Mental health of children and young people in care in England

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Research Team and advisory group

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Advisory Group

- CoramBAAF
- BECOME
- Care Leavers Association
- NHS
- CAMHS
- Children's rights advocacy service
- Rees Centre Oxford
- Anna Freud Centre
- UCL
- University of York
- Department for Education
  - Research team
  - Policy team
  - Data analyses team

Care experienced group of young adults

Funding and ethics

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  - Longitudinal mental health trajectories of children growing up in State care in England: An exploration of patterns and influencing factors (https://gtr.ukri.org/projects?ref=ES%2FR006482%2F1)

  - MH-CAT: A longitudinal survey of the mental health of children in State Care in England through the COVID-19 pandemic (https://gtr.ukri.org/projects?ref=ES%2FV015699%2F1)

- Ethics approval received from the ethics committees at the Faculty of Social Sciences and Law at the University of Bristol

- Approval received from the Association of Directors of Children's Services (ADCS) research committee
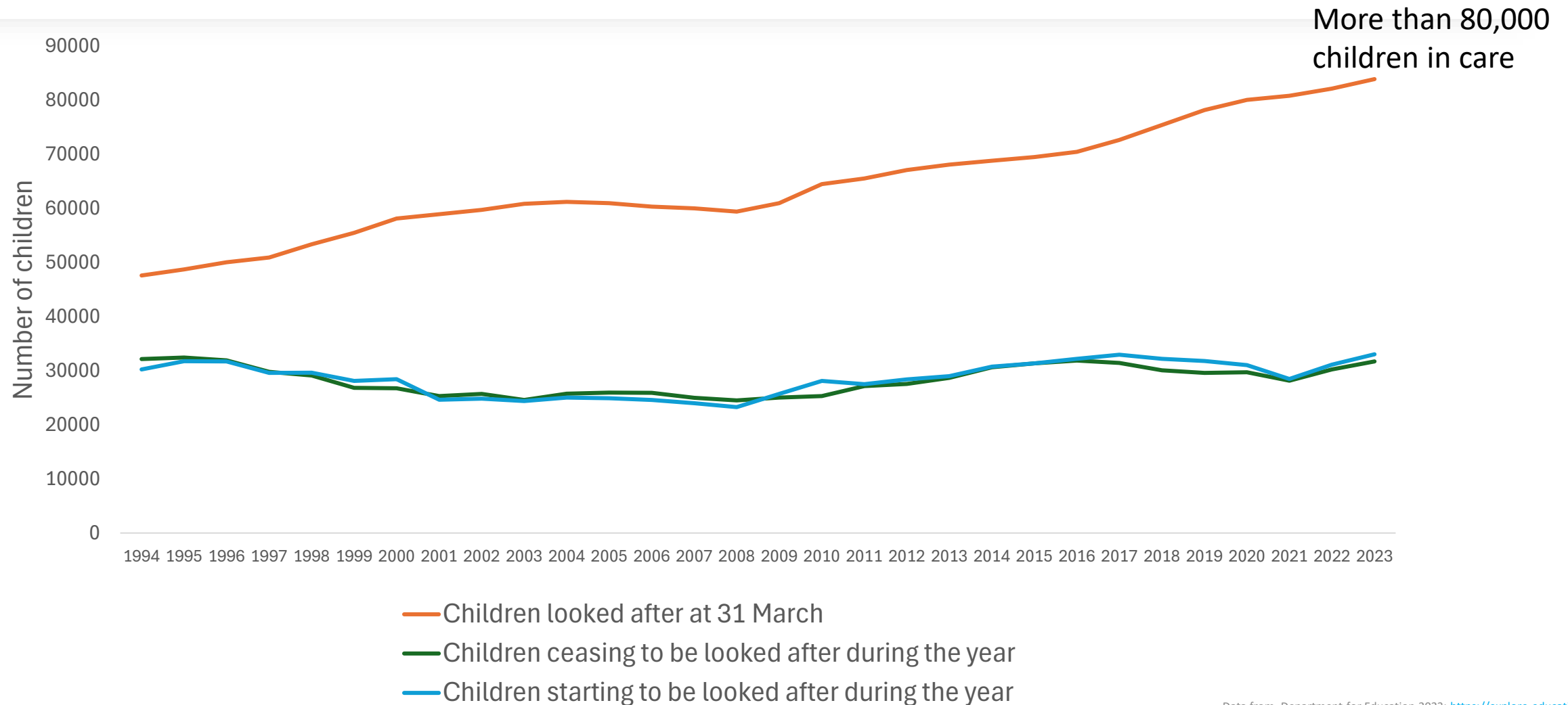
This work was undertaken in the Office for National Statistics Secure Research Service using data from ONS and other owners and does not imply the endorsement of the ONS or other data owners
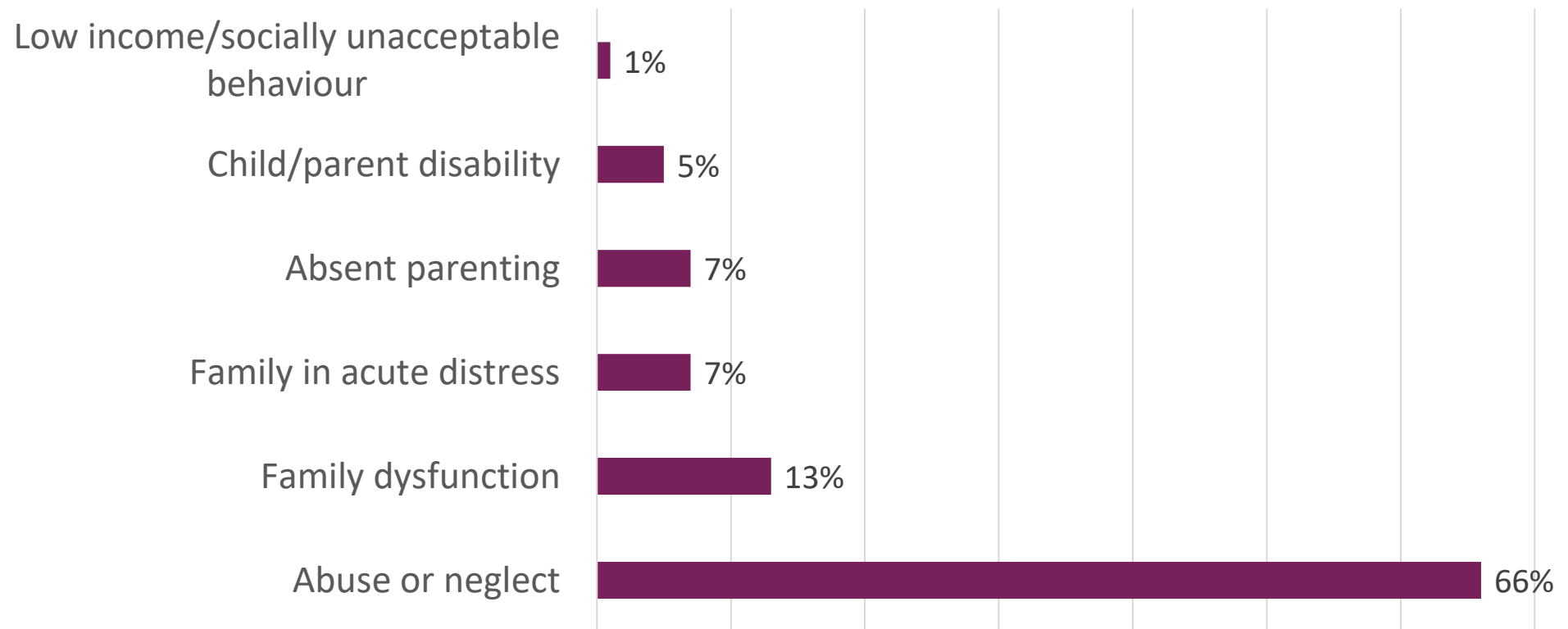
Rising Demand for children's social care

- The number of referrals made to children's social care services per year increased by 5% between 2010/11 and 2019/20:
  - Children in need (+4%)
  - Child protection enquiries (+125%)
  - Child protection plans (+32%)
  - Children in State care (+24%)

Rising number of children in State care in England

More than 80,000 children in care

Number of children

90000
80000
70000
60000
50000
40000
30000
20000
10000
0

1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

—— Children looked after at 31 March

—— Children ceasing to be looked after during the year

—— Children starting to be looked after during the year

Main reason for entry to State care in England

Poverty as a driver

Many children and young people in care have previous experiences of disadvantage, deprivation and/or poverty.

Children living in the poorest areas are at least ten times more likely to be taken into care or put on a child protection plan than those from the wealthiest areas.

Between 2015 and 2020, a 1 percentage point increase in child poverty was associated with an additional five children entering care per 100,000 children.

Impact of pre-care adversity

Adverse childhood experiences, have a cumulative negative effect developmental outcomes and are three times more common in the context of poverty than in affluence*

Many children and young people have experiences of **disadvantage and/or poverty**, often exacerbated by exposure to:

- Domestic violence
- Maltreatment
- Parental criminality
- Concerns regarding parental mental health
- Substance misuse

Exposure to such adverse experiences in childhood has been associated with:

- Negative impact on the psychological, emotional, social and physical development through to adulthood
- Emotional dysregulation
- Internal/external psychopathology

*Marryat, L. and Frank, J. Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study, BMJ Paediatrics Open. 2019; 3(1): e000340

As stipulated in Section 22(3)(a) of the **Children Act 1989, State Care has a protective role and a duty** to safeguard and promote the welfare of children in Care by facilitating their recovery from previous adverse childhood experiences, whilst promoting their physical, emotional and **mental health.**

Placement stability of children in care

Number of annual placement changes

- 3 or more placements — 10%
- 2 placements — 21%
- 1 placement — 69%
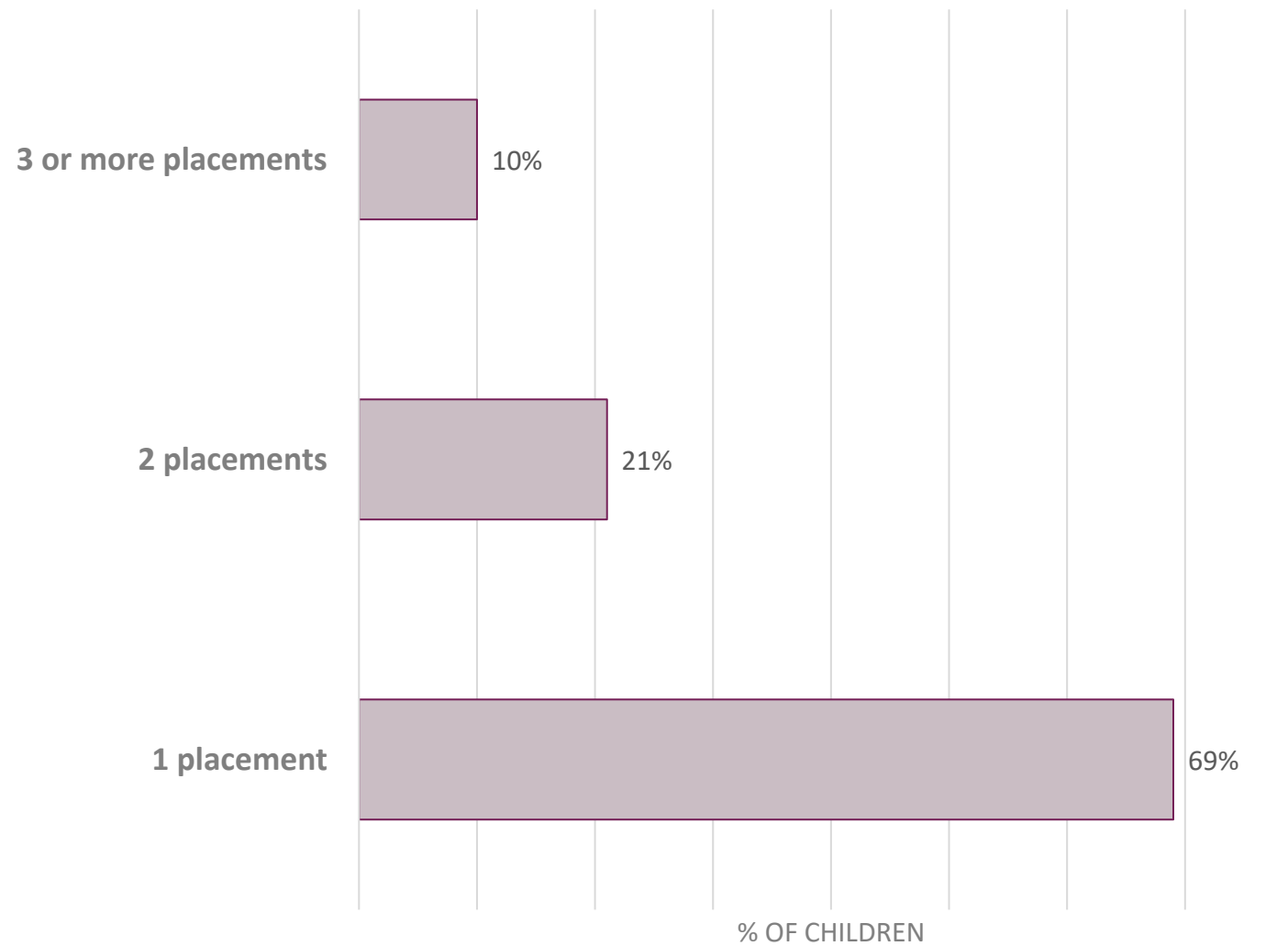
% OF CHILDREN

Around 40%-50% of children and young people in care have a diagnosable **mental health** condition compared with 12%-17% of children and young people in the general population.

Data sources:
- Department for Education (2023). *Statistical First Release: Children looked after in England (including adoption) year ending 31 March 2021*. Department for Education: London.
- NHS Digital (2018) *Mental Health Services Monthly Statistics, 2018*. NHS.
- Sadler, K., et al (2018) *Mental Health of Children and Young People in England, 2017: Summary of Key Findings*. NHS Digital.
- Ford, T., Vostanis., P., Meltzer, H., & Goodman, R (2007) Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *The British Journal of Psychiatry* 2007; **190**: 319-25.

Addressing gaps in the evidence base

01
What are the longitudinal mental health trajectories of children in care?

02
Do mental health trajectories differ for specific groups of children in care?

03
How does children's developmental context as a whole, impact their mental health?

04
What is the impact of the Covid-19 pandemic?

Method

ANALYSES OF NATIONAL DATA HELD BY THE DEPARTMENT FOR EDUCATION (2008-2020)

SURVEY OF CHILDREN IN CARE (2 WAVES)

SURVEY OF LOCAL AUTHORITY PROFESSIONALS

Main outcome measure: Strengths and difficulties questionnaire (SDQ)

Annual data collection

SDQ sub scales

- Emotional difficulties
- Conduct difficulties
- Hyperactivity/inattention difficulties
- Difficulties with peers
- Prosocial behaviour

[1]With license to use from Youth*in*mind Ltd.

National Administrative data analyses (n=12,050)
Children in care (SSDA903) and linked Education (NPD) data

Analyses considered **three developmental stages**

- Primary school age (7-11years)
- School transition age (10-14 years)
- Secondary school (12-16 years)

Latent class growth analysis (LCGA)

Mental health trajectories for primary school age cohort
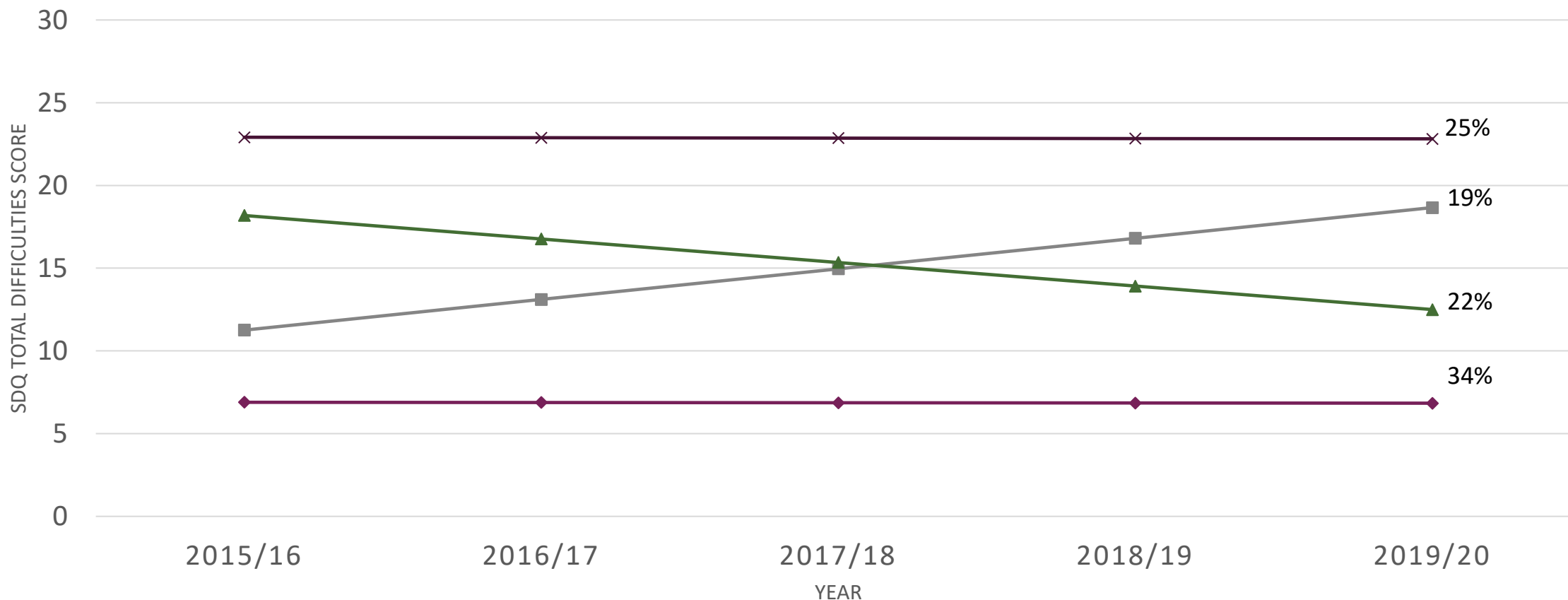aged 7 years in 2015/16 and 11 years in 2019/2020
(n=990)
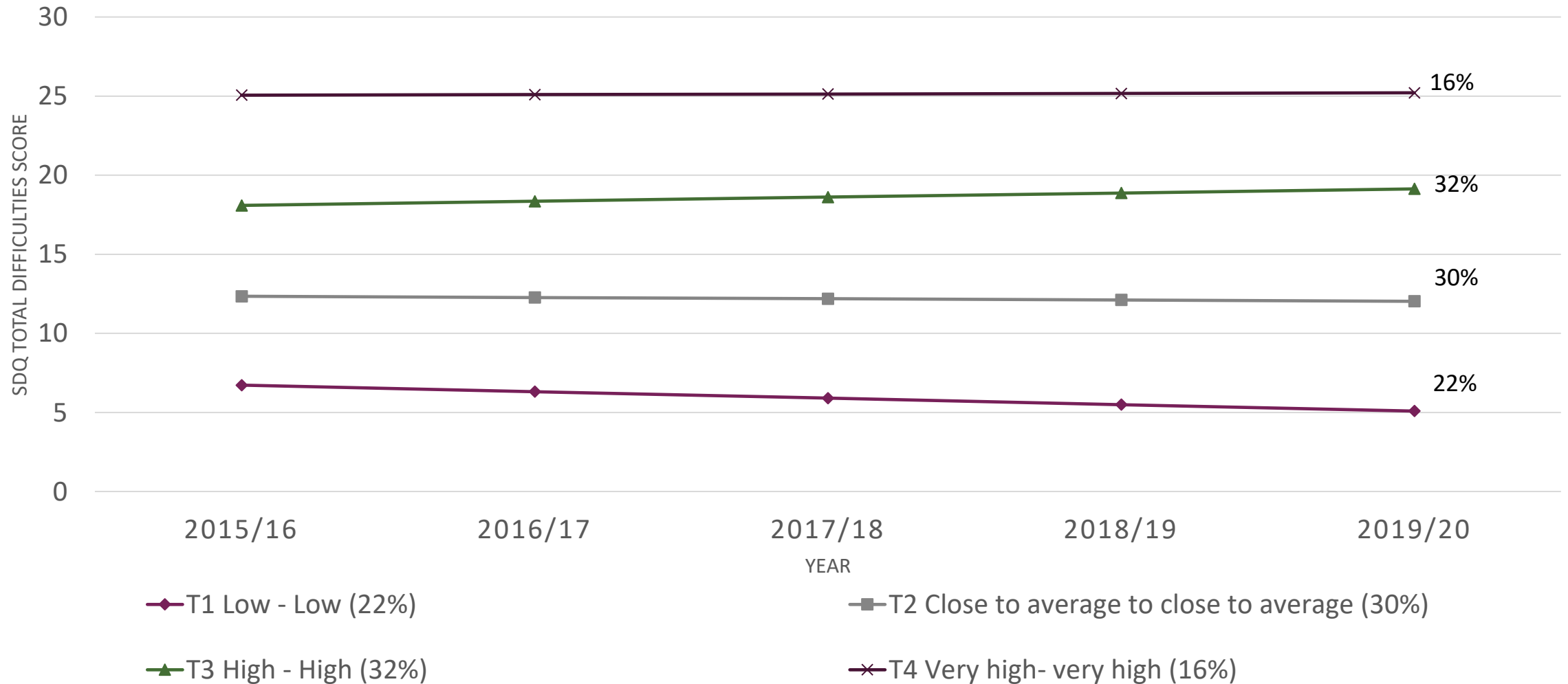
Mental health trajectories for transition school age cohort
aged 10 years in 2015/16 and 14 years in 2019/2020
(n=1,520)

SDQ TOTAL DIFFICULTIES SCORE

30

25 — 25%

20 — 19%

15

10 — 22%

5 — 34%

0

2015/16   2016/17   2017/18   2018/19   2019/20

YEAR

T1: Low to low (34%)   T2: Close to average to high (19%)
T3: High to close to average (22%)   T4: Very high to Very high (25%)

Mental health trajectories for secondary school age cohort
aged 12 years in 2015/16 and 16 years in 2019/2020
(n=1,800)

Survey of Children in Care
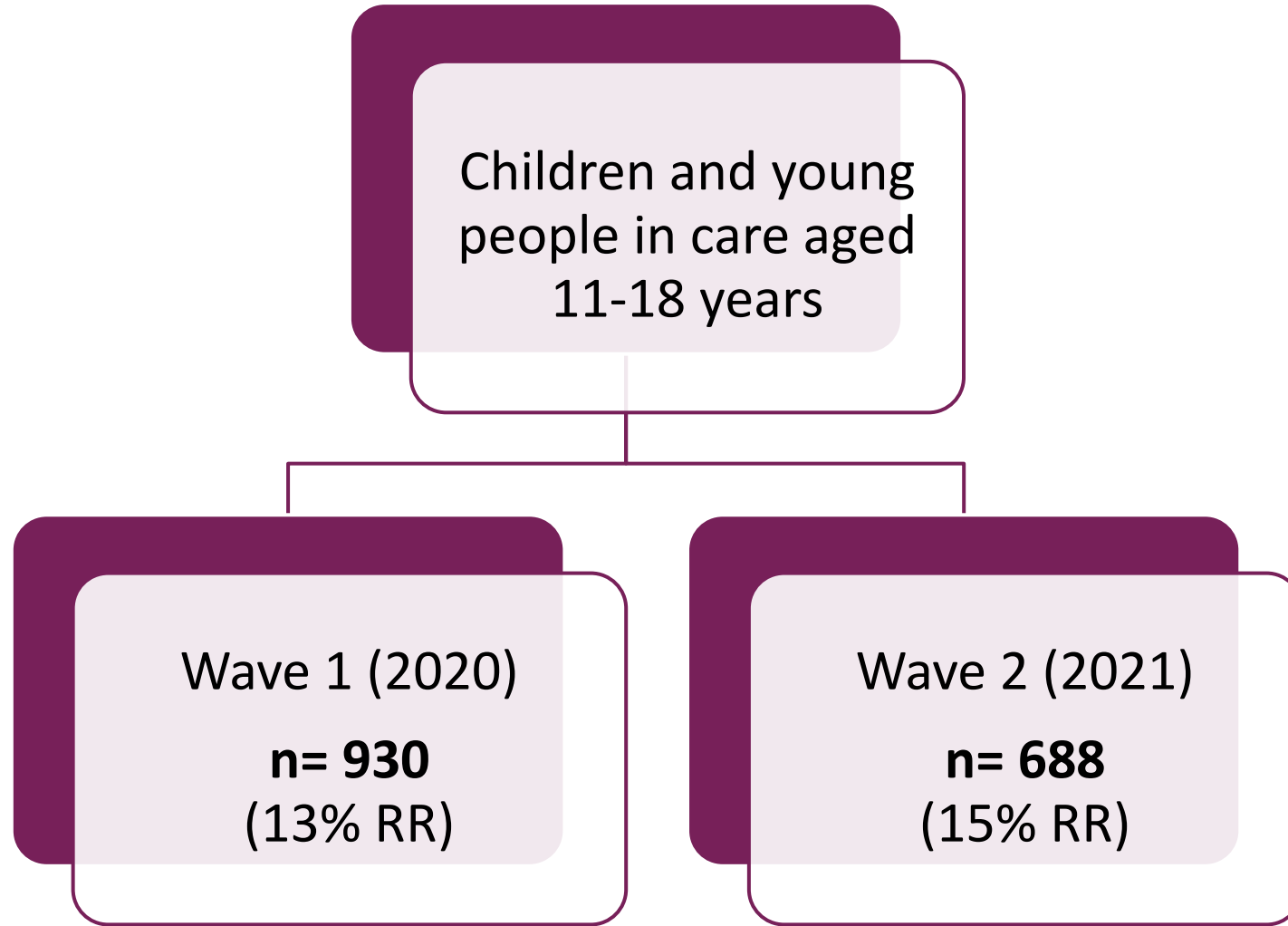
Children and young people in care aged 11-18 years

Wave 1 (2020)
n= 930
(13% RR)

Wave 2 (2021)
n= 688
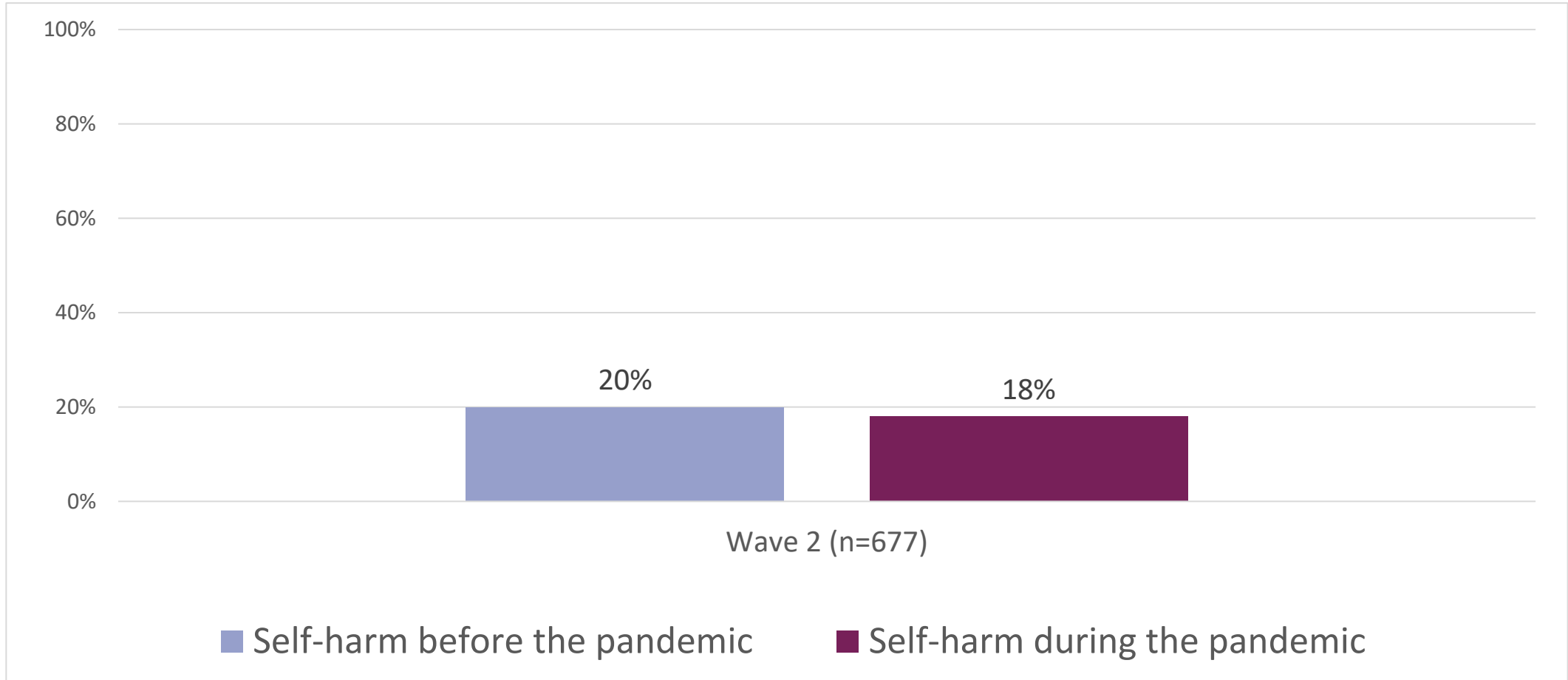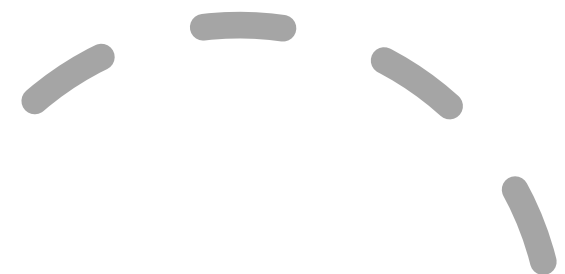(15% RR)

Overall mental health of children and young people in care
(SDQ Total difficulties score)

General population (aged 10-15 years, n=1,408)
Normal 71% | Borderline 19% | Cause for concern 10%

Children in care in 2020 (Wave 1, n=879)
Normal 60% | Borderline 18% | Cause for concern 22%

Children in care in 2021 (Wave 2, n=676)
Normal 61% | Borderline 15% | Cause for concern 24%

Legend: ■ Normal ■ Borderline ■ Cause for concern
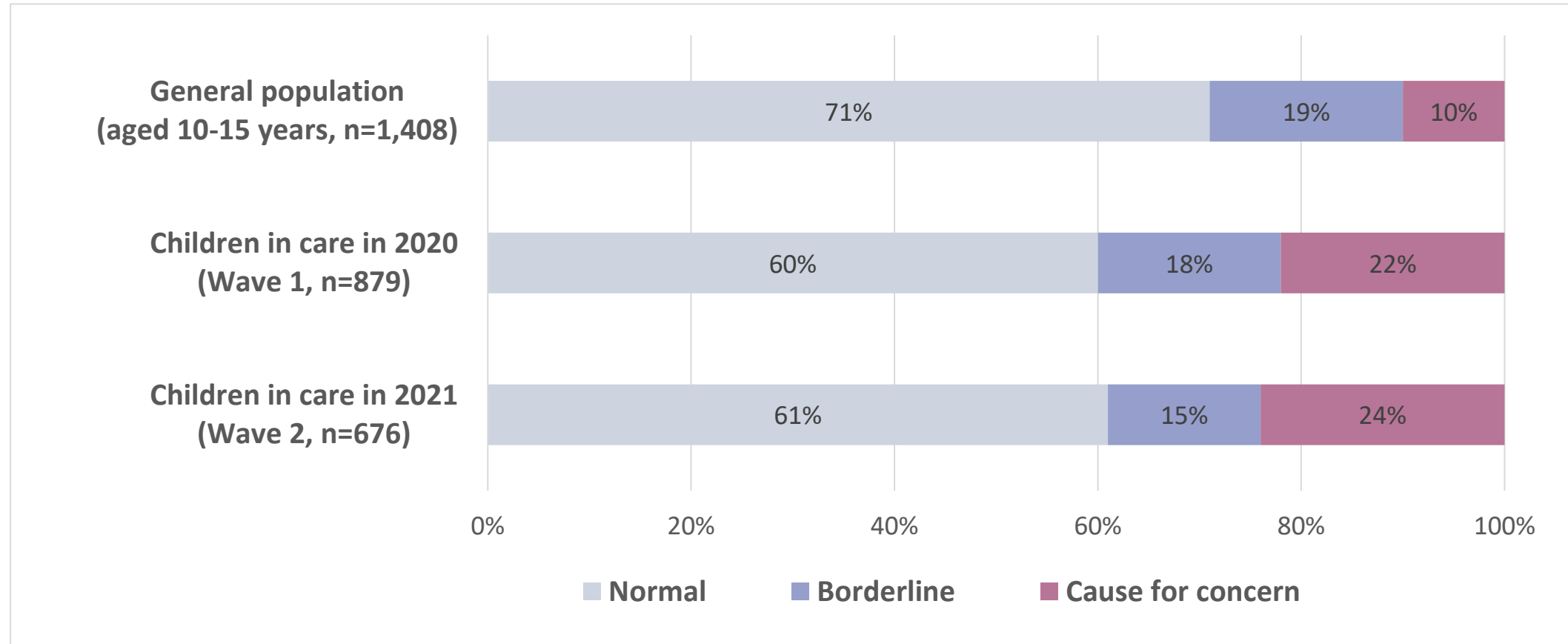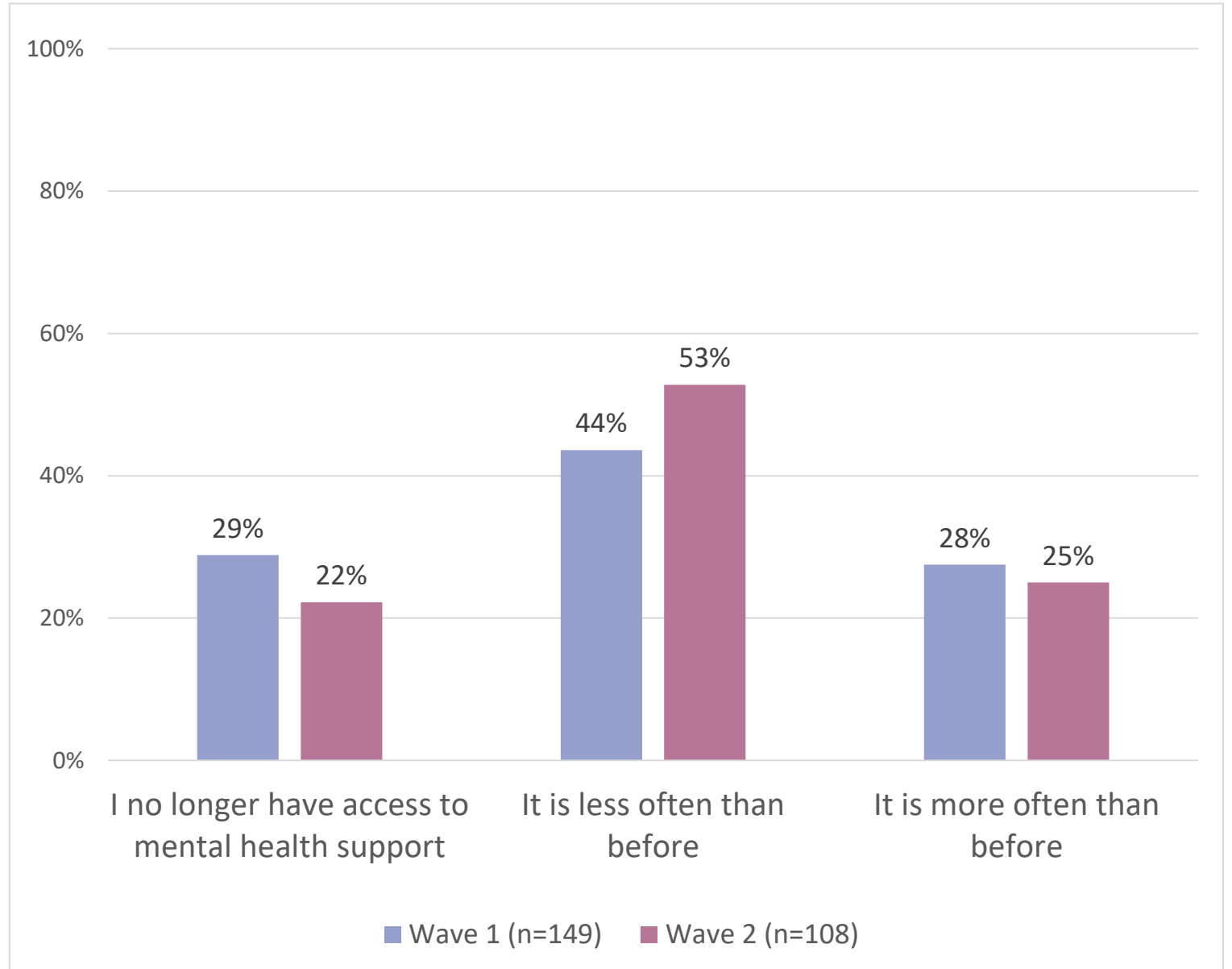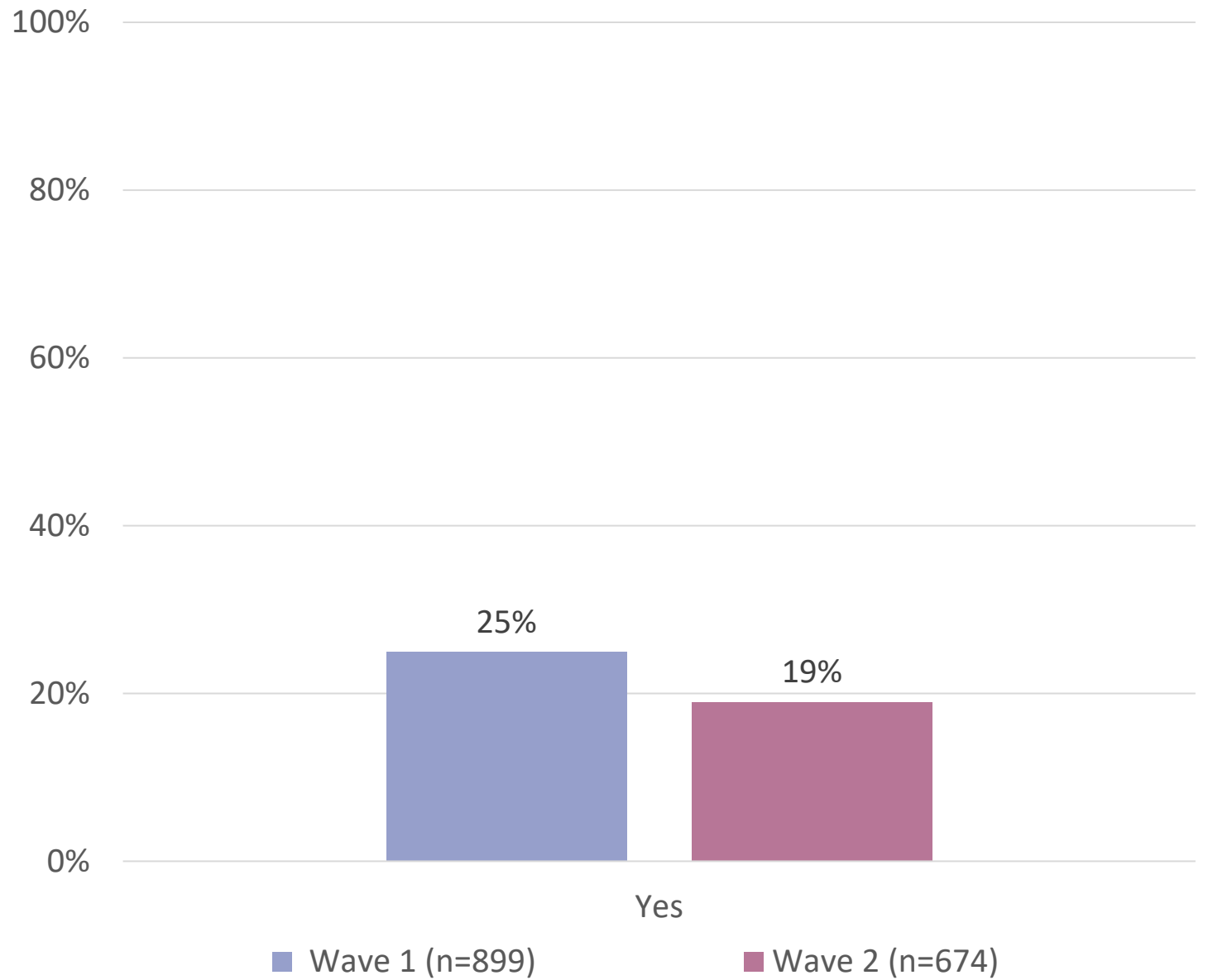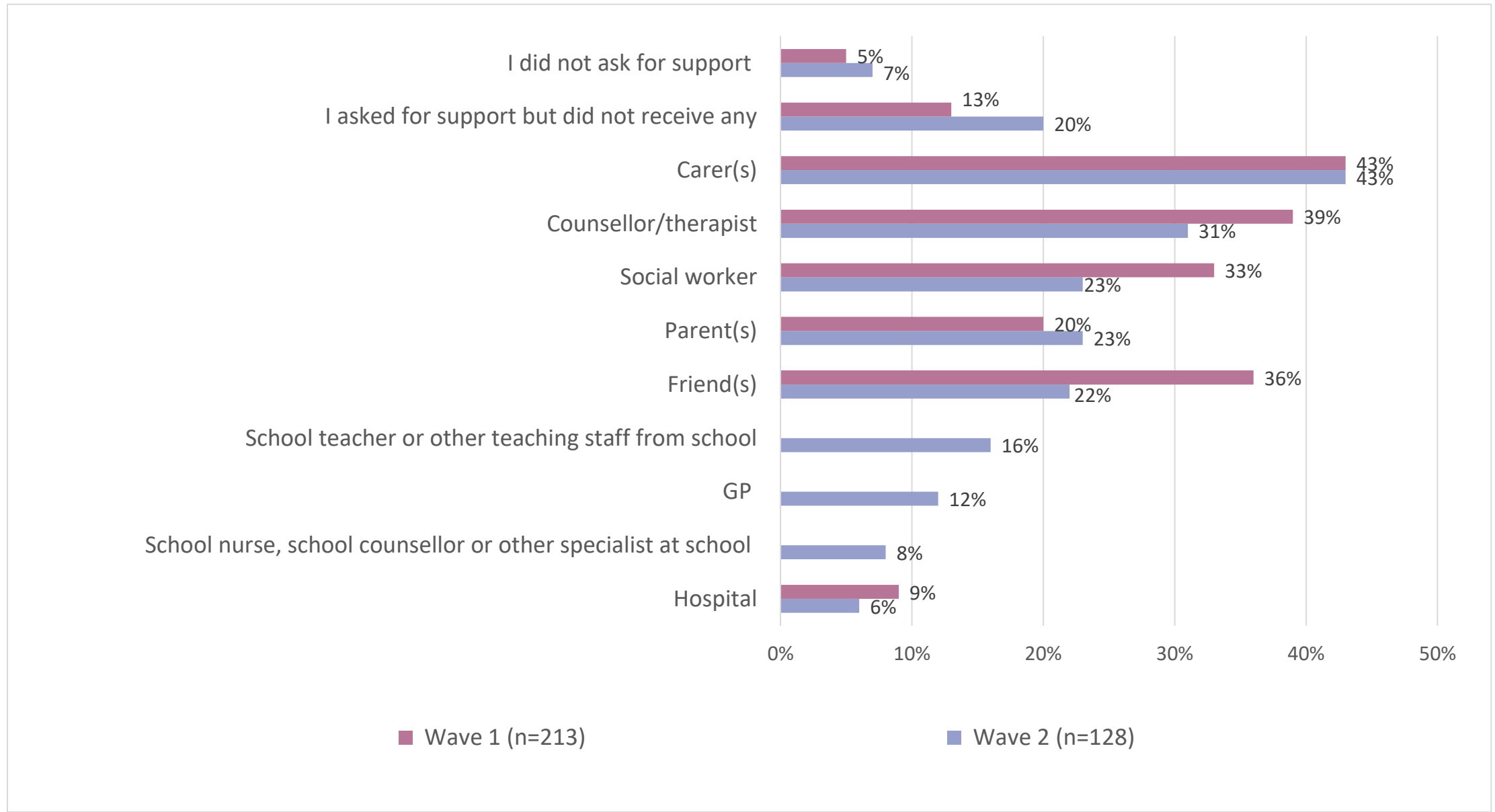
Self-harm

Changes to mental health support during the pandemic

Need for mental health support during the last month

Access to mental health support in the last month

	Wave 1 (n=213)	Wave 2 (n=128)
I did not ask for support	5%	7%
I asked for support but did not receive any	13%	20%
Carer(s)	43%	43%
Counsellor/therapist	39%	31%
Social worker	33%	23%
Parent(s)	20%	23%
Friend(s)	36%	22%
School teacher or other teaching staff from school		16%
GP		12%
School nurse, school counsellor or other specialist at school		8%
Hospital	9%	6%

■ Wave 1 (n=213)   ■ Wave 2 (n=128)

Which contextual factors influence the mental health of children?

Hierarchical regression. Outcome variable: SDQ total difficulties score

Characteristics

- Gender
- Age
- Ethnicity

+

+ Placement Characteristics

- Type of placement
- No. of placements in care
- Living with sibling(s) and/or other children
- Length of time in placement
- Going missing from placement
- Feelings about placement
- Relationship with carer/s

+

+ Schooling

- Truancy
- School exclusion
- No. of school changes due to placement changes
- Feelings about school
- Teacher support

+

+ Social work

- Being satisfied with contact frequency with social worker
- Relationship with social worker
- Involvement in social work decision making

+

+ Friends

- Relationship with friend(s)
- Bullying
- Cyber-bullying

+

+ Health and wellbeing

- Risky behaviours
- Access to green spaces
- Physical activity
- Screen time
- Physical disability
- Having a hobby

Children's whole developmental context influences better mental health
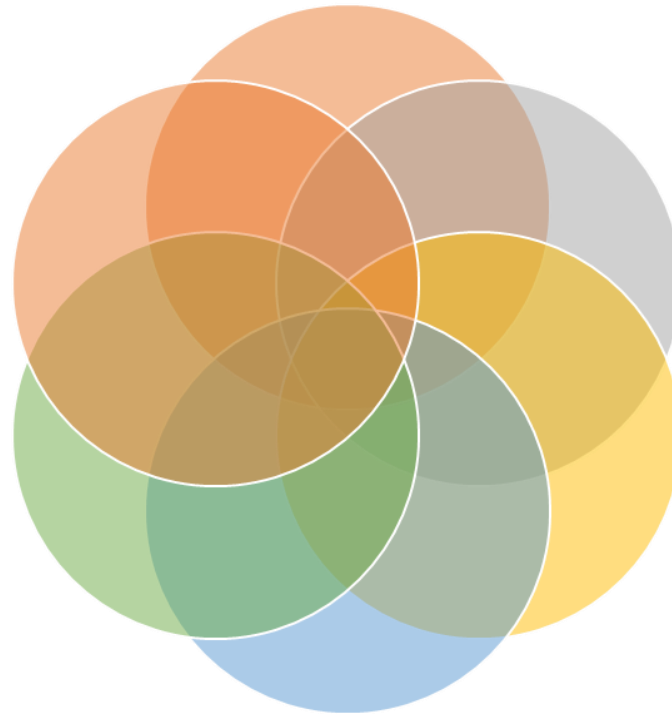
Children's Characteristics

•Gender (Male)
•Age (Older adolescents)
•Ethnicity (All ethnicities other than white)

Placement Characteristics

•Living with kin
•Living only with sibling(s)
•Living with sibling(s) and other children
•Positive relationship with carer(s)

Health and lifestyle

•Spending less time on screens
•Having a hobby
•Not engaging in risky behaviours

Friends

•Positive relationship with friend(s)
•Not being bullied
•Not being cyber-bullied

School Characteristics

•Positive feelings about school
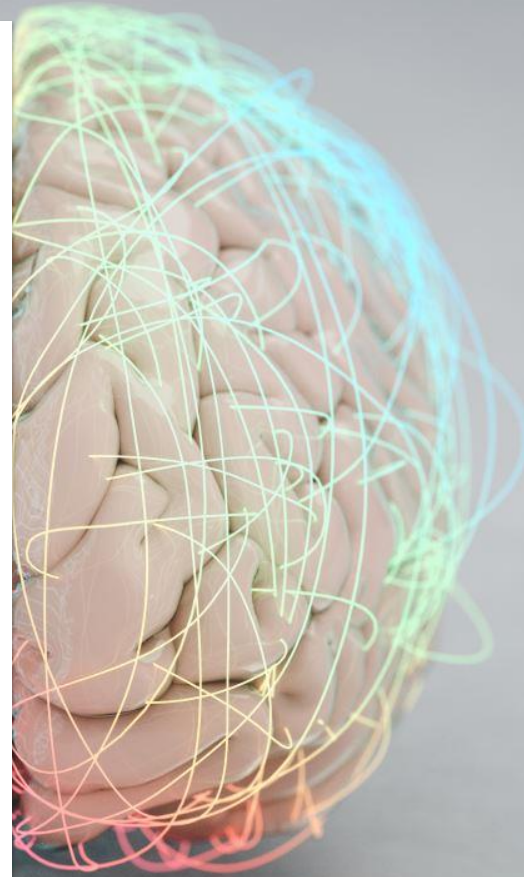•Not being excluded from school

Social work support

•Being satisfied with contact frequency with social worker
•Positive relationship with the social worker

[Based on regression output from Wave 1 survey, 2020 (n=711) and Wave 2 survey, 2021 (n=501)]

Key findings

- Heterogeneous mental health pathways- importance of longitudinal tracking

- Influence of the whole developmental context, especially the strength of relationships

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