



Health and wellbeing of looked-after children

Health behaviours joint strategic needs
assessment literature review

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Introduction

This short report on looked-after children and health completes a suite of literature review documents around the seven health behaviours incorporated in the joint strategic needs assessment (JSNA).

It complements the secondary data analysis report which can be found on the [JSNA publications](#) page with final health behaviours report.

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Looked-after children

Children's health and wellbeing is a primary concern as poor mental and physical health in childhood can lead to negative health and social outcomes in adulthood. Although the actual association between behaviours and health outcomes for children is less clear it can be linked to wider determinants including family/social relationships, levels of family income and having choice and control in life.

Looked-after children and young people are those who are looked after by the state where the Children Act 1989 applies, including those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. They can be looked after in a variety of settings including residential care homes, foster care, secure institutions, young offender institutions or boarding schools. Children can become subject to a care order for many different reasons, including neglect, maltreatment and abuse.

In England there were 68,110 looked-after children (March 2013) – an increase of 2% compared to March 2012 and an increase of 12 per cent compared to March 2009.¹ The cost of looking after each child varies across local authorities, however it has been estimated the cost to the state is on average £37,699 per year (2009/10).²

Risk factors for maltreatment and neglect

A range of factors can contribute to child maltreatment and neglect including poverty, parent/guardian unemployment, poor housing and a lack of social support. The negative effects of inadequate or abusive parenting can be increased through a number of parental risk factors including mental health problems, drug and alcohol misuse, intimate partner violence and the exposure to maltreatment or lack of experience of positive parenting in their own childhood.

Child risk factors include disability, behaviour problems and chronic disease. These factors often coexist and interact, adding additional stresses and demands on parents. Where parents have limited resources for coping, no support or financial

issues alongside a lack of parenting skills, the child is at a much increased risk of maltreatment (including physical and emotional abuse and neglect).³

The long-term consequences of maltreatment include increased risks of poor mental health, obesity, alcohol abuse, and involvement in violence and criminality. Often these start in childhood and adolescence and can continue into late adulthood.⁴ In England the majority of children (62%) were looked after due to abuse or neglect, whilst family dysfunction (15%) and acute family stress (9%) combined accounted for less than a quarter (March 2013).⁵

Health and social outcomes

Unsurprisingly, looked-after children have high levels of health and social needs. These are linked with the background of neglect and maltreatment, which is often associated with a lower socioeconomic class.

Children who have been in care often have more adverse socioeconomic, health, educational and legal outcomes when compared directly to children who have experienced childhood disadvantage but were not in care.⁶

A report published in 2011 by ChildLine showed the organisation counselled 3,196 looked-after children in 2009/10. These children identified a number of issues in their lives, including:

- poor family relationships;
- physical abuse;
- loneliness;
- bullying;
- depression/mental health issues;
- sexual abuse;
- school/education problems; and
- emotional abuse.⁷

Children who are looked after tend to have a higher prevalence of physical illness than those children who are living in their own homes. In addition, the continuity of care can be fractured and care placements may change frequently, resulting in instability in care placements and healthcare provision. There is also evidence that caregivers do not always have the full medical history of the child. This may be due in part to a lack of complete health data when undertaking a statutory health assessment for a looked-after child. Serious chronic illnesses such as cerebral palsy, epilepsy and cystic fibrosis tend to be more frequently reported in looked-after children. This may in part be due to the extra stresses that caring for children with these conditions can place on families and increase the need for support from the local authority.⁸

There are high rates of mental health need in looked-after children; they tend to have already experienced factors associated with childhood psychiatric disorders including social/environmental factors, parental mental illness, repeated early separations from parents, inadequate parenting, exposure to abuse or neglect and negative peer group influences. All children whose parents are experiencing mental illness, alcohol or drug misuse, along with domestic violence (in which the children are involved, they witness or it is directed at them) are at an increased risk of mental health issues. For looked-after children, these factors are exacerbated. The impact of these can be reduced through a stable home/placement, other caring adults able to support the child, and no violence, conflict and disorganisation in the child's life.⁹

The highest levels of mental health need are associated with children who have experienced placement disruption and educational problems. Anxiety, depression and conduct disorder have been shown to be common amongst looked-after children. In educational settings, looked-after children tend to have special educational needs, whilst many may experience temporary or permanent exclusions from schools. Whilst most looked-after children with mental health needs do not have a formal psychiatric diagnosis, negative emotional and social behaviours including low self-esteem, anger issues, bullying, and poor relationships with peers and/or carers are well evidenced.¹⁰

Educationally looked-after children tend to fare poorly with issues around lower attainment and achievement and poorer employment prospects. According to recent Department for Education statistics only 15% of looked-after children are achieving 5 or more A*-C GCSEs or equivalent (including English and mathematics) compared to 58% of those who are not looked after. Whilst this is still low, it has increased from 11% in 2009. This is perhaps not unexpected as 67.8% have identified special educational needs. Additionally looked-after children are twice as likely to be permanently excluded from school (0.15% compared to 0.07%) and nearly three times more likely to have a fixed-term exclusion than other children (11% compared to 4%).¹¹

The government has also introduced a 'pupil premium plus' for children who are in care or who are adopted from care or leave under a residence/guardianship order. Worth £1,900 per child, the funding has been available from April 2014 and aims to provide additional support to help with the emotional, social and educational issues, whilst improving the attainment of the child and addressing their wider needs.¹²

Evidence suggests that in general teenagers who become parents are known to experience greater educational, health, social and economic difficulties than those who are not young parents. The risk factors which increase the likelihood of teenage pregnancy are to be found more often in the looked-after population than among children and young people who are not in care. These include socioeconomic

deprivation, poor educational attainment, limited consistent positive adult support, low self-esteem and experience of sexual abuse.¹³

As looked-after children and young people are at greater risk of early pregnancy and social disadvantage than other groups the prevention of teenage pregnancy can have significant beneficial outcomes. A reduction in teenage pregnancy can be achieved through access to good quality sex and relationship education, however looked-after children and young people tend to have less access to this than their peers.¹⁴

Another issue facing local authority social services is the number of unaccompanied asylum-seeking children who are being referred to their care. Whilst this issue is currently more prevalent in the East Midlands and the South East of England, there will be an increasing burden on other local authorities across the country.¹⁵

Conclusion

Health and social outcomes for looked-after children are poor and whilst children remain in care a holistic, multi-agency strategy will be needed to improve the health and life chances for these children. However, ongoing budget cuts continue to place additional strains on service provision and this has the potential to negatively impact further on outcomes for already vulnerable children. Unfortunately this has the potential to perpetuate the cycle of poor parenting and poor health and social outcomes for children.

References

¹ Department for Education, 2014. *Outcomes for children looked after by local authorities in England, as at 31 March 2013* [pdf]. Department for Education.

² British Medical Association, 2013. *Growing up in the UK. Ensuring a healthy future for our children* [online].

³ Ibid.

⁴ British Medical Association, 2013. *Growing up in the UK. Ensuring a healthy future for our children* [online].

⁵ Department for Education, 2014. *Outcomes for children looked after by local authorities in England, as at 31 March 2013* [pdf]. Department for Education.

⁶ Viner, R. M. & Taylor, B., 2005 Adult health and social outcomes of children who have been in public care: population-based study. *Pediatrics*, 115, 894–899.

⁷ NSPCC, 2014. *ChildLine case notes: Looked after children talking to ChildLine (March 2011)* [pdf].

⁸ Martin, A., Ford, T., Goodman, R., Meltzer, H., and Logan, S., 2014. Physical illness in looked-after children: a cross-sectional study. *Archives of Disease in Childhood*, 99/2 (103-107).

⁹ McAuley, C. and Young, C., 2006. The mental health of looked after children: challenges for CAMHS provision. *Journal of Social Work Practice*. Vol. 20, 91-103.

¹⁰ Stanley, N., Riordan, D., and Alaszewski, H., 2005. The mental health of looked after children: matching response to need. *Health and Social Care in the Community* 13(3), 239-248.

¹¹ Department for Education, 2014. *Outcomes for children looked after by local authorities in England, as at 31 March 2013* [pdf]. Department for Education.

¹² GOV.UK, 2014. *Raising the achievement of disadvantaged children* [online]. Department for Education (2014).

¹³ Social Care Institute for Excellence, 2014. *SCIE Research briefing 9: Preventing teenage pregnancy in looked after children (2005)* [pdf].

¹⁴ Ibid.

¹⁵ Independent Chief Inspector of Borders and Immigration, 2014. *An inspection in to the handling of asylum applications made by unaccompanied children 2013* [pdf].

Research evidence was identified and included from general evidence searches, plus specific searches of three bibliographic databases: CINAHL, PsycINFO and MEDLINE. The studies were restricted by language of publication (English only), however, the geography/country was not restricted. The key terms of the health behaviours (stress, drugs, pregnancy, substance use, alcohol, tobacco, sexual behaviour, physical activity and nutrition), their synonyms, and combinations of these terms were used in the search strategies.