

# Themes from available data and literature

Care leavers' experiences of health inequalities

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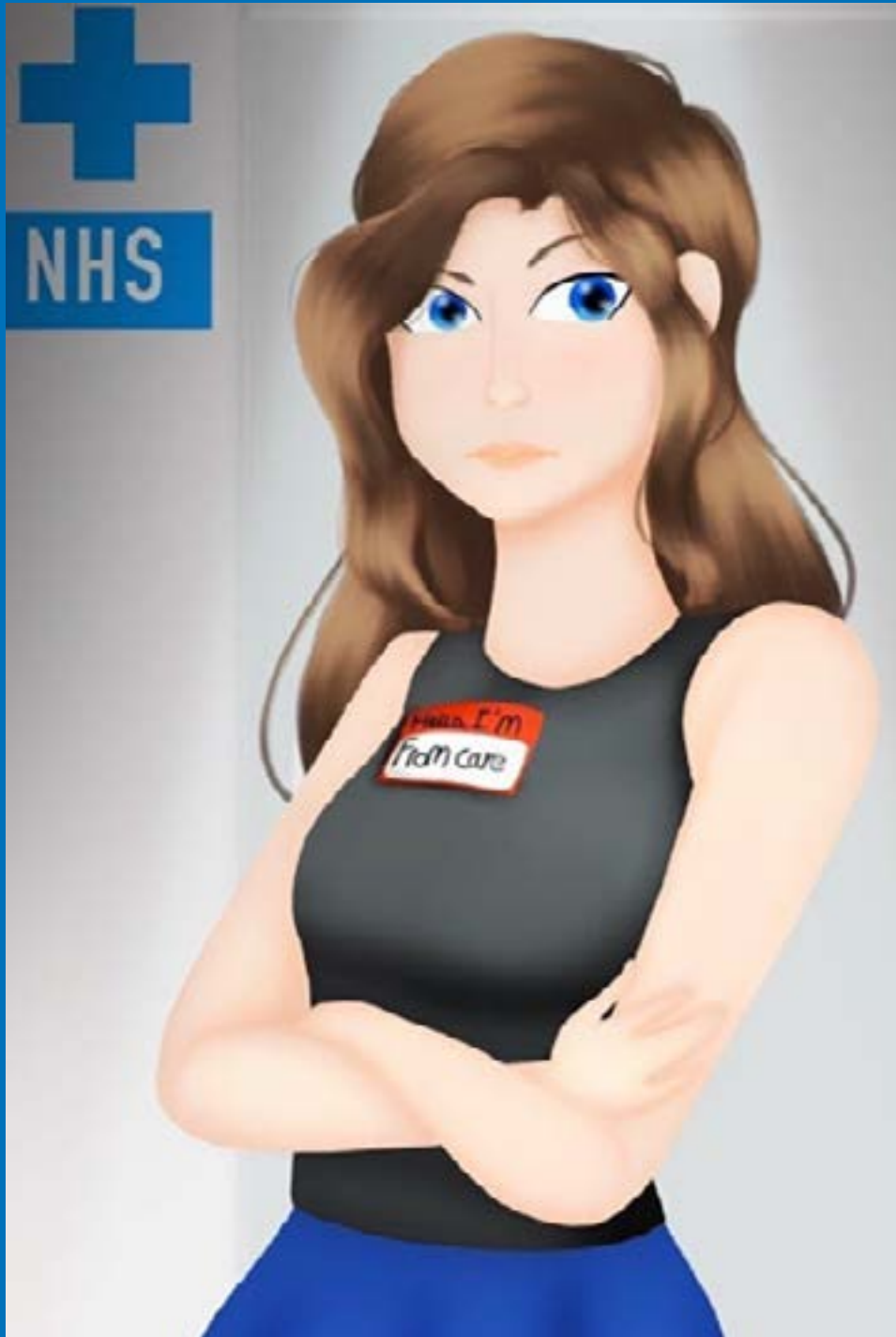
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**Note from the artist:** “In the past when I have told people that I am a care leaver, especially when talking to professionals, I end up either getting strange looks, invasive questions and or discriminated against, for example I have been denied service at some shops because they have overheard me say that I’m from care.

In my time of this I have began to feel different and isolated because of my experience. So in my work I wanted to capture the feeling of trying to get help specifically within the NHS and the anxiety that comes with that as well as the roadblock in getting anywhere just because of the label care experienced.

Everyone including care experienced people deserve adequate care from the people who are supposed to help us and I feel that it is important for the NHS to know what they are doing at the moment and to work to improve for the future so that care experienced people get the same support and help as everyone else does” **(Ace)**

## Introduction

There is growing interest in the groups of children and young people who may be more likely to experience poorer health outcomes because of their life experiences. One of the key groups is those who have spent time in the care of the state. In the UK this is usually referred to as ‘care leavers, or ‘care experienced’. It has been clear for some time that care experienced young people may be more at risk of poorer health, wellbeing, social and education outcomes compared to the general population, and that these risks may continue long after they leave care (Sacker, 2021). In general, health inequalities were exacerbated by Covid-19, but the impact on the health and wellbeing of care leavers during the pandemic is less clear.

It is likely that specific groups of care experienced young people are likely to face additional disadvantages, such as those from ethnic minority backgrounds, unaccompanied refugee and asylum seeking children, and/or disabled young people. Elsewhere, we have [reviewed available data on the health inequalities of young people from ethnic minority backgrounds](#) and found that Black young people and Gypsy, Roma, Traveller young people are more likely to experience poorer health outcomes in comparison to White young people (McKeown, 2023). It is important, therefore, to recognise intersectionality in the experiences of young people.

### Care leavers

There are a number of definitions of ‘care leaver’. They share the fact that the young person was at some point a child in the care of the local authority, although they can vary in how this is defined. ‘Care experienced’ is also a broad umbrella description that is often used.

In England the official age of leaving care is 18, although young people can leave from 16. However, the definition can be open ended and stretch throughout adulthood.

As our interest at AYPH is in young people, we have focused on outcomes up into early adulthood, to the age of 25.

In this report we have collated a range of publicly available data sources in order to examine the health inequalities experienced by care leavers. Where possible, we have compared the data available for care leavers against the general population of young people. The structure of the report considers the drivers, levers and outcomes of health inequalities in turn. This builds upon earlier work developing a [conceptual model for understanding the pathways of young people’s health inequalities](#) (McKeown & Hagell, 2021).

### Why is this important?

The transition period when young people leave the care system has often been described as a “cliff edge”, with significant changes in levels of access to support (Field et al, 2018). For care leavers, the process of gaining independence is accelerated and compressed into a short time frame, in stark contrast to young people with no experience of care. This can include leaving home at earlier ages and being responsible for finances and budgeting. These turbulent transition periods can make it difficult for young people to lead healthy lives and inequalities may widen during this period. We are potentially storing up future problems if we do not focus attention on the inequalities experienced by this age group. Despite this, significantly less money is spent on care leavers compared to children who are currently in care (NAO, 2015).

It is vital care leavers receive additional support during their transition to independence. While ongoing statutory support is available up until the age of 25, it is variable in quality and availability across the UK. Many care leavers see it as “care leaving them, not them leaving care” (Sanders, 2020). There can also be stigma attached to the label of a ‘care leaver’, which may prevent some young people from seeking help or support. Care experienced young people report lack of trust and feelings of not being listened to by professionals, which can exacerbate the sense of stigma they experience within services and in wider society.

Over the years, there have been a number of commitments within policy and guidance documents to improve the health of care experienced young people in England (Department for Education et al, 2013; Department for Education et al, 2016; Department for Education, 2018). In Wales, the Social

Services and Wellbeing Act (2014) places duties on the local authorities to support the health and wellbeing of care leavers. More recently, the Welsh Government has announced a universal basic income for care leavers. In 2020, the findings from Scotland’s Independent Care Review set out plans for delivering integrated care systems for care leavers (Duncan, 2020). In Northern Ireland, the standards for leaving care services have not been updated since 2012 (Northern Ireland Department of Health, 2012).

The recent Independent Review of Children’s Social Care in England provided a solid basis for improving the lives of care leavers and stated that good health is one of the foundations of a good life for care experienced young people (MacAlister, 2022). But it is not clear that these commitments have translated into improved outcomes and they have not gone far enough to focus on health and health inequalities (Braden et al, 2017). Progress has been stifled by cuts in local authority budgets, which have hampered the level of services and support available to offer to care experienced young people. Between 2010-11 and 2020-21, the total spend on children and young people’s services fell by £241 million in the most deprived local authorities in England (Williams & Franklin, 2022). Healthcare services are also stretched and although NHS England’s Long Term Plan (2019) set

out to improve healthcare transitions into adult services for care leavers with long term health conditions, little progress has been made.

### Numbers of young care leavers across the UK

It is very difficult to estimate the number of care leavers in the general population, such as, for example, the proportion of 18-25 year olds who have been in care at some point in their lives. It depends on definitions and time periods used, and the issue seems to be absent from most general population surveys of this age group. Overall, it has been suggested by some working in the field that approximately 1% of all young people will experience state care (NSPCC Learning, 2021; British Association of Social Workers, 2022). We do know that adolescents are the fastest growing cohort of children in care (National Audit Office, 2022), with the rate of children aged 16-17 entering care doubling from 26 to 53 per 10,000 young people between 2011 and 2019 (Bennett et al, 2021).

As well as estimating general prevalence, it is also difficult to interpret and compare the number of care leavers across the four nations of the UK, as published in official statistics. As **Chart 1** makes clear, variation in measures produces wildly different kinds of numbers. Some are one-off annual counts of a specific age group rather than cumulative of all ages.

**Chart 1:** Official statistics on the total number of care leavers, United Kingdom

Country	Age range	Total number of care leavers	Date	Definition
England	17-25	<b>75,850</b>	2022 – during the previous year to 31 March	Previously looked after for at least 13 weeks after their 14th birthday, including some time after their 16th birthday.
	17-18	<b>12,350</b>		
Wales	16 and over	<b>700</b>	2022 –during the previous year to 31 March	Episodes finishing for children looked after.
Scotland	16 and over	<b>1,405</b>	2021 – ceasing to be looked after on 31 July 2021	Episodes of ceasing to be looked after beyond 16 years of age (a young person may be counted more than once).
Northern Ireland	16-19	<b>570</b>	2020-21 – during the previous year to 31 March	Care leavers aged 16-18 who left care during the year ending 31 March 2020 and care leavers aged 19 during the year 2020/21.

**England Source:** Department for Education (DfE) (2022) Children looked after in England including adoptions. **Wales Source:** StatsWales (2022) Care leavers aged 16 and over. **Scotland Source:** Scottish Government (2022) Children’s Social Work Statistics, Scotland 2020-21. **Northern Ireland Source:** Northern Ireland Department of Health (2022) Northern Ireland Care Leavers 2020/21.

National-level government statistics provide a snapshot of care leavers' lives, focusing on limited and objective measures of success within the care system. In the remainder of this report we review these sources, and also other publicly available national datasets and literature from across the UK on the health inequalities experienced by leavers. We also

draw on qualitative studies and smaller research studies in an attempt to give a more rounded picture than these sources provide. In addition, this report is accompanied by another sharing the views of young people from our own engagement work with care leavers.

## Drivers of health inequalities

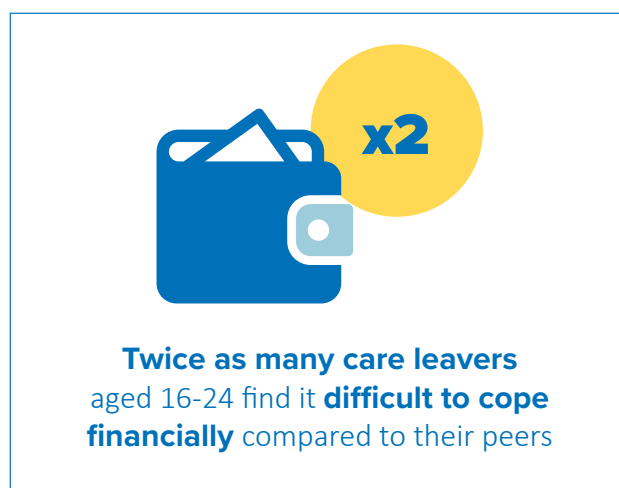
Health inequalities may result from economic inequalities or from other aspects of lived experience, which shape the social determinants of health (McKeown & Hagell, 2021). The drivers of health inequalities for care experienced young people include poverty, ethnicity, poor housing, educational disadvantage, and interactions with the criminal justice system, amongst other factors. The pre-care experiences of abuse, neglect and/or trauma also impact on the health and wellbeing of care experienced young people. They may be exacerbated as young people transition out of the care system and into independent living arrangements. In this section we present the data that are available on these topics for care experienced young people as they move into early adulthood.

### Poverty

Poverty and economic inequality are a major driver of health inequalities. Financial resources provide access to services and goods that can improve health and allow participation in social activities that improve mental wellbeing (Public Health England, 2021). There is a lack of official data on the levels of poverty among care experienced young people aged 18-25, despite care leavers themselves highlighting finances and economic deprivation as an issue for them (Ofsted, 2022; Baker, 2017; Margan-Trimmer et al, 2015). Research from Coram Voice (2020a) found that 20% of care leavers aged 16-24 find it difficult to cope financially, in comparison to 9.4% of young people in

the general population. Lack of access to finances for care leavers is closely linked to limited support networks, challenges with independent living and managing budgets, and barriers faced in gaining employment.

Care leavers in the UK can claim bursaries and grants for education and "setting up home" (the Leaving Care Grant), though these have been criticised for not going far enough to support care leavers who have no familial safety net (Fortune & Smith, 2021). In response to the economic hardship faced by care leavers the Welsh Government introduced a pilot of basic income for care leavers in July 2022. Each care leaver received a monthly payment of £1,280 for 24 months following their 18th Birthday (Johnson et al, 2022).



Source: Coram Voice (2020a)

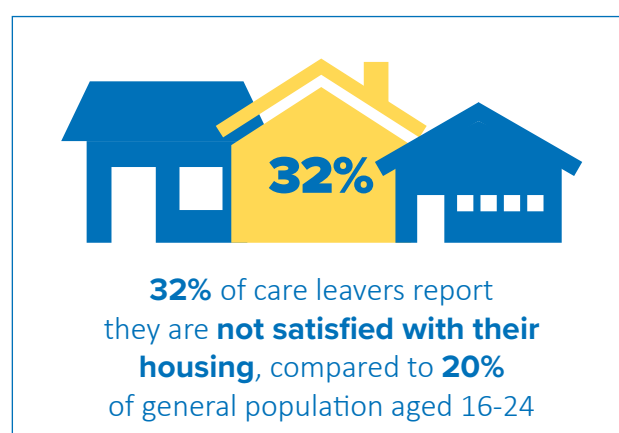
Indirectly, we can get a sense of the financial status of care leavers through their access to the benefits system. However, arguably, care leavers can be disadvantaged by the benefits system, which does not necessarily recognise their uniquely precarious financial situation. Care leavers aged 16-17 who are not in employment are not currently eligible for Universal Credit as the state is considered their legal guardian, despite there being exemptions for other 16-17 year olds. Care leavers aged 18-25 are eligible for the generic under-25 Universal Credit rate, despite having financial pressures relating to household bills that other under-25 year olds do not all share. Care leavers under the age of 25 are eligible for the one bedroom self contained local housing allowance, although this can lead to pressures paying for accommodation between the ages 25-34. Research has found that care leavers in receipt of benefits are three times more likely to be sanctioned by the welfare system in comparison to other young people aged 18-24 who are claiming benefits (Children's Society, 2017).

### Housing and homelessness

Lack of housing or poor quality housing can have negative effects on our health and wellbeing (Rolfe et al, 2020). Housing can provide a sense of security and identity, a safe space to carry out essential tasks, and stability for education and employment activities.

Care leavers are more likely to be living independently in their late teens compared to their peers. While the average age for leaving home in England is 23 years, many care leavers leave at 18 or younger (Fortune & Smith, 2021). Not all care leavers will move out of their placement, some remain with foster carers under "staying put" arrangements. About a quarter (26%) of care leavers aged 19 in England were living independently in 2021/22 and an additional quarter (24%) were living in semi-independent accommodation (Department for Education, 2022a). In Northern Ireland, 18% of care leavers aged 19 were living independently (Northern Ireland Department of Health, 2022). Worryingly, the accommodation status was not known for 31% of care leavers aged 17 in England in 2022 (Department for Education, 2022a).

Care leavers often report feeling unprepared for living independently at an early age, including lack of knowledge and skills around managing finances and cooking (Coram Voice 2020a; Baker, 2017). There have been specific concerns raised surrounding the appropriateness of independent living for young people with long term conditions following a safeguarding review surrounding the death of Caitlin Sharp, who died from a seizure after not taking her epilepsy medication (Paduano, 2021).



Source: Coram Voice (2020)

In 2022 in England, 5.1% of care leavers aged 17-21 were deemed to be living in "unsuitable" accommodation, with 88.5% in "suitable" accommodation and 6.4% being unknown (Department for Education, 2022a). Similarly, in 2022 in Wales 4.3% of care leavers aged 16 were living in "unsuitable" accommodation (StatsWales, 2022). There is no formal definition for "unsuitable" accommodation, and it is decided on an individual basis with the care leaver and the local authority. Self-reported data from care leavers reveal higher rates of dissatisfaction with their housing, with 32% of care leavers reporting they are not satisfied with their housing, compared to 20% of general population aged 16-24 (Coram Voice, 2020a).

Care leavers themselves frequently report feeling unsafe where they live, with particular concerns around living alone and feeling unsettled (Ofsted, 2022b; Baker, 2019). Research from Coram Voice (2020a) found that 36% of care leavers do not always

feel safe in their home, compared to 9% of the general population aged 16-24. Care leavers with low wellbeing scores are more likely to report feeling unsettled in their living arrangements (Coram Voice, 2020a). Precarious or unsafe housing arrangements can lead to some young people engaging in risky behaviours, such as alcohol and substance misuse (Fortune & Smith, 2021) and criminal behaviour (Ofsted, 2022b).



Source: National Audit Office (2015); Fortune & Smith (2021)

It is estimated that one third of care leavers become homeless in the first two years after leaving care (APPG for Ending Homelessness, 2017). Care experienced young people may become intentionally homeless if they refuse to be placed in accommodation deemed “suitable” by the local authority, if they are unable to afford rent costs, or if they are unable to access housing support (Just for Kids Law, 2022) or for other reasons. A survey of 461 care leavers from the National Leaving Care Benchmarking Forum (2022) found that 31% felt at risk of homelessness as a result of struggling to pay rent. Care leavers can also find it difficult to access a guarantor for privately rented accommodation. It is estimated that one in four (25%) of homeless people have been in care at some point (NAO, 2015; Fortune & Smith, 2021), despite care experienced people making up only 1.4% of the UK population (BASW, 2022).

## Education

Education is an important social determinant of health that is known to improve health outcomes, social development and wellbeing (DHSC & PHE, 2021). High quality education provides social connections, access to employment, learning and problem solving skills, and an increased sense of feeling valued and empowered (Bibby, 2017). Research from the Health Foundation has found that individuals with the highest levels of education at the age of 30 are expected to live four years longer, compared to those with the lowest levels of education (Bibby, 2017). Yet care experienced young people face multiple educational disadvantages, relating to the complexity of their needs, frequently changing schools, low attendance rates and lack of support for care experienced young people with Special Educational Needs and Disabilities (SEND) needs (Education Select Committee, 2022). Pupils in all social care groups in England are twice as likely to have a special educational need, in comparison to the general pupil population (Department for Education, 2023).



Source: Department for Education (2023)



Data are captured across the four UK nations on educational outcomes for care experienced young people. Again, the data are not strictly comparable, but **Chart 2** presents the main headlines from each area demonstrating a consistent pattern for care experienced young people to achieve fewer qualifications than their peers at school.

Care leavers are also less likely to go on to higher education in comparison with other young people. In 2021, only 6% of care leavers aged 19-21 were known to be in higher education (Williams & Franklin, 2022). Ellis and Johnson (2019) present the results of a survey of care experienced young people at university, reporting that 68% had experienced difficulties and 51% considered dropping out.

**Chart 2:** Official data on educational outcomes for care experienced young people in the UK

Country	Definition
Scotland	38% of care leavers leaving school achieved the highest level of attainment (SCQF level 5), in comparison to 88% of all school leavers in 2020/21
Northern Ireland	33% of care leavers aged 16-18 achieved five GCSE grades between A*-C, while 33% of those aged 16-18 had no qualifications in 2022. This compares to 92% of the general population who got at least 5 GCSEs A*-C in 2022
England	11% of children looked after for the previous 12 months achieved a grade 5 or above in English and Maths GCSEs in comparison to 51.9% of all young people in 2020-21

**NB:** Data for Wales have not been updated since 2016

**Scotland Source:** Scottish Government, 2022. **Northern Ireland Source:** Northern Ireland Department of Health, 2023, NI Statistics and Research Agency, 2023. **England Source:** Department for Education, 2023, Department for Education, 2022c.

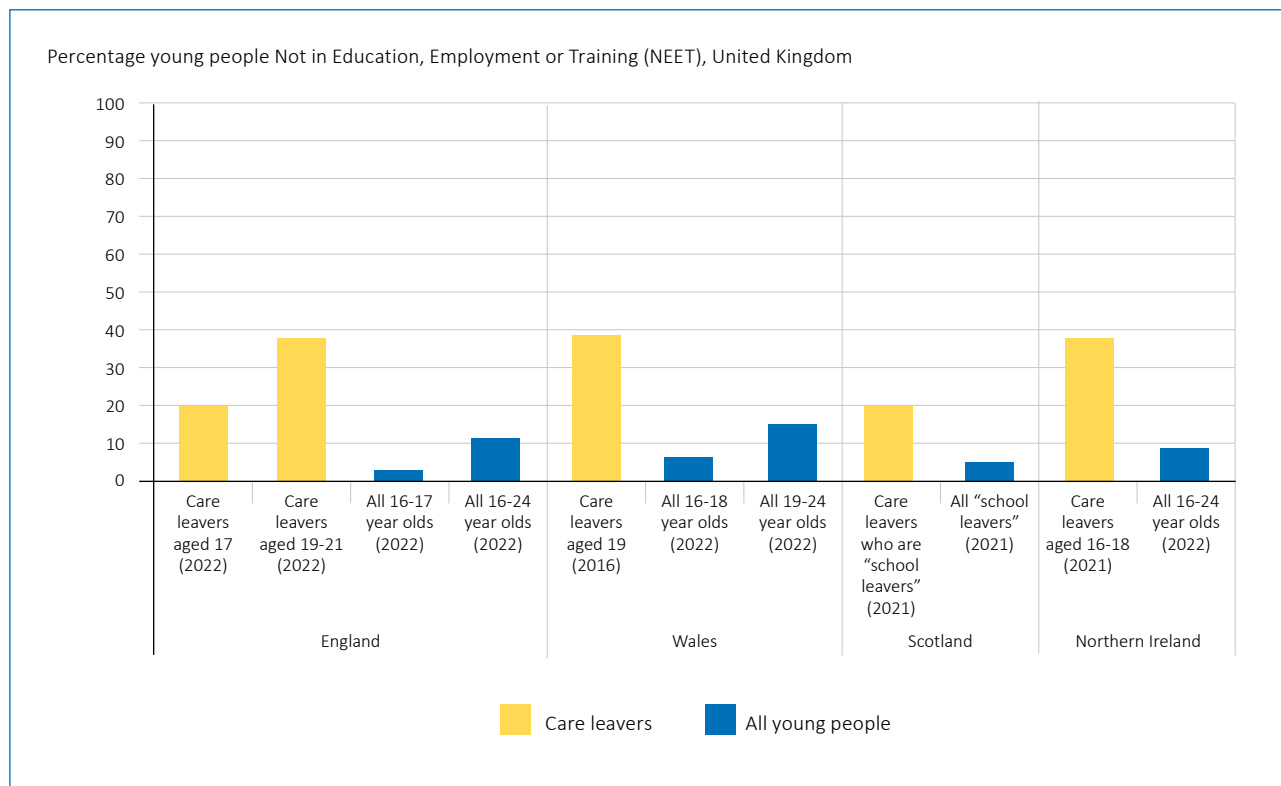
### Not in Education, Employment or Training (NEET)

Education and employment status is a marker of future success and health status. Being Not in Education, Employment or Training (NEET) has been linked to poor health status, due to increased likelihood of unemployment, low wages and/or low quality work later in life. It is also linked to development of unhealthy habits and behaviours (Public Health England & UCL Institute for Health Equity, 2014).

**Chart 3** shows that care leavers are much more likely to be NEET in comparison to the general population of young people. In reality the NEET status of care leavers may be higher than what is reported, due to the

proportion of care leavers who are not known to the local authority. Data from England show that over a third (38%) of care leavers aged 19-21 were NEET in 2022, compared to 11.5% of all 16-24 year olds. However, comparisons should be read with caution. The age at which NEET status is captured for care leavers is different to when it is recorded in the general population, and these ages vary again between the UK nations. Also, the time periods and years for which data on NEET status are collected are different, varying between whether they cover NEET status for the previous year or for a certain number of months. However, despite these cautions the overall pattern is consistent across the four countries of the UK.

**Chart 3:** Care leavers are much more likely to be NEET compared to all young people



**England sources:** Department for Education (DfE) (2022) Children looked after in England including adoptions. Department for Education (DfE) (2022) NEET and participation: Local authority figures. Office for National Statistics (ONS) (2023) Young people not in education, employment or training (NEET), UK: February 2023.

**Wales sources:** StatsWales (2022) Care leavers aged 16 and over. Welsh Government (2022) Young people not in education, employment or training (NEET): April 2021 to June 2022.

**Scotland source:** Scottish Government (2022) Education Outcomes for Looked After Children 2020/21.

**Northern Ireland sources:** Northern Ireland Department of Health (2022) Northern Ireland Care Leavers 2020/21. Northern Ireland Statistics and Research Agency (NISRA) (2022) Young people not in education, employment or training (NEET): July to September 2022.

Care experienced young people face particular barriers accessing employment opportunities and can struggle in their transition out of education (Arnau-Sabates & Gilligan, 2015). The process of transitioning out of care can be de-stabilising and finding employment may not always be the priority for the young person, who may be focused on meeting their basic needs (such as housing and food) (Sanders, 2021). Care leavers are also less likely to have support in navigating job applications and are more likely to come up against obstacles relating to transport, finances and stigma within

application processes (Sanders, 2021). Research has found that the work care leavers find is often part-time, low-paid and low-skilled (Furey & Harris-Evans, 2021).

Inequalities also exist within the care leaver population, as certain groups of care experienced young people are more likely to be NEET, such as those from ethnic minority backgrounds, those living in rural areas, or those in different housing situations. Data from Northern Ireland (Department of Health, 2022) shows that 54% of care leavers aged 19 who were living independently were NEET, compared to 10% of

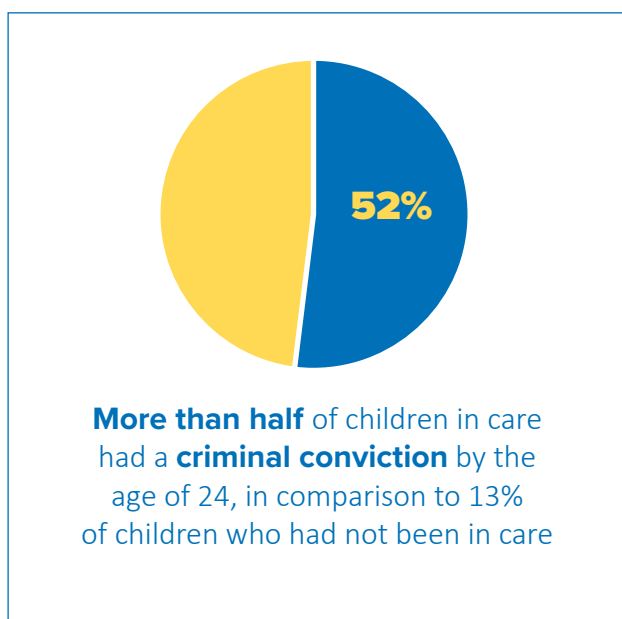
care leavers in kinship foster care and to 30% of care leavers aged 19 overall. Research from the Nuffield Foundation has found that Black and/or male care leavers were significantly more likely to be long-term unemployed in comparison to women and those from other ethnic backgrounds (Harrison et al, 2023).

### Criminal justice

Individuals who are in contact with the criminal justice system are more likely to experience health inequalities (Revolving Doors Agency, 2013). The transition period out of the care system may expose some young people to criminal exploitation (Commission on Young Lives, 2022), making them more likely to be in contact with the criminal justice system. Therefore, care leavers within the criminal justice system may be facing multiple disadvantages and poorer health outcomes.

There are a number of different statistics available looking at the involvement of care experienced young people in the criminal justice system. Data from the Office for National Statistics (ONS) (2022) based on a cohort group of young people born in 1993/4 show that more than half (52%) of children in care had a criminal record (covering all offending types, custodial and non-custodial) by the age of 24, in comparison to 13% of children who had not been in care. Other data show that nearly half of all under 21 year olds in contact with the criminal justice system have been in care at some point (BASW, 2022). Separate research has found that 33% of care leavers have experienced some form of custody (Braden, 2017).

Of the young people in custody who have been in care, 9 in 10 (92%) had a recorded SEND diagnosis, including behavioural and emotional disorders and dyslexia (ONS, 2022b). Research has found that 66% of care leavers spending time in custody did not have their mental health assessed during their spell in custody (Braden, 2017), despite having a high likelihood of mental health need.



Source: ONS (2022)

## Levers for action

The social determinants of health are translated into health inequalities in a number of ways including, for example by creating barriers in access to services. We've called these factors the "levers" in our conceptual model for understanding health inequalities (McKeown & Hagell, 2021). The "levers" represent either opportunities or obstacles to improving a young person's health and wellbeing.

### Accessing services

Care experienced young people can face particular barriers when accessing services after they have left the care system. Children in the care system have an annual health assessment, dental check ups and regular vaccination checks in England up to the age of 18, but these do not continue for care leavers. Care leavers are appointed a Personal Advisor (PA) to provide guidance and support during the transition period, as part of their pathway plan. However, many young people report that their PA, and their transition planning generally, is focused on employment support over healthcare advice (Baker, 2017).

The United Nations (2010) guidelines state that governments must ensure adequate aftercare support for care leavers, including access to health services. In reality, there are large variations across the UK nations and between the local authorities in terms of the level of support that is available. A recent survey of 255 care leavers found that a third believe that they left care too early and that they did not have the essential skills for navigating daily life, with 26% not knowing how to register with a GP or dentist (Ofsted, 2022b). On the other hand, some research has indicated that care experienced young people may be more likely than their peers to have been in contact with health services for mental, sexual and reproductive health queries, presumably because of higher levels of need (Allik et al, 2021). This provides a real positive opportunity to intervene and improve the health and wellbeing of care experienced young people.

Local authorities in England and Wales have recorded whether they have contact with care leavers once they have left the care system. In 2022 in England, 12.2% of care leavers aged 17-22 were not in touch with the local authority (Department for Education, 2022a). In 2016 in Wales, 7% of care leavers aged 19 were not in

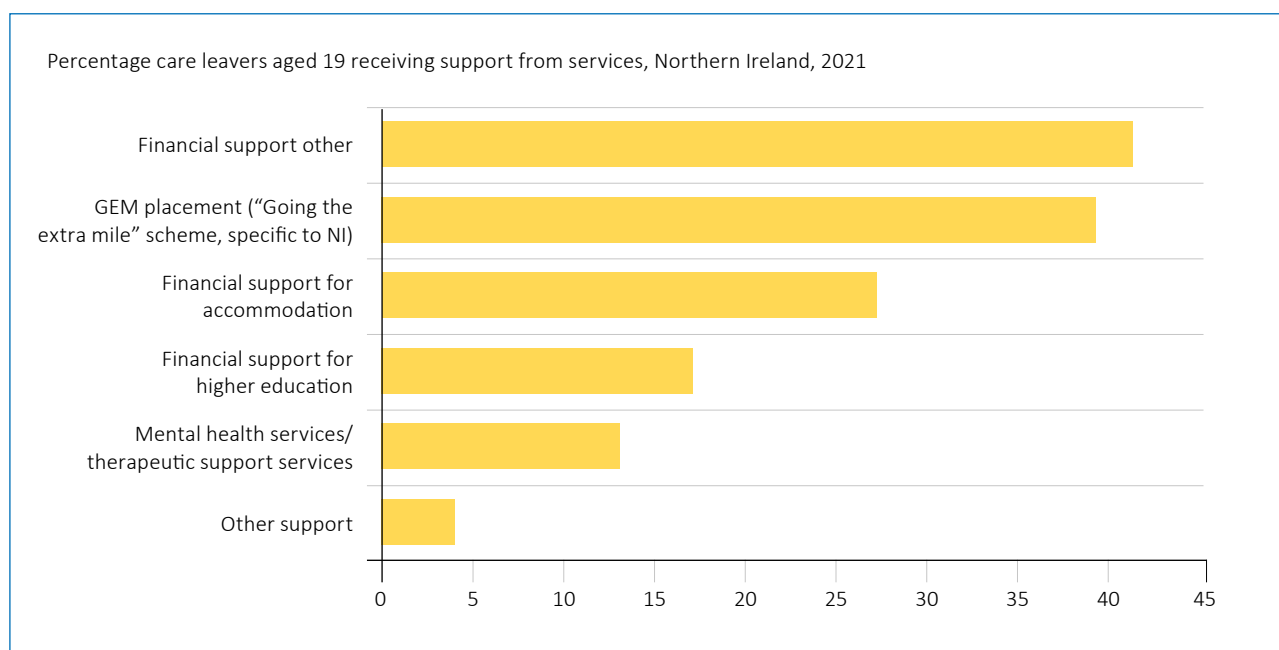
touch with the local authority (StatsWales, 2022). It is worrying to consider how these young people are accessing services and support without guidance. Similarly, in Scotland in 2021 just over half (54%) of care leavers aged 16 and over were in receipt of aftercare services (defined as advice, guidance and assistance for care leavers).

Illustrating this, in **Chart 4** we can also see that only around half of care experienced young people take up statutory services in Northern Ireland (noting that some young people may be engaged in more than one support offer). Within this, 13% of care leavers aged 19 in Northern Ireland were receiving support from mental health or therapeutic services in 2021 (Northern Ireland Department of Health, 2022). We expect that the reality of mental health need is higher, but research has found that a third of care leavers don't know where to get mental health and emotional wellbeing support from (Ofsted, 2022b), representing a significant barrier to access.

The Care Leavers' Association survey of 418 care leavers found that 46% of care leavers self-report having a mental health need, but only 65% of those have received statutory support (Braden et al, 2017). Barnardo's reviewed the case files of 274 care leavers and similarly found that 46% were identified as having a mental health need, with 65% not receiving any form of statutory support (Smith, 2017). This may be due to high thresholds for accessing mental health services (Braden et al, 2017). It could also relate to stigma as some care experienced young people have expressed concern over mental health problems being recorded in their social work case file, which they fear may affect their future prospects (Coram Voice, 2015). Despite these barriers, care experienced young people are over-represented in mental health services. Young people in care are three times more likely to be prescribed medication for mental health, four times more likely to have attended a psychiatry outpatient visit, and six times more likely to have been hospitalised due to mental health, compared to young people not in care (Miall et al, 2022).

There are a number of practical barriers that can prevent care leavers from effectively accessing services or support for their health needs. For example, research has found that care experienced

**Chart 4:** Less than half of care leavers are receiving support, especially for mental health



**Source:** Northern Ireland Department of Health (2022) Northern Ireland Care Leavers 2020/21.

young people lack sufficient money, confidence and organisational skills to engage with health services (Margan-Trimmer et al, 2015). These barriers are more acute for care leavers with long-term disabilities or health conditions (Chandra et al, 2021). The transfer or transition between paediatric and adult health services can be particularly challenging for care leavers (Ofsted, 2022b).

Lack of access to the technology and the internet can also prevent some care leavers from accessing health and other support services. In total, pre-pandemic, 20% of care leavers did not have access to the internet in their home, compared to 9% of young people generally (Baker et al, 2019). This barrier was exacerbated during the pandemic, as these care leavers had limited access to online or virtual support services. However, post-pandemic there have been improvements on this with 90% of care leavers reporting they are able to connect to the internet from their home (Chandra et al, 2021).

A survey of 95 care leavers in Scotland found that 54% reported receiving "much less support" from professionals during the pandemic, with the GPs and dentists being particularly inaccessible (Who Cares? Scotland, 2021). In England the Department of Health

and Social Care concluded that, in general, health checks were maintained during the pandemic but the proportion of looked after children having had their teeth checked by a dentist fell substantially to 40% (Department of Health and Social Care, 2023). However, elsewhere it has been found that some care leavers received more support from services during the pandemic (Chandra et al, 2021).

### Experiences of services

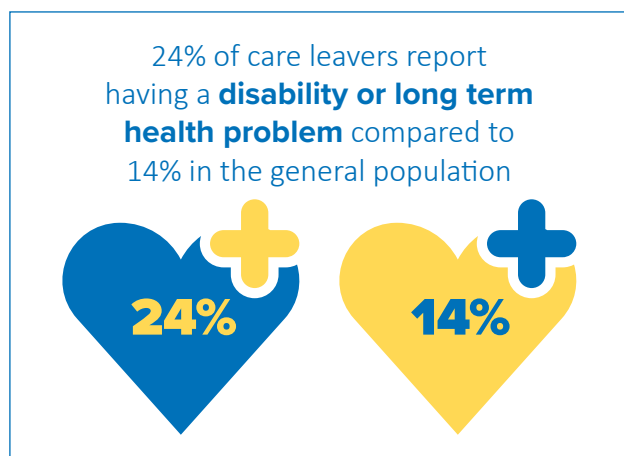
Many care leavers report feelings of stigma and bias from professionals and services, which may lead to negative impressions and experiences that prevent them from accessing healthcare or other support services in the future (Coram Voice, 2020b). There are concerns from care experienced young people about how they may be perceived when seeking help (Who Cares? Scotland, 2021) and fears of being labelled and judged. Research has found that many do not trust professionals, reporting that they have previously been "rude", "uninterested" and have cancelled or been late to meetings (Ofsted, 2022b). Care experienced young people may find it challenging to trust professionals due to their previous relationships and experiences of being let down (Baker, 2017).

## Health outcomes

In this next section we have drawn on available data and research to explore the overall health status of care experienced young people, although it is worth noting that there is a paucity of good health outcomes data available that refers specifically to this group. It is also important to remember that not all care leavers are the same and they are not all pre-destined to have poorer health and wellbeing outcomes.

### Overall health

Subjective measures of self-reported health are one way of discerning the overall health status of different groups. While we do not have data available for care leavers aged 18-25, analysis of the ONS longitudinal study has found that adults who lived in residential care as a child are 3-4 times more likely to report their health as “poor”, compared to “good” (Sacker, 2021). Analysis of the same longitudinal data has also shown that care experienced young people are four times more likely to self-report being in poor health 30 years into adulthood, in comparison to young people who grew up with their parents (Murray et al, 2020).



Source: Coram Voice (2020)

### Disability or long-term condition

The disability or health status of care leavers is not routinely recorded or reported across the UK. In addition, definitions of disability vary in different data sources. Data from Northern Ireland show that 15% of care leavers aged 19 had a disability in 2021 and 51%

had a learning disability (Northern Ireland Department of Health, 2022). In a survey of 1,803 care leavers in England, 24% self-reported having a disability or long-term condition that limited their daily activity, compared to 14% of young people aged 16-24 (Coram Voice, 2020a). In Wales, while there are no disability data, we know that 23% of care leavers aged 16 and over left school with no qualifications in 2016, and 18.8% of these stated the reason was owing to a health condition that prevented them from sitting their exams (StatsWales, 2022). Other research has found that care experienced young people have double the number of potentially avoidable hospitalisations related to diabetes, despite the percentage of care experienced young people aged 11-23 with diabetes being the same as the general population (Miall et al, 2022).

We also know that physical and mental health status are connected and interrelated. Research from Coram Voice (2020a) found that care leavers with a disability or long term condition were more likely to report lower wellbeing scores compared to care leavers without a long-term condition.

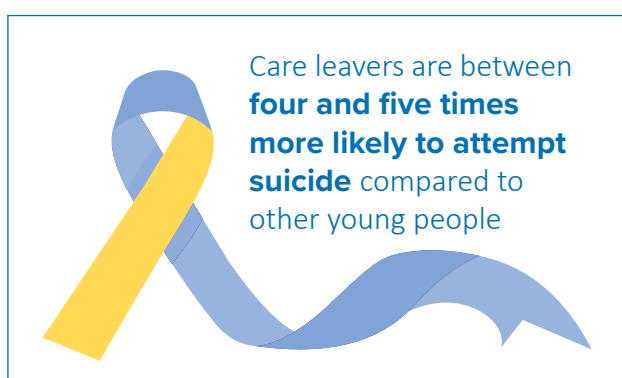
### Mental health

There are numerous reasons why care leavers may suffer with mental health and wellbeing concerns. These may include a lack of support and supportive relationships, trauma, stigma associated with asking for help, experiences of instability or uncertainty, negative experiences that led them into care, and experiences of the care system itself. The Covid-19 pandemic also increased mental health concerns among care experienced young people (Who Cares? Scotland, 2021), although other research has found a decrease in stress levels for some care leavers during this period (Chandra et al, 2021).



Source: Coram Voice (2020)

Many care leavers have serious wellbeing concerns that prevent them from leading healthy lives. One in four (25%) care leavers aged 16-24 report low levels of life satisfaction, compared to just 3% of 16-24 year olds (Baker et al, 2019; Coram Voice, 2020a). Isolation and loneliness are regularly reported among care leavers during their transition into adulthood. Research has found that one in five of care leavers aged 16-25 reported feeling lonely “always or most of the time”, compared to one in ten young people (Baker et al, 2019).



Source: Evans et al (2021)

Although NHS Digital (2020) have previously consulted about the possibility of surveying looked after children about their mental health, these data are not currently available. We rely on evidence from research studies and self-report surveys here, which means that there are many varying estimates of the level of need. Many studies are based on rates among children within the care system, rather than care leavers. Young people in care are between four and five times more likely to have a mental health disorder compared with children generally (Meltzer et al, 2000; NSPCC, 2015; Evans et al, 2021; Foley et al, 2022). Care leavers are between four and five times more likely to attempt suicide compared to other young people (Evans et al, 2021; NYAS, 2019).

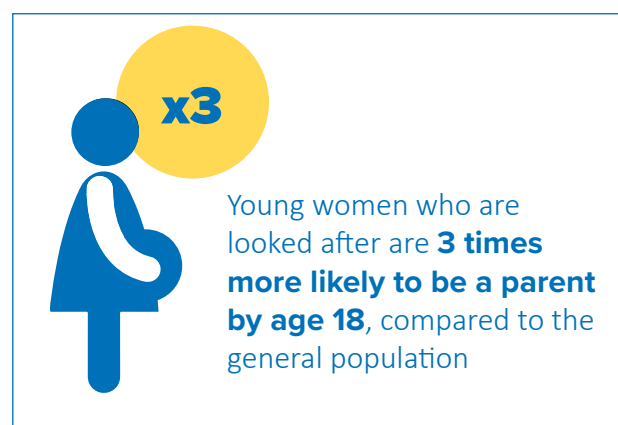
### Health behaviours

Adolescence is a key period for learning and adopting healthy behaviours, which can either have positive or negative health consequences. This includes participating in physical activity, eating a balanced diet, maintaining positive sleep habits and adhering to medical treatments (health promotion behaviours).

It also includes avoiding behaviours that are likely to harm your health such as smoking, alcohol, substance misuse and unprotected sex (health risk behaviours).

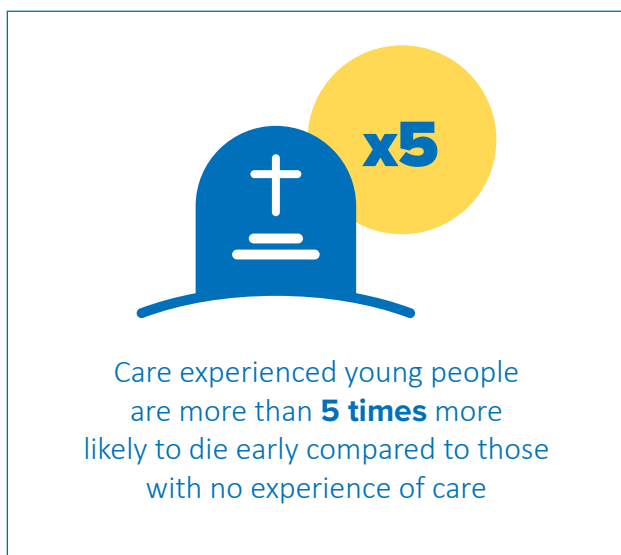
Without access to adequate and appropriate support networks, care leavers may be more likely to engage in unhealthy habits or behaviours. Research has found that care experienced young people are more likely to take up risk behaviours compared to young people that have not been in care – particularly around sexual health, alcohol and drug use (Howell, 2001; Dale, 2016). Interviews with care leavers have revealed the connections between risky health behaviours and emotional wellbeing, with care leavers reporting using smoking and alcohol as “coping mechanisms” for stress (Margan-Trimmer et al, 2015), which may result from a lack of modelling of healthy behaviours in birth families.

A survey of 418 care leavers of all ages found that 44% regularly drank alcohol to excess and 32% have used drugs recreationally (Braden et al, 2017). In an older survey of 116 care experienced young people aged 14-24, 75% reported regularly smoking, 14% reported being drunk “most days” and 84% having used cannabis at least once in their lifetime (Ridley & McCluskey, 2003). Although trends are changing for all young people with reducing use in more recent years, these rates are generally higher than for the general population of young people. Only 1 in 5 (18%) of all young people aged 16-24 are regular smokers, 43% of 15 year olds report being drunk within the last month, and one third of young people aged 16-24 have ever used drugs in their lifetime (AYPH, 2021).



Source: PHE & LGA (2018)

Young women who are care experienced are three times more likely to be a parent at the age of 18, compared to young women who have not spent time in care (PHE & LGA, 2018). Adolescent mothers face more health risks during their pregnancy and birth in comparison to pregnant women in their 20s and there are concerns around young care experienced mothers having adequate support during their pregnancy. Care experienced parents may find it difficult to access services and support due to long term mistrust of social care involvement in their parenting (Care Journeys, 2022).



Source: Miall et al (2022)

### Mortality

Mortality is often used as a general measure of health within a population group. It has been estimated that care leavers make up 7% of the deaths of all young people aged 18-21, despite only representing 1% of the population for this age group (Greenwood, 2017). Others have similarly estimated that care experienced young people are five times more likely to die earlier than those with no experience of care (Miall et al, 2022). Research has also suggested that adults who spent time in care as children may be 70% more likely to die prematurely in comparison to adults who have not been in care (Sacker, 2021; Marray et al, 2020).

Higher rates of mortality among care experienced young people may be correlated with increased likelihood of mental health problems and the barriers to accessing health services for care leavers. They may be more likely to die as a result of unnatural causes, such as death by suicide, violent death or accident (Sacker, 2021).



## Conclusions

The information presented in this report show that serious health inequalities exist for care leavers in comparison to the general population of young people. We have identified that, as a group, care experienced young people face much higher levels of the social factors related to poor health and specific barriers to accessing support and healthcare services. Both can have a detrimental impact upon their health and wellbeing. There are key disparities in mental health, mortality and physical health between care leavers and their peers.

However, this review has highlighted the lack of available data on the health of care leavers, even with respect to estimating how many young people would describe themselves as care experienced. We are unable to present a wholly accurate picture of need without improved data collection and reporting. To understand how to intervene to reduce health inequalities for these young people we need better, more representative data, and we need to be able to track trends over time and to see how they compare to the general population of young people.

Overall, we need to prioritise the health of care leavers within policy and practice in order to equalise and improve outcomes. **Chart 5** provides a summary of recommendations from the literature we reviewed for this briefing paper, although this in itself may not be exhaustive of the actions that need to be taken. We have divided them here into the sections of our conceptual model to help think through how we might best target interventions and support (Mckeown and Hagell, 2021). It is vital that any recommendations for change within policy and practice focus on delivering what is important to care leavers themselves (Coram Voice, 2020c).

**Chart 5:** Recommendations for policy from the literature

<b>Social determinants</b>	Provide money management and financial support	Coram Voice, 2020a
	Improve accommodation support	Coram Voice, 2020a
	Increase housing support to reduce homelessness among care leavers	MacAlister, 2022
	Address stigma and its impacts	APPG for LAC and care leavers, 2022
	Increase the proportion of care leavers attending university	MacAlister, 2022
	Create well paid jobs and apprenticeships for care leavers	MacAlister, 2022
	Improve the health and wellbeing of young people whilst they are in care, so as to improve outcomes for care leavers	Coram Voice, 2020c
<b>Accessing services</b>	Tell care leavers about the support available to them	Ofsted, 2022b
	Free prescriptions and dental care	National Leaving Care Benchmarking Forum, 2022
	Make care experience the 10th protected characteristic under the Equality Act	MacAlister, 2022
	Make legal advocacy an opt-out, rather than an opt-in option	MacAlister, 2022
	Increase access to services that support mental health, such as yoga, gyms and outdoor activities	Sanders, 2020
	Give priority to care leavers for accessing health services, including reducing waiting times for mental health services for care leavers	Braden, 2017
	Improve access during the transition to targeted support for care leavers, especially during transition to adult services	NHS Confederation, 2019
<b>Experiences of services</b>	Ensure health services are trauma informed	Sanders, 2020
	Health professionals to have an understanding of care experience and how it affects a person's health	Braden, 2017
<b>Health behaviours</b>	Work with care leavers to ensure they have the skills they need	Ofsted, 2022b

<b>Positive relationships</b>	Help care leavers stay in touch with important people	Ofsted, 2022b
	Improve connections and relationships	Coram Voice, 2020a
	No young person to leave care without two loving relationships	MacAlister, 2022
	Focus on relationships, identity forming and communities	APPG for LAC and care leavers, 2022
	Improve the status of the Personal Advisor (PA) role	Braden, 2017
	Local authorities to have a mentoring, coaching or befriending service for care leavers	Braden, 2017
<b>Health outcomes</b>	Provide high quality emotional and mental health support, targeted at care leavers	Coram Voice, 2020a Social Care Institute for Excellence, 2017
	All care leavers aged 18-25 to receive a health assessment as part of their pathway plan. Health assessments should include mental health and wellbeing, alongside physical health	Braden, 2017
	Regular mental health check ins for care leavers throughout their adult lives, administered by GPs	Sacker, 2021 National Leaving Care Benchmarking Forum, 2022

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## More information

### About the Health Inequalities Policy Programme

The **AYPH Health Inequalities Policy Programme** shines a light on young people's specific experiences of health. As well as collating data and evidence, we have spoken to specific groups of young people about their lived experiences. We have also worked with key, influential stakeholders who have the power to help make a difference.

The project has developed a range of resources to support the delivery of change within both policy and practice.

The project was part of the action phase of the Health Foundation's 'Young people's future health inquiry', which funded a range of projects to build the policy agenda and amplify the voices of young people.

### Association for Young People's Health

AYPH is the leading independent voice for young people's health in the UK. To find out more about our work visit [www.ayph.org.uk](http://www.ayph.org.uk)

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