

# SIX

---

The care experience

# Introduction

---

The disadvantage faced by our care experienced community should be the civil rights issue of our time. Children in care are powerless, they are often invisible to society and face some of the greatest inequalities that exist in England today. It is truly inspiring that in spite of these injustices so many care experienced people go on to run businesses, start families, earn doctorates, produce drama, write poetry, become government ministers and change the world in countless ways. They are a community to be nurtured, understood and celebrated.

This report rightly gives due attention to the relatively large numbers of care experienced people that are isolated, become homeless, miss out on university, or who are not in secure work. However, care experienced people have consistently told the review that these outcomes are not inevitable, that many care experienced people leave care and live happy and fulfilling lives, and that care can provide the lifeline which leads to a better life than they would have had if they remained at home (The independent review of children's social care, 2021c). Care can be a positive, transformational and life saving experience.

“**Care has been a great experience for me, filled with loving people who have shown true commitment to me, and supported me through my greatest challenges.**”  
- Care experienced young person.

When the state removes a child from their parents, that child usually has little or no say in that decision and yet will live with the consequence forever. Having taken on the role of parent, it is right that the state does everything in its power - to an even greater extent than it would for other citizens - to give those with a care experience every possible advantage in life. Whilst the state can never provide love for a child, it should obsess over creating loving networks of people around them, to provide the support and care that every one of us needs as the foundation for a good life.

Any young person leaving care without a group of loving adults around them is a signal that the care system has failed. It can be easy to consider relationships as a 'nice to have' or a marginal issue. However, you need only consider the importance placed on relationships in an extensive body of research on promoting good childhood development and mental health. Or imagine for yourself what it would be like to live in a world where you struggle to define yourself in relation to others and where your search for belonging and connection is unreciprocated.

The time has come to be much more aspirational, not just in words, but in specific and targeted action. This review considers loving relationships, education, secure housing, employment and good health into old age as the baseline of a good life. Five ambitious 'missions' are needed to focus collective effort to achieve dramatic change for this community. Set against current outcomes these missions are ambitious and the timetable challenging, however, given that they mainly aspire to bringing outcomes in line with the rest of the population, this ask for parity is modest. These missions should leave public servants, the public and businesses asking “are we doing enough?” and “how are we going to make this happen?”. These missions will only be achieved if those leading the system go above and beyond recommendations made here, and take full responsibility to develop their own plans with urgency and determination.



The five missions are:

- no young person should leave care without at least **two loving relationships**, by 2027
- double the proportion of care leavers attending **university**, and particularly high tariff universities, by 2026
- create at least 3,500 new **well paid jobs** and apprenticeships for care leavers each year, by 2026
- reduce care experience homelessness now, before ending it entirely
- to increase the **life expectancy** of care experienced people, by narrowing health inequalities with the wider population

To assist with meeting these missions the review is recommending two major changes to the way public services and society treat those who have had experience of care. First, the 'corporate parenting' responsibility that applies to local authorities needs to be extended to all public bodies for children in care and care experienced adults, to reflect the shared responsibility they have to these children and adults. Second, to tackle the stigma and discrimination many care leavers face in their day to day lives, the UK should be the first country in the world to recognise the care experience as a legally protected characteristic in equalities legislation.

Over time, we hope and expect that some of the recommendations in this chapter will become obsolete due to the legacy of getting it right for children and families earlier on. Through providing more of the help that families need, supporting family networks to care for children, and through radically improving the homes and relationships we put around children in care there should be fewer young people leaving care who do not have a network able to support them through adulthood.

## 6.1 The role of the government, business and society in supporting care experienced people

---

The potential of care experienced people is enormous. However, at a population level the outcomes for care experienced people today are extremely poor. It is estimated that 26% of the homeless population have care experience; 24% of the prison population in England have spent time in care; that 41% of 19-21 year old care leavers are not in education, employment or training (NEET) compared to 12% of all other young people in the same age group (Ministry for Housing, Communities & Local Government, 2020; Williams et al., 2012; Department for Education, 2021b); and adults who spent time in care between 1971-2001 were 70% more likely to die prematurely than those who did not (Murray et al., 2020).

Whilst local authorities play a crucial role in delivering services to care leavers as their corporate parent, they are not the only organisations that should play a role. The Scottish Government changed the law in 2015 to name 24 bodies and organisations as corporate parents, alongside local authorities. These organisations, like the police, schools, and primary care, now have a legal duty to promote the wellbeing of care experienced people in Scotland. This has led to tangible and meaningful changes which could be replicated in England.

### Examples of changes to corporate parenting in Scotland

Since becoming a corporate parent, Sports Scotland has published a set of corporate parenting commitments<sup>85</sup> which give priority access to jobs for care leavers, and make care experience a key factor when determining funding for sports coaching qualifications. The Scottish Funding Council has also made a higher rate of financial support available to care experienced students, and promoted the use of contextualised admissions policies by Universities.<sup>86</sup>

Local authorities cannot promote the wellbeing of children in care and care leavers when they do not possess all the levers to affect change. Making a similar change to the law in England would more accurately reflect the role that schools, colleges, universities, health agencies and other parts of the public realm play in the lives of children in care and those with a care experience. The organisations in scope should align with, or go further than, similar changes made to the law in Scotland. Implementing this will require training for new corporate parents, and the government should consider changing the language from 'corporate parenting' to 'community parenting'.

**Recommendation:** *New legislation should be passed which broadens corporate parenting responsibilities across a wider set of public bodies and organisations.*

### Care experienced people on stigma

- “No one talks about foster care, it's seen as something quite embarrassing. We need to talk about it more and normalise it.”
- “The labels of being in care piss me off – people assume I am bad or certain things about me just because I am care experienced”
- “Celebrate care leavers going against stereotypes e.g. going to uni but we need to break the stereotype.”

85 <https://sportscotland.org.uk/media/5556/corporate-parenting-outcomes-and-action-plan-young-people-version.pdf>

86 <https://www.sfc.ac.uk/access-inclusion/equality-diversity/care-experienced/care-experienced.aspx>



“There should be more successful stories of young people with care experience, who can share their experience which help to give them hope.”

“There’s an assumption that parents who have been in care will go on to abuse their own children which is wrong, also parents asking for help who have been in care are made to jump through hoops to access it...”

Their stigmatisation by wider society was described as “another source of trauma and pain every day.”

Many care experienced people face discrimination, stigma and prejudice in their day to day lives. Public perceptions of care experience centre on the idea that children are irredeemably damaged and that can lead to discrimination and assumptions being made. One young person told the review that a teacher had told them “you're smart - for a kid in care”, another young person said “I don’t want people to point out that I am in care if I don’t want that mentioned. It makes me so cross – that shouldn’t happen.”

This stigma and discrimination can be explicit, and often comes with assumptions about the likely characteristics of children and adults that have care experience. They can also be implicit and are evidenced in the way care experience is discussed in schools, workplaces and the media. At its worst this can lead to care experienced people being refused employment, failing to succeed in education or facing unfair judgements about their ability to parent when they have children and families of their own.<sup>87</sup>

“There is a lack of early support for care leavers who are pregnant and become parents. The stigmatisation of care leavers can often lead to professionals assuming that care experienced young people will not become effective parents. This can lead to unnecessary assessments, and young people not feeling supported. As soon as a care leaver becomes pregnant or a parent everything gets criticised straight away. They say that because you were in care you don’t know how to be a parent but statistically, they’re criticising themselves for not being a good parent in the first place.” - Care experienced young parent

Hearing testimony from care experienced people sharing the discrimination they have experienced, even from a very young age, it is clear that such discrimination can be similar in nature to other groups that have a legally protected characteristic under the Equality Act (2010). So while there may be ways that society can help reduce stigma and discrimination, including creating greater public consciousness on these issues, just as with other areas of equality, there is a case to go further. Therefore the government should make care experience a protected characteristic.

87 The review’s recommendation that non-stigmatising Family Help should be available in neighbourhoods throughout England applies, if not even more so, to all care experienced parents who require it.

There are some who worry that making care a protected characteristic might inadvertently increase the stigma care experienced people face. Government should give due consideration to these views, and those of the Devolved Administrations, when taking forward this recommendation. However, we believe the introduction is necessary and like other 'hidden' protected characteristics, care experienced people would be able to choose whether to share their past care experience or not.

Making care experience a protected characteristic would provide greater authority to employers, businesses, public services and policy makers to put in place policies and programmes which promote better outcomes for care experienced people. It will make the UK the first country in the world to recognise care experienced people in this way. As a measure, it will bolster and pave the way for a number of the recommendations in this chapter.

“**Making the care experience a protected characteristic is a good idea, it would help shed a spotlight on care leavers. When the public do find out about us, it is often negative due to it being driven by the media.**” - Care experienced young person

**Recommendation:** Government should make care experience a protected characteristic, following consultation with care experienced people and the Devolved Administrations.

In combination with making care experience a protected characteristic, more could be done to give care experienced adults greater priority access to services. However, we recognise this recommendation will add additional pressure to local authorities in allocating resources, such as local social housing stock to families. To help local authorities prioritise, national government must also play a role by issuing statutory guidance where necessary, giving a clear position on all the recommendations set out later in this chapter.

**Recommendation:** National government should issue statutory guidance to local authorities setting out the priority that should be afforded to care experienced adults in accessing local services such as social housing.



## 6.2 Five missions to support children in care and care experienced people

---

“Now I’ve become a care leaver, I’m supposed to go and find my family on my own: I’m supposed to go and act like nothing ever happened, I’m supposed to just go to all these family meet-ups and just pretend that I know everyone. Everyone knows me and it’s like, I don’t know these people.” - Care experienced young person

“Four weeks is all I got to find a job, make sure I’ve got everything. I walked in at one point and my carer just went, ‘you’re leaving in four weeks’. Like, alright. I haven’t even received the text from her to say, ‘are you okay? Do you need anything?’ It’s been ‘bye’, no more contact.” - Care experienced young person

Having a good home, qualifications, a well paid job, loving and trusting relationships, and good mental and physical health are the foundations of a good life. The need for these foundations is universal and not unique to those that have grown up in the care of the state, however, care experienced people often struggle more than most to realise these five foundations. These foundations are also inextricably linked, and the consequences of their absence significantly affect the life outcomes of care experienced people.

Yet these problems are not intractable, with most of the levers and mechanisms needed to provide these foundations already sitting within the reach of public services and businesses. In 2020/21, 13,360 young people aged 16 and above left care, and it is well within the reach of England to support these young people to lead a good life (Department for Education, 2021b).



## Durham

### **Trust, stability, and emotionally supportive relationships have been difficult for me to cultivate since going into care.**

I am 33 now, but my sister and I were taken into care when I was aged nine after my mother's mental health and ability to care for us had deteriorated to breaking point. My father took his own life when I was two and my mother started a new relationship. This partner was emotionally and physically abusive, they separated when I was seven, which meant we moved home and school every six months or so. My mother worked full time, and with the added instability, lack of support and no relatives close by, my behaviour started spiralling out of control. I felt unloved, unvalued and unable to make lasting relationships.

Before my mother left us we had a compassionate social worker who would take us out to give mum some time to herself, and I had been referred to a child psychologist which wasn't helpful for me. Our first foster placement was temporary (six months) and I remember thinking at the time that there was a distinct lack of communication on the process of what was happening to us or where our mother had gone. I was scared, constantly on high alert and found controlling my emotions incredibly hard.

After being found a permanent foster family we were able to begin building a life and identity. The stability of a familiar and supportive foster placement was a lifeline during a time of crisis and upheaval. We were encouraged and supported to remain in contact with our extended family, but there was confusion about why they had not been able to take us in instead.

At age 15 I expressed my concern to my foster mother that I might be depressed which wasn't taken seriously. I believe at this point it would have been important to intervene and find a mental health professional to work with me so as to build emotional resilience much earlier.

Aged 16, I got back in contact with my birth mother, who I continue to have an arm's length relationship with. I left care aged 18 and was able to follow my interests in further education. I remain in contact with one of my foster brothers but have limited contact with my sister and the rest of my foster family – which upsets me. My current support network consists mostly of small groups of close friends from volunteer work, employment and studying. I have also been seeing an affordable therapist for two years.

Trust, stability, and emotionally supportive relationships have been difficult for me to cultivate since going into care. Since leaving care I have embarked on my own personal growth and development which I continue to this day.



## Mission 1: No young person should leave care without at least two loving relationships, by 2027

Whilst all the missions and recommendations in this chapter are essential, the primary objective and obsession of the care system should be to promote the formation of lifelong loving relationships around children in care and care leavers.

The importance of relationships cannot be overestimated, particularly for those who have had adverse childhood experiences. Studies have shown safe, stable and nurturing relationships can serve as a buffer to adversity, and can also play a key role in building resilience that supports children to develop the skills to cope with future adversity in an adaptive and healthy manner (Garner and Yogman, 2021). Having a trusted adult during childhood can positively influence long term physical and mental health (Crouch et al, 2019), and can mean children are less likely to experience “toxic stress” or develop unhealthy coping strategies (Cheong et al., 2017). The likelihood of depression amongst adults with adverse childhood experiences was reduced by up to 92% when they received social and emotional support (Brinker and Cheruvu, 2017).

A recurring theme in conversations with young people and care experienced adults during the review has been about the relationships that have meant the most to them. For many, reunification with their birth parents and families has been possible although challenging, either as a means to leave care or once they have become an adult (The independent review of children’s social care, 2021c; 2022b). Other young people have been able to maintain relationships with their brothers or sisters whilst in residential care, or have formed a lasting bond with their foster carer (The independent review of children’s social care, 2021c). These conversations have confirmed a universal truth - relationships matter.

However, far too many young people are leaving care at age 18 without anyone important to them in their lives. This is a hole that cannot be filled by services. Research has shown that 6% of care leavers report having no one at all providing emotional support, and nearly one in ten young people only had support from their leaving care worker (Selwyn et al., 2020). A recent Ofsted report also found that “Many care leavers had no one they could talk to about how they were feeling or who would look out for them. A third of care leavers told us they did not know where to get help and support” (Ofsted 2022c).

Beyond the closest relationships, the children’s social care system often fails to build broader informal networks of support for those with care experience. Although government guidance states that when it is in their best interests children in care should be matched with an Independent Visitor, just 3.5% of children in care were matched with one in 2019, and children from ethnic minority groups were disproportionately more likely to be on waiting lists (Jordan & Walker, 2019). The existing Independent Visitors scheme must be reimaged so these relationships feel less like a service, and more children and young people can benefit from these relationships. This will require local authorities to rethink how to deliver their Independent Visitors schemes by working within their communities to develop a community based befriending and mentoring programme that is not time bound, is responsive to the needs of children and young people and allows natural relationships to flourish.

“**The lack of stability in care, makes it difficult for LGBTQ+ to build and maintain relationships with different peer networks.**” - Care experienced young person

- “The majority of our children have been through trauma, the role of an IV (Independent Visitor) is key to helping build resilience. They are a trusting adult that provides consistency and real friendship. The role is all on the young person’s terms, they choose who their IV is, they choose the activities, they choose what to talk about, they choose when they meet, they choose when to end the relationship, this is all empowering.”  
- Independent Visitor Professional
- “I have had mine for a year, she has taken me round London. One of things I wanted to do was work with children, she used to work as a Scout, so she helped me volunteer as a Scout. It was an amazing experience and helped me build my confidence.” - Care leaver
- “Having more emotional support, you go through a lot and it is not fair to just go with it. My Independent Visitor was my emotional support but my sister didn’t use her as emotional support.” - Young person in care

Beyond Independent Visitors there is enormous potential to involve the wider community in providing connections and support for young people. One of the best examples of this is Pure Insight in Greater Manchester, which has been incredibly successful at recruiting a diverse mix of 250 volunteer mentors, each giving two to three hours per week, and they have supported over 450 care experienced people since 2019 (Baker, 2021). Rather than being rigid and inflexible, mentors are encouraged to provide hands on practical support to young people, such as help decorating their first home, or with job applications. Most importantly, the aim is for these natural relationships to be long term and sustained, recognising that true friendships do not come with a deadline.

## Pure Insight

### *Helping care leavers to build a network*

Pure Insight is a charity working exclusively with care experienced young people aged 16-28 based in North West England, delivering projects in Stockport, Cheshire East, Salford, Warrington and Trafford. Their focus is on helping care leavers to build a network of safe and trusting relationships and providing practical and emotional support. One of the key ways they achieve this is through a network of local volunteers who provide long term 1:1 mentoring for young people. Volunteer mentors are recruited from the community and extensively trained over a ten week period, where among other things, they learn about what it’s like to grow up in care.

Volunteers are matched to a young person, who they will support for a minimum of two years. The support is led by the young person and mentors become a consistent champion in the young person’s life, offering practical and emotional support. Mentors are also joined together in peer support groups, forming a pool of local knowledge and skills, which they informally call the Pure Insight Family - a place where everyone mucks in to support each other. The experience can be life changing for both volunteer and young person and many mentoring relationships turn into valued long term friendships. As well as their mentoring programme, Pure Insight also provides wrap around support for care experienced young parents including 1:1 support where needed, a psychological wellbeing service and trauma counselling; 1:1 employment coaching; outdoor challenge projects, including allotments and a farm; and participation opportunities, including through their young advisor’s panel.



**Recommendation:** Local authorities should redesign their existing Independent Visitors scheme for children in care and care leavers to allow for long term relationships to be built.

Solving the problem of young people leaving care with no adults around them requires a fundamentally new way of thinking, which places loving and lifelong relationships at the heart of the care system. Relationships are often weakened or broken altogether as children enter care and move through care. The impact of children being separated from their parents, brothers and sisters, wider families, and communities, or arriving in the UK as an unaccompanied child are well documented.

- as of 2020 nearly 12,000 children in care were not living with at least one of their siblings (Kenyon & Forde, 2020), based on the latest government data this represents 15% of all children in care
- the Children's Commissioner's 2020 Stability Index (Children's Commissioner, 2020b) found that 30.5% of looked after children had experienced two or more home moves in the previous three years and 11% experienced a mid-year school move during a single year (2018/19)
- as at 31<sup>st</sup> March 2020, almost 33,000 children (41% of all children in care) were moved outside their home local authority, an increase from 36% in March 2010 (House of Commons Library & Foster, 2021)

Many local authorities help young people in care gain a better understanding of their pre-care identity through life story work. Whilst this is an essential part of helping young people in care understand their identity, and discover extended family and friends who they may wish to reconnect with whilst in care, life story work is not enough. Children have told the review that they do not have enough contact with their brothers, sisters, other relatives or friends, and when they do this it is often in contact centres which are not welcoming enough and mean they do not make good memories (Coram Voice, 2021; The independent review of children's social care, 2021c).

“**Completely agree with the relationship thing. I was only allowed to speak to my mum for 30 minutes a week, I couldn't see my siblings, or my grandparents**”  
- Care experienced young person

“**It doesn't make sense, I don't get it like why they can't just place us in an area not too far from each other but they're placing us as far as possible.**”  
- Young person in care, in relation to their siblings

### Universal quality family finding support

Some services already recognise the importance of finding and maintaining links with family, friends and communities for children in care. From evaluations of these programmes, it is apparent that effective family finding services for children in care allows them to identify people in their pre-care life who were important to them, and maintain very regular in-person

contact with those people. High quality family finding support should be available for children in care and young people that have recently left care, up to the age of 25, recognising that many will have not been offered a family finding service whilst in care. The delivery of this work should involve social workers or a dedicated skilled coordinator deploying a variety of tools, such as genograms and mobility mapping, and skillfully facilitating gatherings of these important people around the young person.

There are high quality and well evaluated examples of this work including the Lifelong Links Programme developed by the Family Rights Group, and programmes that show early promise, such as the 'You Say Who' model being used in North Lincolnshire. Because of the evidence around these and other family finding programmes, there should be no delay in local authorities developing these, and all local authorities should have skilled family finding support equivalent to, or exceeding, the work of Lifelong Links in place by 2024 at the very latest.

## North Lincolnshire Council

### *You Say Who*

North Lincolnshire recognised that where it is not possible for children to remain within or return to their own family networks, they need to experience stability and positive relationships with trusted adults to achieve their potential. To support this, North Lincolnshire launched the 'You Say Who' model in 2018. This enables children in care and care leavers to identify, build and continue their relationships with those who are important to them.

You Say Who involves work to actively 'family find' and 'reconnect' children and young people with previous relationships or to help them develop new relationships so that they have a 'team' to support them. The process is directly linked to the local authority's children in care review process, to ensure that all children and young people are supported, when the time is right for them, and is reviewed at children in care reviews.

The model has also supported North Lincolnshire's work in embedding the NSPCC reunification practice framework into care planning. Since the implementation of You Say Who, 114 children have left care and returned home to either their parents or extended family members between October 2018 and October 2021. The 114 children leaving care includes those who were the subject of ongoing legal proceedings, as well as those who previously had a care plan of long term care, and 110 of these children remained living with their family.



## Lifelong Links

### *Building support networks around children*

Lifelong Links aims to ensure that children and young people in care have a positive support network around them to help them during their time in care and in adulthood. Family Rights Group developed the approach following research findings that the care system too often breaks, rather than builds, relationships.

An independent Lifelong Links coordinator works with a child in care to find out who is important to them, and who they would like to be in touch with or know. The coordinator searches for these people, using a variety of tools and techniques. They then bring the network together at the Lifelong Links Family Group Conference to make a plan with, and for the child, which the local authority supports to ensure these relationships continue to grow. Over 1,775 young people across the UK have benefited from Lifelong Links. One said: “If it wasn’t for Lifelong Links I wouldn’t know my brothers, I wouldn’t know anything about my family, I would genuinely just be in this on my own.”

An Oxford University evaluation of Lifelong Links found it positively impacted the lives of children in care, including greater placement stability and increased sense of identity and belonging. Social connections increased on average from 7 to 26. It is changing culture and practice so relationships are not broken in the first place.

**Recommendation:** As part of the National Children’s Social Care Framework, all local authorities should have skilled family finding support equivalent to or exceeding, the work of Lifelong Links in place by 2024 at the very latest.

### A new lifelong guardianship order for adults leaving care

As well as breaking relationships with family, the care system is also set up in a way that forces an end point on loving relationships, which may have grown through a child’s time in the care system itself. For young people leaving care today, there is no mechanism for a family that may have provided care for them in their home, such as foster carers or other adults that have formed a strong bond with that child such as teachers, friends’ parents or mentors, to invite that young person to more formally join their family for life. There is evidence where other countries with broadly comparable social norms and legal frameworks have sought to address this problem. For example, in 2016 the Australian Adoption legislation was amended to make adult adoption a possibility (Department for Child Protection, 2019).

Through introducing a new ‘Lifelong Guardianship Order’ in England, young people who leave care will be able to demonstrate that they have legally and practically joined the family of another non-related adult that is important to them. Making this new Order a reality will require change to legislation so that it not only acts as a symbolic gesture, but also has significant

practical uses. For example, the Order should confer inheritance and next of kin rights to the young person leaving care. Lifelong Guardianship should be available to all care experienced adults at any age once they reach 18, where appropriate. This act of legally joining a family could be accompanied by a celebration ceremony to mark the guardianship, and in time join the ranks for family celebrations like christenings, naming ceremonies, communions, weddings, anniversaries and graduations.

**Recommendation:** *A new lifelong guardianship order should be created, allowing a care experienced person and an adult who loves them to form a lifelong legal bond.*

Finally, as set out through this report, it is clear that Ofsted have a critical role to play in driving the behaviour and practice of the children's social care system. Whilst it is not the responsibility of Ofsted to ensure young people leaving care have loving relationships, it could do more to nudge this behaviour by aligning inspection frameworks with the central principles of this review.

“**Relationships aren't measured, they are only seen as “are you seeing them or not” and who you are seeing, but not measured how [the relationship] is going.**”  
- Care experienced young person

In doing this Ofsted should take into account the objective of this mission - to ensure every young person leaves care with at least two loving relationships - and assess the quality of family finding programmes used by the local authority. To make this judgement Ofsted will also need to seek the views of children in care and those with care experience based in the area. Therefore, Ofsted should amend the SCCIF and ILACS inspection frameworks so that the quality and number of relationships held by young people play a more significant role in determining the overall judgement (see Chapter Eight for our recommendations on Ofsted).

## **Mission 2: Double the proportion of care leavers attending university, and particularly high tariff universities, by 2026**

Education is transformational. It is important that all children receive excellent schooling, and we should go even further to ensure this for children in the care of the state. While this mission headlines on university, it will require much more ambition for children in care right through the education system. While success will be counted in the number of care experienced young people going to university, all care experienced young people will benefit as the education system works harder to improve outcomes and professionals have increasingly higher ambitions.

“**The barriers stem further than those faced once the student is at university or college. However, once a student has enrolled there is a duty of care for all educational institutions to ensure they deliver their proposed support and that each and every student in this social group achieves more than the tick box they have completed.**”  
- Care Experienced adult, at university



Children in care face challenges right through the education system:

- in 2020/21, the average Attainment 8 score for children looked after at any point was 23.2 compared to 50.9 for non-looked after children and 22.6 for children in need at 31st March 2021. Although looked after children have a similar average Attainment 8 score as children in need, they perform slightly less well than children in need in the other headline measures such as achieving a pass in English and Maths or entering EBacc (Department for Education, 2022a)
- children from poorer homes are less likely to progress to university, and children in care have these chances cut in half again. Similarly, care leavers who attend university are less likely to go to high tariff universities, progress into their second year of study, and are more likely to take longer than three years to complete their degree (Office for Students, 2021)
- the progression rate to high tariff universities for children looked after continuously for at least 12 months has remained at 1% since 2009/10, whilst 11% of all other pupils progressed to high tariff universities in 2019/20 (Department for Education, 2021m)

Whilst the review could have chosen to make any part of the education system the focus of this mission, the stark inequality in the number of care experienced adults progressing to university and because on average going to a high tariff university often leads to higher lifetime earnings, makes our focus on higher education so critical. However, in setting this mission we are clear that the whole education system, including schools, colleges and universities, has a part to play in achieving this aim. Mission 3 also sets out an ambition to improve the quality of and support offered through apprenticeships.

### Addressing blockers to attainment in school

Improving educational outcomes starts in school, and Virtual School Heads (VSHs), play an important role in managing Pupil Premium funding for children in care in schools and early years settings. However, they have the potential to play a wider and more active role in the attainment of children in care.

“**I’m lucky because textbooks I don’t have to pay for and some things like stationery I don’t have to worry about, and uniform – I can ask Virtual School and they’ll sort it out for me and anything else I need support in.**” - Young person in care

Although Virtual School Heads hold important levers to improve educational attainment, there is a lack of real accountability for attainment. Progress 8 (a measure used to capture the progress a pupil makes from the end of key stage 2 to the end of key stage 4) for children in care should be a key measure by which Virtual School Heads' performance is judged, and Ofsted's framework and guidance for inspecting local authority services for children (ILACS) should be used to assess this.

Young people have told the review that they find having access to mentors and tutors useful, and these roles can provide some of the most effective interventions to improve attainment (Biggs et al., 2020). There are a range of evaluated tutoring and mentoring programmes available, such as First Star and MCR Pathways in the UK and programmes such as the Better Futures Programme in the US. To improve attainment and meet their new targets Virtual School Heads should direct Pupil Premium funding towards interventions that are well evidenced, and the Education Endowment Fund should help to inform these choices.

## First Star Scholars UK

### *Academic support for care experienced children*

First Star is a national children's charity dedicated to improving outcomes for young people growing up in care. It was founded on an ambitious and aspirational approach to helping some of our most disadvantaged young people access higher education.

The First Star model is a long term university preparatory programme for children in care. The programme is based on a partnership between a university, the young person and First Star. First Star recruits 'scholars' at the beginning of their GCSE year (age 14/15) to join the four year programme of academic support and life skills at a local university up to the age of 18. Scholars attend monthly sessions at a university campus and a summer residential programme.

Last year 50% of First Star graduates were accepted onto a university course, compared with a national figure of 6% for eighteen year olds leaving care. Additionally, 32% of First Star Scholars passed GCSE English and Maths grade 5/C compared to 7% of looked after children nationally (2020).

Offering excellent support with digital technology, First Star accepts scholars on an individual needs basis and there are no costs to scholars or carers. Carers are also supported to facilitate their young people's progress, exchanging ideas, concerns and receiving advice and help as scholars progress through GCSE and post 16 education. The First Star programme encourages ambition and empowers young people from care backgrounds to believe they belong in higher education.

**Recommendation:** *As part of our recommendations about Ofsted inspection (Chapter Eight), Virtual School Heads should be held accountable for the education attainment of children in care and care leavers up to age 25 through Ofsted's ILACS framework. Pupil Premium funding should be focused on evidence led tutoring and mentoring programmes.*

### Independent and state boarding schools

England's state boarding and independent school sector offers some of the highest quality education and pastoral support. However, in 2013 fewer than 1% of looked after children were in secondary independent schools (Sebba et al., 2015), whereas 6.4% of all children had access to these opportunities (Department for Education, 2021f). If private education exists then it should be equally accessed by those who face the greatest educational obstacles.

Virtual School Heads should be better equipped to identify children who are likely to thrive in these settings, and work with local authorities to consider how they can better leverage the opportunities that state and independent boarding schools offer. As well as full time care, both state



and independent boarding and day schools can also offer models of shared care, where children continue to live part time with their family whilst accessing excellent education and residing in the school for part of the week or school year. Smaller class sizes, longer school days, a wider range of opportunities and tailored support can be a good opportunity for more children in care.

The Department for Education (DfE) has funded a programme to explore whether more central coordination could support better identification, matching and placing of children into independent boarding and day schools, and the results thus far have been positive; demonstrating an appetite from the independent sector as well as widening the pool of children in care who can access these opportunities. The option of boarding or independent day schools will not be right for all children, but for those children and families who could benefit it is important that social workers and Virtual School Heads push to get access to this when it is the right opportunity for a child.

More could be done to increase the supply of boarding school places for looked after children in the state sector. The DfE should consider investing some of the free schools capital budget into a new wave of state boarding capacity, led by the highest performing state schools that have a track record of providing excellent pastoral care. These new school places should then be focused on providing shared care and care options.

## The Royal School Wolverhampton

### *State boarding school as an option for children in care*

The Royal School, Wolverhampton is a state funded day and boarding school. The school was founded as an orphanage in 1850, and its free school status enables the school to continue this vision to support vulnerable young people from the surrounding local authorities, such as Wolverhampton, Sandwell and Dudley.

Working alongside trusts such as Royal Springboard and Buttle, the Royal School offers places to a number of children from within the care system where they benefit from secure, stable accommodation and a positive learning environment. This offers young people a chance to gain confidence to be themselves, develop new skills and foster friendships. All students are supported with excellent pastoral care, language support where needed, and access to a range of enriching extra-curricular activities. The school remains open for boarders in half term holidays, but closes during Christmas, Easter and summer vacations when the local authorities place the young people with foster families locally. The school retains contact with these foster families during holiday periods to further support the young people.

Since 2015, the school has developed an association with Wolverhampton local authority to welcome unaccompanied asylum seeking children from Kent through the National Transfer Scheme, including young people from Eritrea, Ethiopia, Sudan, Egypt, Afghanistan, Syria, Vietnam and Kurdistan. In the school, most of the young people's needs can be met in one place, including support from mental health services, refugee legal information and social care workers. The majority of the school's pupils from within the care system have gone onto work, apprenticeships, college places and university courses. Many keep in touch with the key staff in the school who continue to support them even after they have moved into supported living settings.

**Recommendation:** Virtual School Heads should work to identify more children in care who might benefit from a place at a state or independent day or boarding school, and the Department for Education should create a new wave of state boarding capacity led by the best existing schools.

### A new kitemark scheme for higher education

“I was too embarrassed to tell my friends at university that I’d grown up in care. I felt jealous of international students that had clubs and activities arranged for them in the holidays. I used to spend the holidays sofa surfing with friends I’d known before going to university, or alone, because the university didn’t provide accommodation for the summer break and assumed everyone had family they could go back to”  
- Care experienced adult

Government has already made clear that universities should provide additional support to care experienced students. For the most selective and largest higher education providers, government guidance states that:

“We particularly encourage the most selective providers to use contextual admissions in the case of applications from care leavers, so that their often disrupted education and personal challenges can be taken into account. We would expect the support offer from HE providers to be proportionate to the size of the provider and their resources. In addition to the points listed above, we would ask that the most selective providers and those who have the greatest income from higher fees to go the furthest in terms of their support” (Department for Education, 2019a).

Local authorities provide bursaries of varying value to care leavers and many universities provide bespoke packages of support for care experienced students.

## University of York

### *Excellent support for care experienced students*

The University of York provides a comprehensive package of support to care experienced students through their whole student journey. Their personalised and far-reaching approach supports individuals with experience of care to achieve their full potential.

To recruit care experienced applicants, the Access and Outreach team provides pre-application support, delivers outreach programmes and builds close relationships with local authorities nationwide. The contextual admissions policy - a holistic approach to assessing candidates applications - provides additional consideration for care experienced applicants, reduced offers, bespoke advice, pre-entry bursaries and a VIP visit package (including free travel for the applicant and guest, overnight stay in York, lunch on campus, a goodie bag and follow up phone-call).



Financial assistance includes a Care Leavers' Bursary, worth up to £3,000 a year, particular consideration for various scholarships, and free York Sport membership. Students are encouraged to feel stable in their new home and given the type of practical help that they need including free year round accommodation for care leavers (capped at £130 per week), a rent guarantee scheme, flexible lets, and storage of belongings where needed.

Transitional support is designed to make the move to university feel less daunting; the university offers regular communications and support from a dedicated contact, kitchen and bedding packs, suitcases, a contribution towards travel costs, student buddies, an enhanced induction programme, free Freshers pass and college merchandise. Students feel cared for with birthday vouchers, Christmas stockings and other celebration events. Peer support groups and social events connect care experienced students who may share common issues/challenges, and increases their sense of belonging.

However, too few universities provide a bespoke package of support for care leavers, and the review has seen no evidence to indicate that better funded universities tend to provide a better offer.

The Buttle Trust, and more recently the National Network for the Education of Care Leavers (NNECL), have developed a kitemark system to indicate the level of commitment each university demonstrates towards supporting care leavers. This should be built on by the government, working in partnership with NNECL, to develop it into a new kitemark system for all universities, indicating the quality of support offered to care leavers. This enhanced kitemark should be overseen and quality assured by the government's National Advisor for Care Leavers, who should in turn, report annually to the Minister for Higher and Further Education to update on progress and indicate which universities are offering substandard or no support.

The review supports the findings of a 2019 report by the Leverhulme Trust and Sheffield University "Pathways to University from Care" which made fifteen specific recommendations to better support care experienced people into higher education (Ellis & Johnston, 2019). These recommendations included:

- a named care leaver contact or champion at each university
- facilitating early registration for care leavers, so that they can ensure essential support is available from the point of arriving at university
- 365-day affordable accommodation
- training for all staff to recognise the additional needs care experienced students might have
- fast track mental health support
- running pre-entry summer schools for children in care and care leavers
- bursary schemes for care leavers

Government should use these recommendations as a guide to developing standards for the new kitemark scheme. Once established, the government should look to integrate the kitemark into the regulatory framework for higher education (Securing Student Success) (Office for Students, 2018), and performance against this kitemark should form a core part of the new corporate parenting responsibilities placed on universities.

**Recommendation:** *Introduce a new kitemark scheme for higher education to drive improvements in admissions, access and support for those with care experience.*

### **Mission 3: Create at least 3,500 new well paid jobs and apprenticeships for care leavers each year, by 2026**

Young people leaving care often face challenges getting well paid rewarding work. The DfE's latest figures show that:

- of those previously looked after, 77% were recorded as claiming out of work benefits as their main activity in any of the first eight years post-secondary school, and 36% remained on benefits for at least four consecutive years, compared to 21% and 6% of all individuals respectively (Ahmed, Bush, et al., 2022)
- for those in employment, there is an average earnings gap of £4,000 per year eight years after completing GCSEs, and this increases to around £6,000 after 11 years when comparing all individuals in the labour market, and those who were previously looked after (Department for Education, 2021l)
- government data from 2021 indicates that 41% of 19-21 year old care leavers were NEET, compared to 12% of all other young people in the same age group (Department for Education, 2021b)

Given the size of the cohort of young people leaving care each year is relatively small, with 13,360 young people aged 16 and above leaving care in 2020/21 (Department for Education, 2021b), it should be possible to ensure each of these young people has the opportunity of well paid purposeful employment or education. The Civil Service runs a successful care leaver internship programme, which has recruited around 700 care leavers into the Civil Service since it was introduced. If a wider range of public and private sector organisations were to develop their own schemes we could reach a significant number of care leavers each year. Delivering 3,500 jobs for care leavers each year<sup>88</sup> would require:

- each local authority in England to set aside just 20-30 jobs each year for young people leaving care in their area
- the NHS to make 0.3% of its workforce care leavers<sup>89</sup>

88 By setting this target the review has assumed 3,500 jobs will equate to full employment for all care leavers not in education, internship, traineeship, or choose not to be employed.

89 This is based on the NHS workforce statistics which report a headcount of 1,179,008. Retrieved [here](#)



## The John Lewis Partnership

### *Focusing on care experienced people at work*

The John Lewis Partnership has publicly stated their intent to help care experienced people gain skills and experience to set them up in their careers. They are engaging with a number of local authorities and organisations on pilots to support job opportunities, as well as providing additional support, including mentoring and guidance on interview techniques. Ongoing support is also available once a young person has secured a position through the Partnership's health and wellbeing services.

The pilots are a learning opportunity, helping the John Lewis Partnership to understand the challenges care experienced people face and how they can support them to thrive in employment.

As employers, the John Lewis Partnership recognises that it's not enough simply to offer job opportunities. They feel there is much more to be done on safe housing and financial and emotional support for people who have already gone through so much at such a young age.

### A refreshed and improved Care Leaver Covenant

The national Care Leaver Covenant was launched in 2018. It allows public, private and voluntary sector employers to pledge support to care experienced people, and all government departments have made specific pledges. The Covenant acts as a useful focal point; however, there remains scope to give it more teeth and raise greater public awareness. For example, unlike the Care Leaver Covenant, the Armed Forces Covenant was established in law, has a large number of high profile public and private sector employers pledging support, and offers funding for projects that support the aims of the Covenant.

Following publication of this report, the Covenant should be refreshed and focused around delivering the missions. Specifically in relation to employment, it should act as a focal point for employers to pledge their commitment to offering job opportunities to care experienced people, and offer an accreditation scheme with high status that awards employers a Bronze, Silver or Gold rating in return. Top employers will be running specific employment programmes, offering bespoke support, and have plans for those with a care experience to progress into senior roles. The introduction of corporate parenting responsibilities across a wider set of public bodies and organisations, and introducing a protected characteristic for care experience, will further support this action.

**Recommendation:** *The Care Leaver Covenant should be refreshed to align with the five missions set out in this report and co-produced with care experienced people. Employers should be able to apply for a new government led accreditation scheme which recognises their commitment to supporting care leavers into well paid jobs.*

## Creating more apprenticeship opportunities for care leavers

Apprenticeship opportunities have grown significantly over the past two decades and since the introduction of the Apprenticeship Levy are set to increase in the future. However, care experienced young people are not taking up apprenticeships at the same rate as their peers. Apprenticeships are a recruitment method that employers are keen to expand too, and so it is troubling that more young people leaving care are not connected to apprenticeship opportunities, particularly in high skilled occupations. The solution must be a package which unblocks barriers care experienced people face, and encourages employers to invest in those with a care experience.

Government provides a one off £1,000 incentive payment to employers who recruit an apprentice care leaver, and a further £1,000 bursary to care leavers aged 16-24 completing an approved apprenticeship programme for more than 60 days. The payment to care leavers is currently a one off single lump sum payment, and reflects that care experienced apprentices may lack familial financial support compared to their peers and face difficulty meeting the costs of travel, purchasing tools, or clothing necessary to do the job. Some apprenticeship programmes last 12 months and some of the costs care experienced apprentices face are one off, but many programmes last three or four years and new or ongoing costs may arise throughout that time.

Many large employers are unable to recruit sufficient numbers of apprentices each year to enable them to spend their levy pot. A 2021 report by the Chartered Institute of Personnel and Development found that more than £2 billion in employer levy contributions had expired after being unspent for two years, and were returned to HM Treasury (CIPD, 2021). This figure is undoubtedly high due to COVID-19 restrictions causing a marked drop off in apprenticeships, nonetheless even in normal years a significant proportion of the levy is returned to government. Employers should be able to use their unspent levy funding to develop an enhanced offer for care leavers, which builds on the bursary from government and offers tailored and intensive support to get more care leavers into quality apprenticeships. The cost to government would also be offset by the funding it currently spends on supporting large numbers of young care leavers that are not in education, employment or training.

**Recommendation:** *An annual care leaver bursary should be made available to all apprentices up to the age of 25, and employers should be allowed to use unspent apprenticeship levy funds to tailor support for those with care experience.*

## Mission 4: Reduce care leaver homelessness now, before ending it entirely

“When I came out of care there was no housing plan for me, so I went into homeless services. This felt like a step back as no housing offer for care leavers”  
- Care experienced young person.



The average age that young people leave their parental home in England has gradually increased during the last 50 years. In 1997, 50% of 21 year olds had left home (Office for National Statistics, 2019). By 2020, the average age to leave home had increased to 23 years old (Office for National Statistics, 2022c). However, young people leaving care are often faced with the stark realities of adult life at a much earlier age. Whilst there have been a number of positive developments in recent years that have increased entitlements up to age 25, many young people leaving care at 18 are reliant on their local authority to provide them with suitable accommodation. Whilst having a secure, safe and affordable home is an essential foundation to a good childhood (Cross et al., 2021), the transition between leaving care and having your own home is just as critical; yet it is at this moment that the foundation is abruptly removed.

There are big gaps in official statistics on the number of care experienced people who experience homelessness. However, the latest data from the Department for Levelling Up, Housing and Communities (DLUHC) found that 26% of the homeless population had spent time in care (Ministry for Housing, Communities & Local Government, 2020).

“I’m not 18 yet but my sister for example, like the second she turned 18, her carers didn’t want her anymore because they weren’t getting paid for my sister. She got kicked out straightaway which I don’t think should be even fair for foster carers to do that because she has no family. All she has with me, my brother. So like she just ended up like coming to live with me temporarily because she had nowhere to go. She was still in college... Like how is my sister meant to feel loved and wanted in a family? like I can’t imagine how painful that is for someone else that might happen today, but I don’t know what’s gonna happen. I’m not 18.” - Child in care

Whilst the path that leads young people to become homeless is often complex, more must be done to end the prevalence of homelessness for those who have been in care. The absence of national data on the number of care leavers that become homeless has constrained the review in setting a time bound target for this mission. This should be done through a new care experience cohort study which also captures health and mortality outcomes (see mission 5). As soon as reliable data is available, the government should develop a time bound plan to eradicate care leaver homelessness.

## Better choices of homes for young people leaving care

Programmes like Staying Put<sup>90</sup> and Staying Close<sup>91</sup> have been some of the most positive developments in the care system in recent years.

Early evaluations of the Staying Put Programme, found that young people were twice as likely to be in full time education at age 19 than care leavers who were not in Staying Put (Munro et al., 2012). However, funding for these arrangements ends at age 21, which can be before young people feel ready to live independently and is two years before the average age young people leave home at a population level. Whilst it is important that foster carers are willing and able to provide a Staying Put arrangement for the young people in their care, this should be assumed by default, with foster carers given the option to ‘opt-out’ if they are unable or unwilling to provide it.

90 Staying Put was launched in 2014 and is a nationally available programme which gives young people a legal right to request that they remain living with their foster carer beyond age 18.

91 Staying Close is a pilot programme which is currently available in a small number of local authority areas. It offers an opportunity for young people leaving children’s residential care to remain in that home, or one within its network, beyond age 18.

“Young people need to know about Staying Put, I wasn’t aware that this was an option. My foster carers were encouraged not to do Staying Put because it would cost more to the local authority. Young people should be made aware of Staying Put because that can be beneficial especially to keep that support when you go to university.” - Care experienced young person

Whilst less well established, Staying Close has also received positive evaluations, such as the evaluation of the St Christopher’s Staying Close pilot which found improvements in relationships, education, employment and training outcomes; as well as better independent living skills and wellbeing (Heyes et al., 2020). Despite the relatively small cohort of young people currently living in Staying Close arrangements, the early outcomes should give enough confidence to local authorities and policy makers to expand its use nationally, and so that young people can access it for longer.

“If things go wrong young people need to be able to get support even when they have moved on – Often moving on brings new challenges and can be hard to adapt with no or little family network support.” - Care experienced young person

Similarly, supported lodgings (accommodation for young people who live in the home of a host family, but with greater independence than in foster care) have been beneficial for some young people leaving care, who find the balance of support and living in a home environment with a degree of greater independence beneficial. Evaluations of supported lodgings have been similarly positive, with a 2008 evaluation finding 82% of care experienced young people living in supported lodgings participated in education or training, compared with 62% of young people across all settings (Holmes, 2008). A 2021 report by Home for Good found that supported lodgings can also assist young people in developing important skills for adulthood at their own pace, but most importantly when young people were successfully matched with hosts it results in stability, improving long term outcomes (Home for Good, 2021).

**Recommendation:** There should be a range of housing options open to young people transitioning out of care or who need to return, such as Staying Put, Staying Close and supported lodgings. Staying Put and Staying Close should be a legal entitlement and extended to age 23 with an ‘opt-out’ rather than ‘opt-in’ expectation.





## Tom

### How supported lodgings helped a young person grow in confidence

Tom, 20, was originally living in a Staying Put placement which sadly came to an unplanned end and so he needed another home to live in. Tom initially felt unsure and nervous about supported lodgings, but as he didn't want to live alone, he agreed to meet a charity project worker and a supported lodgings host, to understand more.

This meeting enabled Tom to feel positive about the prospect of moving into a supported lodgings placement and he particularly liked the idea of having more independence. As both Tom and the host felt that the placement could work, he moved in soon after.

Tom soon began expressing how much he felt at home and part of the family in his supported lodgings placement. He had previously struggled with mental health issues, attachment and had a history of self-harm, with very negative thoughts about his future. After moving into supported lodgings, Tom saw a significant improvement in his mental health and had no further incidents of self-harm. He developed very positive relationships with both his male and female host and the wider family, and stated that having a positive male role model made a real difference.

Once settled and comfortable in placement, Tom's hosts actively encouraged and supported him to look at education opportunities so that he could continue preparing for his future. After one year in placement, Tom was accepted at a Russell Group university and has now started a degree course in nursing. Whilst at university, Tom has continued to make great progress, both on his coursework and in his work placement and is focused on his aspirations to enter the nursing profession.

Overall, Tom has grown in confidence, saying that he feels both emotionally and mentally much better. This has enabled him to become a member of the University Care Leavers Forum, helping to shape the future for other care experienced young people and care leavers. He has also been invited to join a joint council and university initiative to create more opportunities for local young people in care.

Throughout all of this, Tom has been supported by his hosts who have encouraged and helped him as needed. The whole family, the hosts and their children, have visited him at university and take real pride in sharing his achievements. They have decided together that Tom is part of their family and have made a commitment to him that his bedroom will be kept available for him whenever he feels a need to "return home".

## A safety net against homelessness

A range of studies have found a correlation between the experiences of those growing up in care and becoming homeless as an adult (Fowler et al., 2017; Sanders et al., 2021; Schwan et al., 2018). The consequences of homelessness are well known; average life expectancy for people experiencing homelessness is just 46 for men and 42 for women (Office for National Statistics, 2021a). Homelessness also costs society, with a 2015 report putting the cost of services used by a group of 30 homeless people at £1.2 million over a two year period (Pleace, 2015).

Young people are often placed into care outside their home local authority area, often due to failings in the way the 'care market' functions (see Chapter Five). Through recommendations made elsewhere in this report this will be much reduced in future; however, there will continue to be a small but significant number of young people leaving care who have few local connections to either the area they are currently living in or the area they are expected to return to. This leaves them ineligible for support with housing. Most local authorities apply a two year local area connection test when determining whether social housing can be provided. Some young people that enter care at age 16 or later, or who are moved to a different home at the age of 16-17, will fail to meet the local authority's requirement for a two year local connection.

In these cases the local authority (either for the area the young person has been moved to or the area they previously grew up in) should remove the local connection test in a similar way that former members of the armed forces are often exempted following a period of military service.

## Homelessness intentionality

The Housing Act (1996) states that those who have deliberately done or failed to do something that causes the loss of accommodation may no longer be owed a homelessness duty by the local authority. This legislation is in place to avoid tenants and homeowners voluntarily leaving accommodation or being evicted due to anti-social or threatening behaviour and then being given priority for social housing. However, care experienced people often find themselves forced into poor quality or unstable accommodation with little support after leaving care at a young age. Young people in this situation should feel able to push for better accommodation without fear of falling foul of homelessness intentionality rules.

Removing homelessness intentionality rules for young people leaving care is ethically right as the local authority has a role as a corporate parent,<sup>92</sup> and practically right given that the local authority would otherwise still be obliged to provide, often more costly, services as a consequence. DLUHC already issues guidance which makes clear that local authorities should make attempts to avoid the impact of intentional homelessness for young care leavers (Department for Levelling Up, Housing and Communities, 2022). Local authorities such as Salford and Oldham have already removed intentional homelessness criteria for care leavers under 25 entirely (Salford City Council, 2020; Carr, 2019).

## Private rented homes

When accessing the private rented accommodation sector, people are often asked to provide a guarantor to underpin any financial risk faced by the landlord in circumstances where the

---

<sup>92</sup> Although all are statutory corporate parents, some county and district councils do not have the same responsibility for housing and other services.



tenant fails to pay rent or causes damage to the property. Many care leavers do not have access to funds to pay a first month's rent and security deposit at the point of signing the tenancy agreement. A 2018 Centrepoin report found that 13% of care leavers had been unable to access private rented accommodation because the landlord was unwilling to accommodate them, primarily because competition enables landlords to pick and choose tenants, often favouring young professionals or students in cities and holiday makers in rural or seaside areas (Gill & Daw, 2017). Young people in general face this discrimination, but the added stigma of care experience and absence of parents to act as a guarantor magnifies this problem for care experienced young people.

“**Young people leaving the system and moving forward, find not a lot of places that accept young people. They need the first 2 or 3 months rent up front, or a guarantor. People in care don't have that, we're just chucked out to fend for your yourself. Services don't work together. It all starts from moving pillar to post as a child.**”  
- Care experienced young adult

Some local authorities, such as Kent County Council, already act as a guarantor providing a deposit to private landlords and have experienced a 0% default rate on guaranteed tenancies since launching the scheme in 2018 (Kent County Council, 2018). All local authorities should have a similar scheme in place and private landlords should forgo the requirement for a rental deposit if the tenancy is underpinned by the local authority.<sup>93</sup>

## The leaving care grant

The DfE issues guidance to local authorities setting out best practice on developing a local offer for care leavers (Department for Education, 2018). As part of this guidance, the Department suggests that a leaving care grant of £2,000, used to set up a first home, is made available to all care leavers in all parts of the country. Whilst the significant majority of local authorities deliver this, and some give more than £2,000, the value of the grant has not been updated in guidance since 2013 and has failed to keep pace with inflation or match the average cost of furnishing a first home. Examples of setting up home checklists being used by local authorities today have been submitted to the review, which specify that goods such as toasters and kettles should be purchased second hand, and prescribe a limit that can be spent on each item. In one particular example the total value of the items on the list came to less than £2,000, despite a grant of that value being notionally available. This undermines the dignity and autonomy of young people and is a reflection of the very worst aspects of providing a relationship as a service.

The value of the leaving care grant paid to care leavers by local authorities should be increased in line with inflation annually (if the recommendation was accepted today, the grant would rise to at least £2,438), reflecting inflation and the cost of living increase since it was set by the DfE in 2013, and paid in addition to any savings that have been put aside for a child whilst they were in care. The value of the leaving care grant should be reviewed annually by the DfE and local authorities should ensure the grant is offered to young care leavers in a less prescriptive and more trusting way.

93 The work done by Mary-Anne Hodd (and others) in raising awareness on this topic has significantly assisted the review in reaching this conclusion; <https://www.maryannehodd.co.uk/the-guarantor-scheme>

**Recommendation:** Introduce a stronger safety net against care leaver homelessness by removing the local area connection test, ending intentionally homelessness practice, providing a rent guarantor scheme and increasing the leaving care grant to £2,438 for care experienced people.

## Mission 5: To increase the life expectancy of care experienced people, by narrowing health inequalities with the wider population

“[We] need mental health support later when you have time to process. You can’t reflect on your upbringing while you are still being brought up.”  
- Care experienced young person

There is a clear link between the quality of the relationships a person has, secure and good quality housing (Mendes & Rogers, 2020), employment (Furey & Harris-Evans, 2021), and their mental and physical health (Holt-Lunstad et al., 2010; Wijedasa et al., 2022). However, there is limited data to indicate how these factors combine to affect the life expectancy of adults that had spent time in care as children. This information does not appear in any official government statistics, which impacts policy making and affects the ability to set a specific or time bound target for this mission. While we may lack official statistics on the life expectancy of care experienced people, we can reflect on some very sobering statistics:

- adults who spent time in care between 1971-2001 were 70% more likely to die prematurely than those who did not, and also more likely to experience an unnatural death (unnatural death is defined as self-harm, accidents, and mental and behavioural causes) (Murray et al., 2020)
- care leavers 18-21 make up 1% of the population, but account for around 7% of the deaths at this age (Greenwood, 2017)
- care leavers who were in residential care have the highest prevalence of limiting long term illnesses (around 32% on average), followed by adults who lived in foster care (around 16% on average) and adults who lived in kinship care (12% on average). This is significantly higher than the average prevalence of limiting long term illnesses amongst individuals who have not been in care (7%) (Sacker et al., 2021b)
- white girls in care have been shown to be at higher risk of mental ill health (Wijedasa et al., 2022)
- recent studies estimate that one in eight children and young people in England are likely to be impacted by mental ill health, with a much higher prevalence of mental ill health in the population of children in care (Wijedasa et al., 2022)
- personal advisors have raised concerns about the mental health of 46% of the care leavers they supported, but 65% of these care leavers were not receiving any help from statutory mental health services (Barnardo’s, 2017)



A reasonable hypothesis is that these stark and unacceptable outcomes are due to a combination of trauma or complex trauma experienced in childhood, a failure to consistently surround those with care experience with people who love them, and sub standard support and provision when they reach 18 years of age.

The issue of complex trauma has been raised through the review's calls for evidence, advice and feedback, but is often poorly defined and is in danger of being undermined through misuse. The Early Intervention Foundation came to the same conclusion, and has called for a definition of trauma informed care (Early Intervention Foundation, 2022a). This is important because, whilst many practitioners and programmes make a claim to offer 'trauma informed' practice or care, the testimony shared by young people and care experienced adults highlights that this does not match their experience. We agree with the Early Intervention Foundation that we need to start from a commonly agreed definition.

## A definition of complex trauma

The UK Trauma Council, composed of some of the leading experts in the field of childhood and developmental trauma, has supported the review by developing a definition and set of principles for how to work with complex trauma in children's social care which offers an excellent starting point:<sup>94</sup>

“**The UK Trauma Council defines complex trauma as traumatic experiences involving multiple events with interpersonal threats during childhood or adolescence. Such events may include abuse, neglect, interpersonal violence, community violence, racism, discrimination, and war. Complex trauma is associated with significantly increased risk of poorer mental health and social outcomes - even more so compared with non-complex forms of trauma. However, not all children and young people who experience complex trauma go on to develop mental health (or indeed social) problems - protective influences play an important role in determining outcome. Mental health disorders commonly associated with complex trauma include anxiety, depression, conduct problems, post-traumatic stress disorder (PTSD) as well as complex PTSD**” (UK Trauma Council, 2022)

Mental health has been one of the top issues young people in and leaving care have brought to our attention throughout the last 14 months (The independent review of children's social care, 2021c).

“**Whenever a child is at risk of going into care, emergency care, they should automatically see mental health advisers and workers. And that shouldn't stop when you leave care. The trauma of that is like grief. In post-18 there should be a special service for mental health support, where specialists are trained in trauma, and that is open for entrants to care. I have complex PTSD and the best treatment for that is EMDR [Eye Movement Desensitisation and Reprocessing], and that service is not easily accessible. If it was integrated in that mental health services, it would help decrease rates in homelessness and prison, and integrate in the community.**” - Care Leaver

94 <https://uktraumacouncil.link/documents/UKTC-ComplexTrauma-Principles.pdf>

The Children's Commissioner's 'Big Ask' survey, which sought the views of more than 557,077 children, highlighted that 23% of children in care aged 9-17 were unhappy about their mental health, with 31% saying that having a good mental health was one of their key worries for the future (Children's Commissioner, 2021a). A recent report exploring the rate of likely suicides among all children and young people between April 2019 and March 2020 found that the top three factors that were present amongst many suicides were household functioning (69%), loss of key relationships (62%), and the mental health needs of young people (55%) (NCMD, 2021).

The review has also heard from young unaccompanied asylum seeking children (UASC) that the stress and uncertainty of navigating the immigration system also had a significant impact on their mental health.

**“When young people arrive traumatised, the waiting to know whether you will receive status or not adds to the trauma and so mental health support is even more necessary.” - UASC care leaver**

The evidence clearly points to a need for action. The damaging cycle where a young person is left fighting for a Child and Adolescent Mental Health Service (CAMHS) referral, waiting extended periods for treatment and where services that are available are not tailored to the needs of young people.

In 2020/21, 497,502 children in England were referred to children's mental health services; 4% of all children in England (Children's Commissioner, 2022). There are also a large number of children with needs which do not meet a CAMHS threshold. Improving the CAMHS offer for young people in care is important, but in achieving this mission we need also to take a much more rounded approach to addressing mental health. These actions should take advantage of changes that are also taking place in the NHS with Integrated Care Systems, and allow the NHS to carve out specialist provision for children in care.

## Better supporting young people with mental and physical health

The bedrock to better mental and physical health is relationships. We have described the importance that loving relationships have on the experience and outcomes of a child, but this does not become any less important when a child reaches adulthood.

There are too many young people leaving care with diagnosed mental health conditions, but an even larger population of young people in care who have mental health needs but do not meet the threshold for CAMHS or adult mental health services. Whilst these needs may not meet clinical thresholds, they often have a very significant impact on their quality of life, can lead to multiple moves whilst in care, and poor education and employment outcomes when leaving care. The NHS Long Term Plan made a commitment that funding for children and young people's mental health services will grow faster than overall NHS funding (NHS, 2019a). However, there is significant regional variation between Clinical Commissioning Groups. In 2019/20 the average spend on children's mental health services was £66 per child in England, but at a local level this ranges from £25 per child (Halton CCG) and £202 per child (Islington CCG) (Children's Commissioner, 2021b). Whilst the commitment to increase investment is welcome, this alone is not the answer for children in care and care leavers.



Alongside this investment in services, we should be upskilling a much larger number of professionals in basic mental health techniques, for example:

- the Early Career Framework for social workers should include content on working with children and families that have experienced complex trauma
- as part of a broader package of investment in supporting foster carers (recommendation in Chapter Five), foster carer training should include more bespoke training on mental health, behaviour and conduct disorders
- Mental Health Support Teams should be rolled out faster and Senior Mental Health Lead training provided to all schools and colleges in England
- more professionals, including all personal advisors, advocates and Independent Visitors, should undertake mental health first aid training

**Recommendation:** *The identification and response to poor mental health issues should be a core part of training programmes for any professionals working with children and young people that have involvement with children's services.*

The transition between care and leaving care often places additional stresses and burdens on young people which can affect their mental health. Yet, few leaving care teams have dedicated professionals that are able to provide help to young people at the point they need it.

Better multidisciplinary working is essential in this area, and every local authority should ensure that its teams supporting children in care, and leaving care teams, have expertise in physical and mental health, alongside other key areas for transitions, including housing, youth offending, employment and immigration. This should mirror the extent of multidisciplinary working, that goes beyond relying just on social workers, that the review is recommending for Family Help.

Whilst most leaving care teams work to support care leavers up to the age of 25, mental health support should be provided by these teams to anyone who is care experienced when they are accessing their care history, given that this can be a particularly difficult time. This should form a core part of the lifelong commitment that local authorities make to their community of care experienced adults. There has been a long-standing campaign to improve access to care records and now is the time to make faster progress.<sup>95</sup>

Achieving better mental health outcomes for care leavers will form part of the National Children's Social Care Framework, and best practice should build upon existing work done by organisations such as Pure Insight, which provide a psychological wellbeing service and counselling service to young people and care leavers.

---

<sup>95</sup> For more information on this campaign see the Access to Care Records Campaign website - <https://www.accesstocarerecords.org.uk/about-us/>

## Middlesbrough Council

### *Approach to mental health and leaving care*

Since January 2015, a therapeutic practitioner has been working in the Pathways Leaving Care Service in Middlesbrough. This role was designed to support care leavers with their mental health, as it was recognised that young people were getting lost in the process of transitioning to adult's mental health services or losing a service completely.

Young people also reported having unresolved emotional issues and required therapeutic interventions as they emerged into adulthood. The Therapeutic Practitioner post is funded by Middlesbrough Council Children's Services, however remains a Tees, Esk and Wear Valley NHS Trust employee. The purpose of the practitioner is to help link CAMHS and adult's services, increase the emotional wellbeing and mental health support for children in care and care leavers, and provide evidence based therapy specific to this client group relating to developmental trauma, post-traumatic stress disorder and complex post-traumatic stress disorder.

The benefits of having a therapeutic practitioner based within the Pathways Leaving Care Team is that there is no cliff edge for young people when they turn 18, because the therapeutic practitioner works with young people up to the age of 25. The Therapeutic Practitioner liaises closely with multi-agency professionals around the child / young person, completes assessments, case consultations, direct work with young people and groups, and signposts and supports towards more specialist services such as Perinatal and Early Intervention Psychosis Teams and Affective Disorders Teams.

**Recommendation:** *All local authorities must improve care leaver mental and physical health support, and the National Children's Social Care Framework should promote the most effective multidisciplinary models of doing this.*

Public sector organisations should do everything possible to support children in care and care leavers' health outcomes, particularly where the levers to help are within their direct control. The NHS Long Term Plan makes specific provision for care leavers with a commitment to support children in care with a smoother transition into adult health services.<sup>96</sup> However, there is a lack of detail on how this will be achieved at a local level, where targets and plans do not include multi-agency partners, or provide transparent progress reporting on how the NHS is achieving these commitments. In Chapter Eight we recommend strengthening and clarifying the role of the Director of Children's Services for children in need of help and protection (which includes children in care) and giving them the levers to do this effectively through ensuring they are properly consulted on relevant plans that impact this. As part of this, Integrated Care Board (ICB) plans for this group should be developed quickly, and the relevant DCS should be consulted as a priority group on this part of the plan and sign off the

96 For information, see: [https://www.longtermplan.nhs.uk/online-version/appendix/care-leavers/NHS\\_Long\\_Term\\_Plan\\_»\\_Care\\_leavers](https://www.longtermplan.nhs.uk/online-version/appendix/care-leavers/NHS_Long_Term_Plan_»_Care_leavers)



specific section on care leavers' mental health. These plans, combined with extending the corporate parenting responsibilities across a wider set of public bodies and organisations and a new protected characteristic, should focus the NHS on making specific provision available to support the mental and physical health needs of children in care and care leavers. However, if the commitment made in the NHS Long Term plan slips, government should revisit this and accept the cost of providing a wholly bespoke response for these children and adults that can meet their needs sooner.

In delivering on these new responsibilities, an early priority should be to ensure all care leavers have access to basic healthcare. Some local authorities, such as Oldham, already recognise that care leavers often struggle to meet the costs of paying for prescriptions, and offer free prescription certificates to young people in their area. This kind of action is justified everywhere particularly when 26% of care leavers aged 16-34 said they were not supported to register with a GP or dentist (Ofsted, 2022c), and that children in care are almost four times more likely to have a diagnosed mental health condition compared to other young people that have not spent time in care (Bazalgette, 2015). People on low incomes, people with disabilities and those with certain medical conditions are already exempt from paying prescription charges in England. There is a strong case for the Department of Health and Social Care (DHSC) and the NHS to extend the current list of exemptions to include care leavers, as part of its new corporate parenting responsibilities.

**Recommendation:** *Integrated Care Boards should publish their plans for improving the mental and physical health of those in care and leaving care and routinely publish progress. As part of these plans and new corporate parenting responsibilities, the Department of Health and Social Care and the NHS should exempt care leavers from prescription charges up to age 25.*

Finally, better data is needed on the health outcomes of care experienced people. Its absence limits policy making and demonstrates that society places too little value on the health outcomes of care experienced people. At a minimum, all Safeguarding Adult Reviews should be required to specify whether an adult had children's social care involvement and the nature of their care experience, and more should be done at every level through national and local government data collection to allow policy makers to assess the impact of the package of recommendations set out in this report.

In order to help understand the long term health needs and outcomes of the adults with care experience, it will also be important that the NHS routinely collect data and share this with relevant government departments to inform future policy development.

**Recommendation:** *As part of recommendation in Chapter Eight (improving data collection), the Office for National Statistics should collect and report data on the mortality rate of care leavers and care leaver health outcomes. Government should also launch a new cohort study which tracks the health outcomes of care experienced people and helps to gather other missing data on housing, education and employment outcomes.*

## How the missions will be delivered

Achieving these missions will be no small task. The responsibility for delivering these missions is on leaders, public servants and businesses across England who will need to take up the responsibility together and work collaboratively. They will not be achieved unless everyone pulls their weight, and each will need to go further and faster than the measures set out here. All will need to experiment, respond dynamically to the unforeseen barriers, and look broadly to learn from results being achieved elsewhere.

Ofsted inspection frameworks will need to be updated so they reflect the experience of those leaving care, and take account of the work local authorities do to maintain relationships with care experienced people beyond age 25. This will be achieved through re-introducing a specific care leaver judgement on local authorities which, encouragingly, Ofsted is already consulting on, and through placing greater emphasis on the importance of that judgement in determining the local authority's overall Ofsted rating.

Although many of the recommendations provide the most targeted support to those under the age of 25, the needs of older care experienced people must be considered too. By reintroducing an Ofsted care leaver judgement, which pays greater attention to the contact local authorities have with older care leavers, local authorities should continue providing services to care leavers beyond 25 where these are needed. Just as a parent remains a source of support and advice to their adult children, so too should corporate parents remain available to care experienced adults. For example, North Yorkshire Council recently launched its 'Always Here' programme, which allows care leavers of any age to return and seek advice and guidance.

### North Yorkshire County Council

#### *Always Here*

North Yorkshire County Council Care Leaving Service have introduced an offer for care leavers called 'Always Here' – a simple offer to be there for care leavers who want to stay in touch regardless of age. For many years, they had heard from care leavers that they worry about reaching the age where support will end. They recognised that for many young people, relationships and connectivity do not suddenly end at aged 21 or 25, and found that young adults often want to keep their links with those who they have worked with.

The team introduced Always Here to formalise and extend the offer, and confirm to all that relationships matter more than age. Young adults leaving care are always able to approach the council if they wish to for advice, support and guidance. Some link in because they just need a listening ear or support, others get in touch just to share good news about their lives. The team is always happy to have this contact and will provide support and help where they can (for example linking young parents to programmes and resources to support their parenting role).

This offer doesn't require additional resources, it just needs local authorities to maximise the benefits already contained within their collective services, filtered through those who have the closest relationships. The council works relentlessly during care and leading up to living independently to build secure long term family networks, but Always Here means they also recognise the importance of support based around relationships and providing an additional safety net for young people leaving care.

