Dispelling misconceptions about looked after children

Portrayals of looked after children often rely on misconceptions about their needs, experiences and development. While their disadvantaged status should not be ignored, poor outcomes are often emphasised at the expense of good ones and pejorative stereotypes can prevail. In light of two recent publications, Care Matters (DfES, 2006) and Handle with Care (Sergeant, 2006), A D Hare and Roger Bullock seek to dispel some of these misconceptions and provide a more accurate picture of looked after children. While such attempts to promote the welfare of looked after children and young people are welcome, questions are raised about whether theirs is the best approach.

Introduction

For many years in the UK, there was a tacit agreement in government that the welfare of disadvantaged children should not form part of party political arguments and should only enter parliamentary debate at the level of general policy. Hence many major reforms, such as the various Children Acts, were passed with minor amendments rather than radical disagreements and knife-edge votes.

This somewhat benign situation has changed in recent years and child welfare has become much more contentious, with regular discussions in parliament and the media about an array of issues affecting young people. Scarcely a day passes without some comment being made about young offenders, human rights, value for money, feckless families, child poverty and educational attainment. This last autumn (2006) has seen two major reports on looked after children, one of them produced by an independent organisation. Both are highly critical of the current situation.

The first report, Handle with Care (Sergeant, 2006), published by the Centre for Young Policy Studies (CYPs), is especially relevant to the interests of this journal as its sub-title is ‘an investigation into the care system’. It is pretty devastating in its conclusions and must be seriously considered. However, as this article will attempt to show, in its desire to make points forcefully, the report can be criticised not only for its methodology and the inaccuracy of its conclusions, but also for the possibility that it might actually harm rather than help the children whose welfare it concerns.

Soon after this first publication, the Government issued the Green Paper, Care Matters (DfES, 2006), which suggests changes to many areas in the lives of looked after children, such as placements, education, social life and transition to adulthood, and in the system and practice that provide them. The aim is clear – to improve welfare outcomes by fashioning the best service possible for separated children. As the Paper is written at a general level, it is difficult to comment on the specific proposals since they are unlikely to generate much disagreement. But the broad perspective is welcome, even if it is hard to know where to start the reform process owing to the difficulties in identifying what is affecting what, let alone what works. In addition, difficult issues like the ethical problems of information sharing and user suspicion of inter-agency collaboration tend to be glossed over in the desire to improve matters.

The Green Paper is more successful than the CYPS report at providing a balanced view of looked after children, and the recognition of their diversity and the fact that ‘we cannot offer a one size fits all solution’ (para 1.28) are welcome. However, the evidence provided tends towards that available in DfES (Department for Education and Skills) statistics; therefore it is well informed on children’s background characteristics, lengths of stay, placements and educational attainments but less sophisticated on the needs of the children and the services required.
to meet them. The picture presented is balanced but limited with, as might be expected, problems highlighted at the expense of success.

Before discussing these two reports, it is useful to consider the empirical evidence about children living in care and accommodation (or looked after as they are termed) in the UK. In making observations about this group, at least six cautions need to be expressed if there is to be better understanding of their needs.

Cautions to be considered

1. The weakness of administrative samples

   Looked after children are an administrative group in that they are defined by law and state responsibility and not by need. Hence, they will have little in common other than the fact that they are ‘looked after’. In this, they are similar to prisoners, hospital patients or refugees. Thus, the looked after population will be very varied, comprising newly born children, those who are abused and neglected by their birth families and those whose behaviour is out of control, and so on. Children will differ in terms of the reasons for separation, placement experiences, length of stay in care and prognosis for healthy development. The only common feature is that they are separated from their birth parents for a period of time, although this is not strictly true as a few children on legal orders remain at home and many more are placed with relatives.

   The problem with administrative samples is that because their composition is so wide, almost anything said about them will be true for some but not all. In the 1970s children in care were perceived as delinquent, in the 1980s they were all abused, while the present vogue is to stress poor mental health. Looked after children as a group certainly present higher rates for factors associated with disadvantage and deprivation, but no single factor explains why they are looked after. They also form part of a much larger group of disadvantaged children in society, so for every child admitted to care or accommodation there are some 20 other referrals to children’s services, eight assessments and two child protection conferences. It is sometimes difficult for those working in one area, such as adoption or with adolescents, to appreciate the breadth of all this work and the dangers of generalising from a particular standpoint.

2. The difference between ‘snapshot’ and ‘movie’ samples

   Empirical studies of looked after children inevitably rely on particular samples, such as those who stay long or move around placements. The two types of sample most frequently employed are the ‘snapshot’ and the ‘movie’. The former comprises children looked after on a selected day, the latter admissions to care over a period of time. Both samples give very different pictures – for instance, in the UK the first group is twice as large as the second – but both are true.

   This contrast between the two samples is illustrated by looking at the ages of the children in the two groups in England in 2003 – the snapshot taken on 31 March, the movie comprising all admissions in the previous 12 months. It can be seen that the snapshot shows a sample dominated by older children (59 per cent aged over ten) whereas the movie contains more young children (35 per cent aged under five).
The snapshot/movie contrast equally affects follow-up samples, for the circumstances of care leavers at a single point, such as two years after leaving, contrast with their experiences within that period. Snapshots miss variation over time, which is important as many psychological disorders have periods of remission and troubled young people often settle in placements before difficulties recur. A snapshot follow-up study might just hit on a remission period and so find exceptionally good results or vice versa. So, there is a danger of selecting the sample that best suits the wider argument rather than considering a range of information gathered in different ways.

3. The use of retrospective and prospective samples
Similarly contrasting results are found when conclusions are drawn from retrospective and prospective samples. The first looks back from a selected time when outcomes are clear, the other follows up children over time from a point when their future is unknown.

Many evaluations of looked after children rely on retrospective evidence but the problem intrinsic to this is that it exaggerates the links between past and present. It thus leads to over-optimistic conclusions about causes as analysis reveals more significant factors, most of which are not confirmed by prospective studies. The continuities in children’s behaviour and experiences drawn from prospective studies tend to be much lower. For example, it is true that looked after children are at greater risk of entering prison as adults than other children, and the proportion of entrants to young offenders’ institutions who have been in care is thought to be high, perhaps 25 per cent. However, a prospective view of looked after children reveals much lower rates of imprisonment while leaving care statistics show only two per cent as moving direct to custody. The first figure is based on a sample of prison department entrants who are mostly male; the second comprises all looked after children leaving care, just under half of whom are female and 65 per cent under the minimum age for imprisonment.

The concepts of probability and risk are not part of social work language, unlike in medicine where percentage chances are now available for almost every condition. But the important point is that, compared to other children, a child can be at high risk of some kind of impairment but the probability of it happening can be low.

Retrospective samples, therefore, exaggerate the ‘failures’ of the system as they are more likely to scrutinise those who develop problems. It is relatively easy to connect the problems of troubled teenagers with childhood behaviours, but the proportion of all young children displaying those behaviours who go on to develop problems in adolescence is much lower.

4. Viewing the variable as fixed
The comedian Larry Grayson had an absurd line in his stage act when in the middle of his camp routine he pointed to the band and said, ‘And they’re all on the pill.’ Out of context this does not seem remotely funny but in the midst of all the other patter it brought the house down. Stereotypes may have some empirical basis but are generally unhelpful in clarifying complex situations. A similar danger affects looked after children and harmful generalisations can emerge from viewing what is variable as fixed.

There is no doubt that the families of many looked after children are neglectful, feckless, abusive or whatever. Indeed, the majority of children (70 per cent in the study cited earlier, Dartington-I, 2002) come from families that have been dislocated and often reconstituted. Thus, the child is likely to identify with a set of households and although the mother and

### Table 1

Ages of children in each sample

<table>
<thead>
<tr>
<th>Age</th>
<th>Movie</th>
<th>Snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>1–4</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>5–9</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>10–15</td>
<td>42</td>
<td>43</td>
</tr>
<tr>
<td>16 or 16+</td>
<td>4</td>
<td>16</td>
</tr>
</tbody>
</table>

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father might have been poor parents, care has to be taken before condemning the whole family. Children relate to different people in different ways and at different times and there is a risk of destroying all of a child’s relationships because of the actions of one or two relatives. It should also be borne in mind that these fragile contacts might be all the child has to fall back on when leaving care some time later.

A similar rigid view pertains to services. The administrative categories of foster care, kinship care and residential care can lead to services being contrasted or, worse still, used to prevent another. The Children Act 1989 allows a mixture of services to be selected to meet a child’s need but this is often thwarted by rigidity of thinking and perceiving the administrative name of the service as the same as the intervention itself.

Rigid views can seriously affect provision. For example, the sexual abuse of children undoubtedly happens and is rightly condemned. If professionals perceive parents as sex abusers, it naturally colours their attitude to them. But there is a serious effect if people are perceived as such without foundation, when resources are unlikely to be devoted to family work and opportunities for the child’s return home are missed. Many parents of looked after children have been poor parents but the nature of their deficiencies needs to be accurately established if harmful stereotypes are to be avoided.

5. Caution over syllogisms

The syllogism ‘all a is b, but all b is not a’ is pertinent to many childcare discussions. Dangers arise when the characteristics of one group of children are applied too widely or are assumed to be unique to a sub-group of the total population. An example is the relationship between children presenting challenging behaviour and placement in residential care. Studies of looked after children (Dartington-I, 2004) show two patterns. The first is that most of the residents of children’s homes are difficult adolescents; the second is that only a small proportion of looked after adolescents with challenging behaviour are placed residentially. For example, in a snapshot sample of 100 children looked after for more than three months in a British city, there were 35 who presented behaviour problems but only ten of them were or had ever been in residential care (Dartington-I, 2004). Similarly, residential placements were used for only two young people without behaviour problems. Thus, 25 of the 35 young people displaying behaviour problems had never been placed residentially despite the overwhelming behaviour profile of those in the homes.

6. Scrutinising looked after children in isolation and attributing causes to care

While looked after children are vulnerable to poor outcomes in many areas of their lives, it is a big step to blame the care system. Many non-looked after children in the UK also have poor outcomes and it may be the case that the visibility of those who are looked after merely highlights the wider problems faced by all deprived children. Similarly, the poor outcomes may arise from several causes of which a poor care experience is only one. The child might have a disorder that is difficult to treat, the damage caused by early trauma might limit possible improvement and, for out-of-control adolescents, keeping the lid on might be deemed a success. While conclusions about the effectiveness of the care system might be legitimately drawn for children who have long been parented by the state, it is difficult to do this for others.

Reaching a balanced view of looked after children

Bearing all these cautions in mind, what does a balanced view of looked after children look like? A fruitful perspective is to focus on the needs of children and then look at the characteristics and care experiences associated with them. This offers a better classification than do administrative categories. It is more akin to the clinical classification used in the International Classification of Diseases (ICD-10) in health and so offers a basis to link needs, services and outcomes.

When this method was applied to the snapshot random sample of 351 children looked after by a local authority cited...
earlier, it produced four groups of children with common needs, need being defined in terms of a need for a service. The profiles of the needs, background characteristics and care careers of the children and their families were charted for each group and can be summarised as follows.

**Group 1: adolescents who need help to improve their behaviour and relationships at home, school and in the community**
This group comprises 57 children (16 per cent of the total sample). They are mostly adolescents, admitted to care alone, not usually via protection processes, and referred by parents and education. Their families are large and socially isolated. Often two birth parents are resident in the family home and there is some overcrowding. Relationships within the family, especially between children and fathers, are volatile, and there is sexual and emotional abuse. The young people have poor relationships with peers and professionals.

The children’s behaviour is difficult in every aspect, with high levels of aggression and some drug misuse, sometimes compounded by health and learning difficulties, self-harm, developmental delay and enuresis (bedwetting). The children are generally unhappy. Many have educational statements and attend special schools.

The families are stressed but there are few access restrictions. Many children have had a residential placement among the several they have experienced. Two-thirds are expected to stay in care for at least another two years and few are likely to return directly to live with relatives. Success in terms of meeting the young people’s needs is low.

**Group 2: children who need protection from the risk of neglect by families in crisis**
This group comprises 89 children (25 per cent of the total sample) who are likely to have had their names placed on the protection register and to have entered care on legal orders. Many are very young.

The families have a history of domestic violence, imprisonment and poor housing. Many are single-parent families and children are often admitted to care in emergency. This suggests a crisis where a mother finds herself alone and the children are at risk of emotional and physical harm. The children, in contrast, seem relatively well balanced in terms of health and education. However, many have not seen their mothers for some time. A number of children are placed with relatives and are expected to return to live at home once things improve.

**Group 3: children in need of nurture and protection from families with serious health problems**
In the largest group of 146 (42 per cent of the total sample), the children tend to come from single-parent families and are admitted to care with siblings. Families are poor, often geographically mobile and isolated, with some abuse and neglect but less of it perpetrated by mothers. There are high levels of family discord, domestic violence and breakdown. Many of the adults have mental and physical health problems and some are disabled. On all health measures, this group is the worst. The adults are also likely to be unemployed. The children are unhappy and isolated but display few health problems and do moderately well at school. High rates of adoption are expected and high levels of access restrictions prevail.

In this group, adult problems seem to lead to neglect of the children whose needs are associated with protection and nurture. The group comprises equal numbers of boys and girls and many referrals come via health or from within social services.

**Group 4: children whose needs arise from a specific problem**
The final group of 59 children (17 per cent of the total sample) is the most difficult to define. The adults and children display relatively low need in most areas, for example, previous abuse, family breakdown, housing and difficult behaviour. They also receive fewer services. Yet the children’s stays in care are quite long and two-fifths of them are aged over 12. The only two distinct factors are poor relations with mothers and sexual
abuse. This suggests that there is a specific reason for the child’s continuing separation from home.

Comparing the needs groups
This comparison of the characteristics of the children and families in each group shows how needs, career experiences and prognoses vary. Some aspects are similar for all four groups, such as the percentages fostered, while the proportions of children looked after before and whose names were already registered show more, although not great, variation. However, in other areas such as likely length of stay, experience of domestic violence, drug-misusing parents, anti-social behaviour and educational difficulties, there is considerable variation across the groups which has significance for the type of foster placement and its stability. The details are illustrated in Table 2.

The CYPS report viewed in the light of the above discussion
It is easy to see how, by ignoring these cautions, a misleading picture of looked after children can emerge. In this respect, it is worth looking more closely at the CYPS report (Sergeant, 2006) mentioned earlier. The problems highlighted by Harriet Sergeant certainly occur among older children but her conclusions are somewhat distorted if they purport to apply to the whole care population.

The children who are the focus of her report are clearly older care leavers aged 16 to 18 and in particular those who have nowhere permanent to live. While this is a highly selective group in terms of all looked after children (for instance, nearly 4,000 are adopted from care), there is no doubt that this group of young people is highly vulnerable to poor outcomes and as the author says, ‘a high proportion of its graduates are prostitutes, drug addicts, homeless, criminals and, in the case of one young man . . . on the run from the police’ (p 1). But how representative of all care leavers is this group? The report opens with ‘This year approximately 6,000 young people will emerge from the care of the state’ (p 1), whereas the figure for all care leavers in England in 2003 was nearer 24,000. Moreover, only a third of these had been in care for over two years and only a third were over the age of 15, as the following two tables show.

The figure of 6,500 cited in the CYPS report clearly applies to those who were aged 16 or more. For this group, the 2003 (DfES) statistics on looked after children show that 44 per cent of them left care from a foster home, 24 per cent from a residential unit, 17 per cent lived independently, eight per cent lived at home; and seven per cent elsewhere. The

Table 2
Characteristics of children in the four need groups

<table>
<thead>
<tr>
<th>Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N=)</td>
<td>57</td>
<td>89</td>
<td>146</td>
<td>59</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Proportion of male children</td>
<td>77</td>
<td>60</td>
<td>55</td>
<td>64</td>
</tr>
<tr>
<td>Currently placed in foster care (excluding kinship care)</td>
<td>70</td>
<td>66</td>
<td>73</td>
<td>67</td>
</tr>
<tr>
<td>Currently placed in residential care</td>
<td>9</td>
<td>4</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Child has had one placement while looked after</td>
<td>33</td>
<td>56</td>
<td>47</td>
<td>42</td>
</tr>
<tr>
<td>Restrictions on parental contact</td>
<td>35</td>
<td>45</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>Name on child protection register on admission</td>
<td>18</td>
<td>21</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Looked after before present episode</td>
<td>37</td>
<td>31</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Aged under two on entry</td>
<td>4</td>
<td>26</td>
<td>26</td>
<td>12</td>
</tr>
<tr>
<td>Aged over 10 on entry</td>
<td>40</td>
<td>19</td>
<td>18</td>
<td>41</td>
</tr>
<tr>
<td>Known to have been sexually abused</td>
<td>32</td>
<td>20</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>Known to have witnessed domestic violence</td>
<td>42</td>
<td>61</td>
<td>51</td>
<td>17</td>
</tr>
<tr>
<td>Known to have drug-misusing parents</td>
<td>14</td>
<td>39</td>
<td>45</td>
<td>5</td>
</tr>
<tr>
<td>Child has behaviour problems</td>
<td>93</td>
<td>31</td>
<td>54</td>
<td>46</td>
</tr>
<tr>
<td>Professionals’ view on whether the child’s needs fully met</td>
<td>44</td>
<td>66</td>
<td>68</td>
<td>40</td>
</tr>
</tbody>
</table>
proportion of this group who had been looked after for more than two years was just under two-thirds and a quarter of the children had experienced more than four placements. In terms of educational achievements, 47 per cent had at least one GCSE grade A–G or GNVQ, and six per cent had at least 5 GCSEs grades A–C, figures that are slightly higher for those looked after for ten years or more. On their 19th birthday care leavers from previous years whose whereabouts were known (N = 4,900) were living as follows: 11 per cent with relatives, four per cent in community homes, 14 per cent in supported lodgings, 37 per cent independently, two per cent in custody and six per cent elsewhere.

While these statistics are not comforting, they slightly blunt some of the categorical statements in the CYSP report. For example:

... half of all prostitutes have been in care. (p 43)

For too many girls in care a lack of education means their only career options are pregnancy and prostitution. (p 43)

The majority of young people enter care in their early teens . . . (p 52)

Table 3

<table>
<thead>
<tr>
<th>Lengths of stay</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2 weeks</td>
<td>18</td>
</tr>
<tr>
<td>2 weeks–6 months</td>
<td>23</td>
</tr>
<tr>
<td>7 months–1 year</td>
<td>11</td>
</tr>
<tr>
<td>1–2 years</td>
<td>18</td>
</tr>
<tr>
<td>3–5 years</td>
<td>20</td>
</tr>
<tr>
<td>6–10 years</td>
<td>8</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 4

<table>
<thead>
<tr>
<th>Ages on leaving care</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>1</td>
</tr>
<tr>
<td>1–4</td>
<td>9</td>
</tr>
<tr>
<td>5–9</td>
<td>19</td>
</tr>
<tr>
<td>10–15</td>
<td>20</td>
</tr>
<tr>
<td>16–16+</td>
<td>34</td>
</tr>
</tbody>
</table>

A sizeable proportion of the homeless are care leavers. (p 114)

A child whose mother has been in care is 2.5 times more likely to enter care herself. (p 114

And so on.

Sergeant’s conclusions on whole sectors of provision can be questioned for the same reasons. Chapter 3, for instance, looks at care homes (if that is the correct term). In the opening paragraph it is explained that Toyah, a resident who recounted her experiences, had been ‘a prostitute and heroin addict since the age of 11’ (p 33). Again, she is probably an extreme example but so are the descriptions of the homes, which come over generally as totally disorganised with a war of attrition between staff and children and endless drugs, sex and crime. The truth is that girls like Toyah and homes such as those described do exist; the empirical studies of children’s homes by Sinclair and Gibbs (1998), Brown et al (1998) and Whitaker and colleagues (1998) confirm this. But only some homes are like this, probably about one in eight of those studied; others are well run and achieve relatively good outcomes both for the homes themselves and for the children who live there, while others, perhaps the majority, simply offer nothing especially negative or positive.

The variety of children’s needs confirmed in practice

This variety of situations is confirmed by the experience of those working in the ‘front line’ with care leavers and homeless young people. One of the authors (ADH) has worked with dozens of young adults in this situation and, in his experience, much of what is described in the CYPS report simply does not ring true for most care leavers, even those who need help with accommodation. Moreover, many of the issues touched upon, such as housing, prostitution and drug misuse, are general to young people in society and not confined to those who have left care.

A truer picture is that many of these
vulnerable older care leavers are driven, motivated and succeed in their lives – eventually. The outcomes charted in the CYPS report do apply to a few but do not reflect the majority of young people’s real-life experiences. Even though care leavers have background characteristics and care experiences in common, all have differing circumstances and life stories to recount. The case of J illustrates both the risks faced and the ability to overcome them.

J is 18 years old and a care leaver. Over the last few years she has had numerous foster placements. In some she had good experiences but others she did not find helpful or even safe. She left her final placement officially on her 18th birthday. Social services had applied for a flat for her prior to this date and she received an offer on her birthday. This was the best present she could have had. J has been through many difficult and trying circumstances in the last year. She took cannabis/speed regularly, socialised with people she now wishes to forget, having stopped the drug use, and discovered that her estranged father had died. She found it difficult to come to terms with these feelings of rejection and loss, especially as she had been thinking of asking for help from social services to make contact with him again.

J is now a confident, positive young woman. She attends college full time, studying beauty therapy, and has a long-term (two years) relationship with her boyfriend who is very supportive. She has numerous friends, a few from her care days but now mostly other young people from college and the local area. J also has a good solid relationship with her mother and sister. She feels that this is important to her future as they are very supportive and she sees them most days.

J has now moved into her flat. She has decorated it, sorted out her bills and is still attending college six miles away. She feels happy and content, and is visited every week by a support worker.

The numerous agencies involved
Most young people receive help from a variety of sources to prepare for independent living and maintain a tenancy. They include friends, family, benefit agencies, housing associations, and in J’s area, the NSPCC (National Society for the Prevention of Cruelty to Children), which provides an advocacy service to young adults. Social services/social workers provide minimal support once a tenancy has been offered and accepted. They supply the leaving care grant but offer limited housing support thereafter. The follow-on support will usually be developed with the young person, not for them. This can include mediation, group work, life skills and counselling courses, as required. Social services contribute to the provision of training and education or employment for the over-18s, but give minimal support in other areas, such as young people’s emotional and social lives.

Care leavers are mostly keen to work with outside agencies as, by this time, many want to move away from social services support and go to college and work to increase their chances of a fulfilling and healthy future. The relationships developed with helpers are usually positive and co-operative. Care leavers especially like ‘non-social services’ and ‘non-interfering’ support that allow them to make and learn from mistakes.

The importance of education and training
At least 50 per cent of the care leavers over the age of 18 with whom ADH works are in full- or part-time education or employment. Many are actively working and certainly not sitting idly in their flats or hostels dependent on social services, as befits the common stereotype. At this stage, 30 per cent are engaged with the Connexions’ services, receiving advice on

1 Connexions is the Government’s support service for all young people aged 13 to 19 in England. It also provides support up to the age of 25 for young people who have learning difficulties or disabilities (or both).
local activities, training and short courses to develop their skills. Education encourages young care leavers to mix and look outside their immediate area for support and a social life. At college many care leavers make friends with others who are not care leavers. They often form close friendships with a cross-section of people, some of whom are better off, with access to cars, clothes, luxuries, holidays, computers and mobile phones that care leavers tend to lack.

Education and training can create its own problems, however. Living on a low income can be difficult, though many young people tolerate it and become quite resourceful, seeing it as a short-term situation and expecting that if they pursue qualifications, they will eventually be better off.

The extent of problems faced by care leavers
The CYPS report makes grim reading about care leavers and the problems they face, especially homelessness. However, many practitioners would challenge this stark picture as a generalisation. ADH estimates that of the older care leavers he has worked with, five per cent are homeless and much as described, but 65 per cent are managing all right although some of them might easily join the homeless five per cent if their situations changed. The remaining 30 per cent are doing really well in that they are motivated and keen to develop their skills and are almost certainly at little risk of succumbing to the catalogue of problems discussed by Sergeant.

Looking at this problem in the other direction, from the situation of homeless young people, the figure for care leavers in serious difficulty appears much higher. ADH has found that a third of homeless young adults up to the age of 25 are ex-care, the other two-thirds being homeless for other reasons, such as family breakdown, debt, and a failed tenancy, hostel placement or ASBO.

Young people’s views on care
Young people’s views on their care history regularly enter conversations with professionals. Generally, after the age of 18, most say that they had quite good care experiences and many cite foster carers who have shaped their lives and supported them. There are, of course, some serious cases of neglect in foster placements and a common criticism is that placements change too often. Every practitioner has a horror story – one contemporary of J has had over 50 placements since the age of ten and, not surprisingly, he is pretty angry. When placements change, schools and social life are disrupted and it is now widely accepted that this can create uncertainty and feelings of being uprooted among children. Nevertheless, some care leavers are well supported by former carers who are central to their life plans and the support they receive outside of the care system.

Young people generally deny that their previous history has affected their lives in the ‘outside world’ since leaving care. They rarely feel that there is stigma or prejudice shown to them by others, and a lot of agencies such as housing and benefits services are tolerant of their needs, if anything extra-specially so. This shows how important it is for young people to develop relationships with external agencies.

Towards a more balanced picture
From this experience, most care leavers are not bitter about their care experiences, although a few undoubtedly are. Many have achieved a great deal since ‘moving on’. A minority do misuse drugs or get into prostitution and crime but for most, even among those who are most vulnerable, this is not the case. They achieve and are able to shape their own lives with support, and by the age of 30 are usually at work and have successful relationships built up and maintained. Other care leavers (ADH would estimate a quarter) are resolved to their fate and see ‘life as a battle’ to succeed.

Young people’s experiences show that social services are better at maintaining the status quo than preparing young people for independent living. Some care leavers struggle to build long-term relationships, mainly because of poor self-esteem, lifestyle and refractory peers. The weakness of social services is their tend-
ency to focus on ‘functional support’ – education, budgeting and cooking – and to avoid the wider social and psychological issues that are probably more significant for the care leavers’ quality of life in the long term. Thus, social services prefer to monitor things such as finances and budgets rather than young people’s lives individually.

**Conclusion**

Initially, it is clear that despite this attempt to give a balanced picture of care leavers in Britain, there is much in the two reports discussed that those frustrated by the system will welcome. It is good that someone like Harriet Sergeant is speaking out so strongly for these young people and is challenging the cosy political and government consensus; who cares about the science when lives are at risk? Academics will also like the anger expressed about the lack of information on what happens to these young people and the need for more thorough research. She also gives an excellent case study (p 64 ff) on the ways in which financial arrangements can destroy a young person’s education aspirations.

But in the end, given the anger expressed in her report, Sergeant’s six recommendations are relatively modest. These are (pp 12–22):

- to provide secure, stable, long-term and loving care for difficult children;
- to remove perverse financial incentives that prevent local authorities from providing good care;
- to reconsider how money is spent and the long-term gains of wise investment;
- to use as a measure of success the proportion of care leavers as taxpayers at age 30;
- to acquire better knowledge of what interventions work;
- for other agencies to know more about the backgrounds of their population.

These recommendations echo those of many other studies of care leavers and have clearly informed the proposals in the Green Paper, *Care Matters* (DfES, 2006).

A question therefore arises as to whether the arresting and abrasive style of the CYPS report is more effective than others, particularly the considered but boring research paper or the dreary official report. If this polemical writing disturbs comfortable professionals and politicians, increases resources and improves practice, then it is probably welcome. But if this shock therapy fails to work, there is a danger that the tone of the report will merely reinforce negative stereotypes of looked after children that not only insult them as individuals but also make it virtually impossible for them to make their way in the world.

**References**


DfES (Department for Education and Skills), *Care Matters: Transforming the lives of children and young people in care*, London: DfES, 2006

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