

# A thirty-year prospective study of children in residential care in the 1970s

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## **Abstract**

In this paper, we examine the 30-year outcomes of a random one percent sample of children residing in care homes in 1971 in a prospective study based on linked census and vital event data (deaths and live births) and we compare these outcomes with children not in care at that time.

## **Keywords**

Residential child care, 1970s

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## **Introduction**

On 31 March 1971, 87,377 children were in the care of local authorities in England and Wales. Just over 40% were boarded out; the remainders were in children's homes, voluntary homes, special boarding schools, hostels, approved schools and remand homes (Department of Health and Social Security and The Welsh Office [DHSS], 1971).

The circumstances in which children came into care in the 12 months previous to March 1971 varied from death of parent or parental absence owing to short or long-term illness, to homelessness, parent sent to prison, unsuitable home conditions or simply that the parents were not able to cope with their children. In other cases, children were placed in care under court orders for unmanageable behaviour or for their protection (DHSS, 1971).

In this paper, we examine the 30-year outcomes of a random one percent sample of children residing in care homes in 1971 in a prospective study based on linked census and vital event data (deaths and live births) and we compare these outcomes with children not in care at that time.

## **Methodology**

The Longitudinal Study (LS) was used as the data source for the analysis. It is a record linkage study that includes census and life event information for one percent of the

population of England and Wales. The original LS sample was drawn from the 1971 Census, using four dates of birth. The same dates were used to select the sample from subsequent censuses and to add events such as births, deaths, cancer registrations, widow(er)hoods and armed forces enlistments to the study from vital events registrations. New LS members with the same four dates of birth enter the study at birth and on immigration to England and Wales. LS members leave through death and emigration; exit events are recorded in the LS and the records of LS members are retained for analysis. LS member re-entry to England and Wales is also recorded.

Around 500,000 LS members are selected at each census. The LS sample is updated between censuses through entry (birth, immigration) and exit (death, embarkation) events. Since the study began, 944,000 LS members have been included.

There have been changes over time in the data that are linked for each member, beyond those arising through classificatory change. For example, questions asked at each census have varied slightly. While key characteristics such as age, sex, legal marital status, occupation and economic activity were collected at all four censuses, items such as long-standing illness and ethnicity only began to be collected in 1991 and 2001, and religion and self-rated health were first collected in 2001. In terms of events, births to fathers in the LS sample were discontinued in 1979 because of data quality shortfalls. Nevertheless, information from the 1971, 1981, 1991 and 2001 Censuses has been linked together, along with information on events such as births, deaths and cancer registrations.

## Results

### *Sample attrition*

Following up or tracing children who have been in care is difficult. In this study 68.3% of children in residential care in 1971 were traced in 2001 compared with 83.3% of those living in private households. This compares favourably with the 30-year follow up study based on the 1970 British birth cohort study where 53% of children with a history of public care were lost to follow-up (Viner and Taylor, 2005).

### *Mortality and Morbidity*

By 2001, the children who were in residential care in 1971 were three times more likely than other children to have died: 4.5% compared with 2.0% of other children. Although not statistically significant, they were three times less likely to have left the country: 0.6% compared with 1.8%. The fourteen children in care in 1971 who had subsequently died comprised five who had died from accidents and violence, five from injury and poisoning and four from other causes.

Table 1: Sample attrition by place of residence

<i>Children aged 0-18</i>	<i>England and Wales</i>	
	Children's home population	Private household population
<b><i>Status at 2001 Census</i></b>	%	%
Present in sample	63.1	79.5
Not present in sample	31.7	16.7
Embarked	0.6	1.8
Died	4.5	2.0
<i>Base</i>	312	148379
<b><i>Cause of death</i></b>		
Accidents & violence	35.7	22.2
Injury & poisoning	35.7	21.0
Other	28.6	56.8
<i>Base</i>	14	2747

Source: ONS Longitudinal Study

The vast majority of children and young people aged 18 or younger in 1971 were alive thirty years later but fared differently in terms of their health status.

Among those in residential care nearly one in three reported having a long-standing illness in the 2001 census compared with just one in ten of the children from the private household population.

### ***Marital status and fecundity***

The marital status profile of the two groups of children is not hugely different yet the children from the residential care homes were more likely to stay single, and if married were more likely to get divorced or widowed. Focusing on the girls aged 10-18 in 1971 (i.e. aged 40 to 59 in 2001) the mean number of children born to mothers from the residential care children was significantly greater than that from the corresponding private household sample (2.82 as compared to 2.23).

### *Education and Employment*

The sample of children in residential care, thirty years on, were more than twice as likely to have no educational qualifications than the other children: 41% compared with 18%. This disparity no doubt contributes to their different experiences in the labour market with 56% of the children in residential care employed at the time of the census in 2001 compared with 81% of the other children. It should be recognised, however, that nearly 18% of the adults who were placed in residential care were not in the labour market seeking work because they were classified as permanently sick and unable to work.

### *Type of accommodation and tenure*

The adults in 2001 who had been in residential care in 1971 were in poorer health, less qualified, had more difficulties with employment and were twice as likely to live in rented accommodation. The figures were 43% compared with 21% of their non-residential care counterparts.

### *Limitations of the study*

The information contained in the LS is limited to what was collected at census or event registration. To date, the censuses have not included information on financial circumstances or behaviours and attitudes that is available from some surveys.

Census information is collected once every ten years and mostly relates to people's circumstances at the time. For example, Census information on occupation usually relates to a person's activity 'last week', that is in the week before the Census.

Although census information is also included for all people enumerated in the same household as an LS member, only information on LS members is linked over time.

## **Discussion**

Despite the problems of tracking children over thirty years, the results from using linked census data quantifies the disadvantage of being placed in residential care compared with other children. The huge disparity in the health status of the two samples of children is undoubtedly related to the fact that many children enter residential care owing to poor health associated with social disadvantage (Williams et al., 2001). A nationally representative study of children in care in England in 2001 found that nearly three-quarters of the children in residential care were clinically rated as having a mental disorder: 60% had a conduct disorder, 18% were assessed as having an emotional disorder, 8% a hyperkinetic disorder, and 13% a less common disorder (Meltzer et al., 2003).

It is also likely that the long-term illness of the children, both mental and physical, has an effect on their educational possibilities. Most other studies examining the scholastic achievements of children placed in care have tended to focus on children placed in foster care rather than residential care. Nevertheless, all these studies highlight the lack of or poor educational qualifications among children who have been in care (Maclean and Gunion, 2003; Heath, Colton and Aldgate, 1994).

Therefore, it is not unexpected that when children in residential care reach adulthood, their poor health and lack of educational qualifications are manifested by worse employment profiles - either in such poor health that they are permanently unable to work or unemployed, or employed in unskilled occupations - compared with other children. The concomitant lack of finances may help to explain the greater proportion of the residential care sample living in social housing. In addition, the children lost to follow up, even via the Census, are a cause for concern and the results presented here may underestimate the difficulties of residential children when reaching adulthood.

These findings fit into the general pattern of results reported by Viner and Taylor (2005) who used longitudinal data to examine outcomes of public care in childhood within multiple domains related to adult social exclusion. In their study, public care in childhood was associated with fair or poor perceived general health, psychological morbidity, poorer social class outcomes, and a greater than twofold risk of current unemployment in men but not women. Men with a history of public care were significantly less likely to achieve high educational outcomes, and women with a history of care were more than three times more likely to be permanently excluded from school.

Studies of socially excluded young adults suggest that children in care are overrepresented among homeless young people and the prison population (Evans, 1996). A retrospective study of prisoners (Singleton et al., 1998) has shown that a sizable proportion of adults in prison were in care of the local authority during their childhood: 33% of male remand and 29% of female remand prisoners. There is a need for longitudinal surveys of children looked after by local authorities to identify what can be done to prevent many of these children ending up socially excluded. Such studies also need to identify when interventions are required and by whom. Cashmere and Paxman (2006) who followed up children leaving care in Australia go even further and argue that to overcome continuing disadvantage, young people leaving care have a right to expect priority of access to government services such as housing, health and income support.

Despite the overwhelming impression of poor health and social disadvantage, some children do pass through residential care and become well-educated, socially well-adjusted, responsible adults. The situation of children in care has changed considerably for the better in nearly 40 years. Hopefully, future longitudinal studies will indicate an improved set of outcomes for such children in the future.

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