# Looked after children

Looked after children are some of the most vulnerable children and young people. Adverse experiences affect their emotional and mental wellbeing and if not identified early, can manifest in to more significant issues in to adulthood. Local authorities are responsible for these children and young people as the corporate parent and have a commitment to act in the child's best interest and provide safety and stability in their home lives.[[1]](#footnote-1)

## Mental health and wellbeing

Almost half of children in care are estimated to have a diagnosable mental health issue.[[2]](#footnote-2) Research suggests that mental health issues are often present prior to entering the care system and the maltreatment the child has experienced at the hands of their caregivers has a profound effect on their wellbeing. Children who entered care at an older age are more likely to have significant mental health issues that manifest in challenging behaviour as they have been exposed to abuse and maltreatment for a longer time.[[3]](#footnote-3) Children who have been subjected to maltreatment and traumatic experiences are also less able to use their personal resilience to maintain their wellbeing and rely on external factors for this support.[[4]](#footnote-4) In addition to this, maltreated children have a difficult time developing meaningful friendship as they demonstrate fewer prosocial behaviours.[[5]](#footnote-5) The "Our Lives, Our Care" survey found that the majority of respondents (60%) answered that they were worrying ‘all or most of the time’ or ‘sometimes’.[[6]](#footnote-6)

Looked after children with poor mental health and wellbeing can increase the likelihood of placement breakdowns and instability. The NSPCC found that children with emotional issues, teenagers with challenging behaviours and those engaging in self-harm are often the most difficult children to place.[[7]](#footnote-7) Research also highlights that instability in placements is associated with worse outcomes and can have negative mental, educational and social consequences for the child in care.[[8]](#footnote-8) The relationship between poor mental health and placement instability is cyclical, as the problematic behaviour is difficult for the carer to manage, increasing the risk of placement breakdown, which leads to a reduction in social support and may escalate the child's feelings of worthlessness and vulnerability.[[9]](#footnote-9) Children with a higher number of placements were significantly associated with an increased likelihood of being on the chronic trajectory for poor wellbeing.[[10]](#footnote-10)

Child and Adolescent Mental Health Services (CAMHS) provide mental health services for children and young people up to age eighteen. The House of Commons Education Committee found issues with CAMHS only providing support to looked after children once they are in a stable placement. As children who are in unstable placements are more likely to have mental health issues, this is potentially allowing vulnerable children to fall through the system.[[11]](#footnote-11)

When children and young people enter the care system in England, a strengths and difficulties questionnaire (SDQ) and an initial health assessment should be completed with the child. The aim of these tools is to identify the mental and physical health needs of the child and produce a tailored care plan to meet these needs. There are however issues with both of these tools, as research by the NSPCC suggests there is great variation between local authorities around how much mental health and wellbeing is seen as a priority. They also found that the initial health assessment is primarily seen as a measure of physical health and mental health needs are not considered as part of this.[[12]](#footnote-12) The House of Commons Education Committee also found the initial health assessment to be inconsistent at identifying mental health and wellbeing needs of young people in care and The National Children’s Bureau commented that the completion is “highly variable and often poor”.[[13]](#footnote-13) The NSPCC also found that there is great variation in how soon the SDQ is completed and as such is often not used to inform decisions relating to a child's care. Statutory guidance suggests that the SDQ is used as a mental health screening tool, however the tool is not always imbedded in this way and as such is not popular with social workers or carers as it does not seem to serve a purpose within the system.[[14]](#footnote-14)

If the mental health needs are looked after children are not identified and appropriate support put in place at an early stage, the issues of the child can be compounded and can lead to poorer outcomes and an increase in risk taking behaviour such as substance misuse.[[15]](#footnote-15) Children in the care system who express a wish to receive support can often experience delays and waiting lists, which can lead to the situation reaching crisis point. This can have the knock on effect of children who are considered "stable" being moved down the list as they are less of a priority.[[16]](#footnote-16)

## Physical health needs

Unsurprisingly, looked after children often have higher health needs than their peers and this is attributed to backgrounds of neglect, poor parenting and chaotic lifestyles. These health issues are compounded once the child is in the system as there is often a lack of knowledge of the child's medical and developmental history. This lack of information can lead to some life threatening issues such as allergies and asthma only coming to light weeks in to a care placement. If placements breakdown and the child is in an unstable situation, missed appointments occur unless the social worker or carer are proactive in notifying of the change of address. If a child frequently moves placements, the ability for the carers and professionals involved to identify the health needs of the child is hindered, particularly if they do not have knowledge of their medical history. [[17]](#footnote-17)

## Care leavers

Care leavers often have to make the transition in to adulthood at a much younger age than their peers and they receive less support to make the transition. The transition from care is a period of stress and can exacerbate issues for the care leaver. Transition issues include, institutionalisation, a sense of abandonment, and a lack of support network which can reduce the faith in the system. These issues increase the risk of care leavers engaging in offending behaviour. Care leavers with poor mental health are more likely to become homeless at some point and twice as likely to have issues gaining employment.[[18]](#footnote-18)

If a care leaver is not adequately prepared to live independently, they lack the skills to do so and this can leave them vulnerable to future exploitation.[[19]](#footnote-19) Care leavers often find that support that was available up to the age of eighteen is no longer available to them, this leads to a lack of support at a time when mental health issues are known to be more acute.[[20]](#footnote-20) The NSPCC found that professionals in the care system felt that emotional support for care leavers was insufficient and that many young people find the prospect of living alone for the first time daunting and socially isolating.[[21]](#footnote-21)

## Issues with the system

Having a strong relationship with their social worker has been highlighted as important by young people as a way to build a trusting relationship. In the worst cases, young people may not bother to try and build a relationship with their social worker which can present issues when identifying appropriate support. [[22]](#footnote-22) The "Our Lives, Our Care" study found that a lack of trust was associated with having had three or more social workers. It also found that children and young people continued to express concern that they did not have a good understanding of why they were in care, did not always feel included in decision-making and not all children felt safe and settled in their placements.[[23]](#footnote-23)

There is a great amount of variation in the amount of visits or contact a child or young person has with their social worker. It is rare for there to be joint visits and communication between professionals can often be lacking, this can be particularly damaging when the child presents challenging behaviour. Young people who are placed out of the local authority area are the least likely to receive timely support for their wellbeing and often do not receive services that are necessary to meet their needs.[[24]](#footnote-24)

The majority of children in care experience better outcomes than they would have if they had not been taken in to care; however, they also experience lower outcomes when compared to their peers. Looked after children are five times more likely to face exclusion than their peers and they are vastly overrepresented in the youth justice system.[[25]](#footnote-25) The long term outcomes for looked after children are poorly monitored. [[26]](#footnote-26)

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