a significant risk to their well-being. Despite the adversity they face, with the right support, many people do well after leaving care. A disproportionate number, however, fare poorly. It is vital that attention is paid to a range of outcomes for people with care experience while they are in care and later in their lives.

This policy brief presents robust evidence from *Looked after children grown up*, a groundbreaking study led by Professor Amanda Sacker from University College London and funded by the Nuffield Foundation. The study uses data from the Office for National Statistics Longitudinal Study which draws together Census and life events data spanning 40 years, from 1971 to 2011.

While many studies have explored how children have fared during their time in care and immediately afterwards, this project explores the scale and persistence of inequalities in health, education and employment over the life course for care leavers. In this briefing we make recommendations for how policy and practice can reduce these inequalities.

## OVERVIEW

- **Placing children in the type of care that will benefit them most in the long term should be the default action** and requires commitment from across the Children’s Social Care and Family Justice systems.
- **Every policy should take into account the needs of care leavers.** There are large health, education and employment inequalities in adulthood for people with care experience. When the state intervenes to protect a child, this should be a lifelong commitment. All public services should be aware of the additional needs that are faced by care leavers and work together to meet them.
- **Ethnic inequalities within the care system are complex** and are influenced by deep-seated inequalities before children enter care, and after they leave.
- **Outcomes for care leavers are not uniform.** Health, education and employment inequalities **within** the care leaver population are as great as inequalities **between** that population and those who grew up solely in parental care.
- **Kinship care is associated with better adult outcomes** than foster care, which in turn is related to better outcomes than residential care. The reasons for this difference are unclear, likely to be complex, and may relate to both differences in the nature of the placements themselves or because children in different placements have different underlying problems (or a mix of both).
- **Birth children of kinship and foster carers also experience disadvantage** into adulthood when compared to children from households with no ‘cared for’ children.

## POLICY CONTEXT

The number of children in care in England and Wales has risen steadily since 1985, reaching 87,250 in 2020. Care leavers are more likely to face multiple challenges and poor outcomes than the rest of the population and many are reliant on social welfare support such as health and welfare benefits. As the number of children experiencing time in care and the number of placements continues to grow, more pressure will be put on public spending.

The European Convention on Human Rights 1998 and the UK's Children Act 1989 underpin the legal framework that when non-parental care is required, priority be given to non-residential care, especially with the child's extended relatives and friends.

In July 2016, the government published a major policy document *Keep on caring* to support young people from care to independence. A key policy commitment in the paper is a strategic pledge to introduce a Care Leaver Covenant. The Covenant is a promise made by the private, public and voluntary sectors to provide support for care leavers aged 16-25 to help them to live independently. The aim of the Covenant is to provide additional support for those leaving care; making available a different type of support and expertise from local authority statutory provision.

In January 2021 the Independent Review of Children's Social Care was announced. Its initial report *The Case for change* looks at how children in care can be provided with the same foundations as those who live with their parents.

## RESEARCH FINDINGS

From our sample, the chances of care leavers enjoying the same health, social and economic advantages as other adults are deeply unequal.

### Mortality

Falling rates of premature mortality in the general population are not mirrored in the care leaver population.

Adults who spent time in care as children between 1971-2001 were 70% more likely to die prematurely than those who did not. The extra risk of premature

death rose for care leavers from 40% in 1971 to 360% in 2011. Care leavers are also more likely to experience an unnatural death (suicide, violent death, accident).

### Health

Adults who were in residential care as a child are between 3 and 4 times more likely to report their health as 'not good' compared with 'good'. For adults who had lived with relatives, the risk is considerably lower (between 1.3-2 times).

### Education and employment

Children in parental care between 1971 and 2001 had a 27% chance of achieving an NVQ level 3 qualification by age 29, compared to 21% for those in kinship care, 14% in foster care and just 11% for those in residential care. Care leavers are more likely to participate in adult education, but this does not help them to catch up with their peers.

Inequalities in employment and social class for care leavers widened between 1981 and 2001 and then narrowed between 2001 and 2011. This suggests that inequalities widen during periods of economic growth and narrow during recessionary periods.

### Ethnicity

The widespread assumption that there are more negative adult outcomes among ethnic minority groups following care in childhood was not borne out by our research. Previous reports of the negative impact of care on Black people's lives appear to have been misattributed to the experience of care when it is a feature of all Black people's lives. Lifecourse trajectories are very different across ethnic minorities so it would be wrong to assume otherwise and to generalise findings for all ethnic minority children. The same is true of migrant children.

### Children of caregivers

The birth children of kinship and foster parents often make the transition to adulthood sooner than their peers. However, they do this less successfully: having poorer health, fewer qualifications, more unemployment, a less privileged social position, lower chance of owning their own home, and are more likely to divorce.

## POLICY RECOMMENDATIONS

The Independent Review of Children's Social Care recently found that "there is much more we can do to help children who have been in care progress to further and higher education or find a job or home, acknowledging it might sometimes take longer than their peers." Our research confirms and reinforces this finding.

We recommend that all policy development demonstrates a society- and government-wide commitment to support the needs of care leavers. We recommend a joined-up approach to the reduction and elimination of the inequalities experienced by care leavers, including:

### 1. Improve statutory requirements for children in care

The Care Leaver Covenant, made by private, public and voluntary organisations promises to provide support for care leavers aged 16-25 to help them to live independently. We propose a minimum statutory requirement that binds the government to reduce the inequalities faced by care leavers. We recommend extending support beyond the age of 25, recognising that inequalities can persist for many decades.

### 2. Better monitoring of outcomes for care leavers across all government sectors

Inequalities between care-leavers and the general population are widespread and long-lasting, as are inequalities within cared-for groups. This should be monitored and acted on as a priority. Monitoring the immediate outcomes of non-parental care in terms of school qualifications and initial destinations is insufficient to quantify what could potentially be permanent damage to life chances and well-being. We propose an extension of the existing annual Children Looked-after Return (SSDA903) data collection to at least age 25, in line with statutory support for care leavers continuing to age 25 following the DfE Children and Social Work Act (2017).

### 3. Understanding the economic case to support care leavers

We need to better understand the downstream health, social and economic risks associated with being in care, and the cost-benefit of proposed interventions to mitigate these risks. Developments in policy and practice should be informed by the best evidence available, and it is critical that we continue to fund and conduct rigorous research.

### 4. Extended support during the transition to adulthood

Our evidence shows that the negative impacts of being a child in care can endure well beyond the transition to adulthood. This should add impetus to the speedy implementation of these programmes nationwide and their extension to all care leavers.

We suggest the rapid implementation and scaling up of the Staying Put (2014) arrangements and that Staying Close (2016) pilots are extended to **all** care leavers. The Staying Put programme for former fostered children is currently being implemented but does not extend to residential care nor to older teenagers in care who have been placed in semi-independent and independent settings. The newer Staying Close arrangements which aim to enable young people to leave residential care and live near their former care home are yet to be implemented.

### 5. Improved mental health services for care leavers

We propose regular 'mental health MOTs' for care leavers throughout their adult lives. This would require the implementation of routine mental health MOTs administered by general practitioners, similar to the NHS Health Check scheme, to ensure care leavers' mental health needs are recognised and they are fast-tracked to receive appropriate support. We also recommend the expansion of current guidelines for transitions from child to adult mental health services to well beyond the initial young adult period.

## 6. Increased support for foster and kinship care families

Foster and kinship parents should be offered support to keep their own birth children in education for longer, by making this a part of the role of child protection services. The role of a supervising social worker should be extended to supporting birth children of foster parents, especially during adolescence.

## 7. More support for the residential care sector

Ideally children should be placed with someone who is related to them, but where this is not possible residential care is an essential pillar of the care system, and requires appropriate resource and support. Young people in kinship, foster and residential care are likely to have very different characteristics and biographies. Often those going into residential care have more challenging issues necessitating multiple moves. Despite this, the residential care sector is felt to be under-resourced, possibly contributing to children placed in residential care having the worst outcomes. These problems are not insurmountable through resourcing and better regulation.

## 8. Understanding the trauma of going into care

As well as the circumstances leading to a child being taken into care, the separation and rupture of key relationships can add to the trauma. More research is needed to understand this and there needs to be more trauma-informed practice.

## CONTACT

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## ABOUT THE RESEARCH

Analysis of unique data from the Office for National Statistics Longitudinal Study provides a comprehensive picture up to mid-life of the health and social functioning of care experienced members of the study.

The research identified 353,601 Longitudinal Study members. 5,681 had spent time in care in one or two of the 1971 to 2001 censuses. It looked at their health and social outcomes when they were adults.

The analysis provides clear evidence of the scale of inequalities, and their consistency over time, and by ethnicity, migration status and gender.

The findings support recommendations to improve the experience and outcomes for children placed into care away from their parents, and the carers and families that support them.

This brief was produced as part of the *Looked after children grown up* project following discussions of its findings with key stakeholders.

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## REFERENCES

Amanda Sacker et al (2021). *The lifelong health and wellbeing trajectories of people who have been in care*. Available from: [www.nuffieldfoundation.org/project/looked-after-children-grown-up](http://www.nuffieldfoundation.org/project/looked-after-children-grown-up)

Office for National Statistics Longitudinal Study. Available from: [www.ons.gov.uk/aboutus/whatwedo/paidservices/longitudinalstudies](http://www.ons.gov.uk/aboutus/whatwedo/paidservices/longitudinalstudies)

Emily T Murray et al (2020). Association of childhood out-of-home care status with all-cause mortality up to 42-years later: Office of National Statistics Longitudinal Study. *BMC Public Health* 20(735).

Emily T Murray et al (2020). Non-parental care in childhood and health up to 30 years later: ONS Longitudinal Study 1971–2011, *European Journal of Public Health* 30(6), pp. 1121–1127.

Free-to-use infographic and slide deck summarising the research and key findings: [www.nuffieldfoundation.org/project/looked-after-children-grown-up](http://www.nuffieldfoundation.org/project/looked-after-children-grown-up)