

POSTnote 760

By Jennifer Fielder,
Natasha Mutebi

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Improving outcomes and support for children in care

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Summary

The number of children in care has risen sharply over the past decade. The government has initiated a £2 billion investment plan into improving their lives. As of 31 March 2025, 81,770 children were 'looked after' by local authorities in England, meaning they were provided with accommodation for more than 24 hours or subject to care or placement orders.

This POSTnote focuses on improving outcomes for children under local authority care and those with experience of care, including kinship care. Outcomes for these children vary, but research highlights persistent challenges in health, education and involvement with the criminal justice system.

Trends and characteristics

The number of looked after children has risen by nearly 20% over the past decade. Abuse or neglect was the most common reason for entering care (67%). Most looked after children were over 10 years old. Nearly 60% had a special educational need. Around 44% of placements were outside the local authority boundary and 22% were more than 20 miles from home.

Foster care accounted for 67% of placements, with a 9% net increase in kinship fostering between 2021 and 2025. Shortages of foster placements are increasing demand for children's homes and supported accommodation. These are increasingly private rather than council owned, raising concerns about costs and availability.

Outcomes and interventions

Care-experienced children are more likely to experience mental health difficulties, with around half meeting criteria for a diagnosable disorder. There are established evidence-based treatments for these needs, but access is limited by long waiting times, strict eligibility thresholds for care, and biases towards care-experienced children among professionals.

Educational outcomes are also lower. 18% of children in care for more than 12 months achieved a grade 4 or above in English and maths at Key Stage 4, compared to 65% of peers. Stability in placements and schooling is linked to better progress. Virtual School Heads and tutoring may help improve outcomes, though evidence quality varies.

One in three care-experienced children receive a caution or conviction between ages 10 and 17. Government guidance such as the national protocol on reducing unnecessary criminalisation has been shown to reduce

rates but is not statutory. Programmes such as Lifelong Links, which embed trusted adults in care plans, and the Mockingbird Programme for foster carers, have shown positive effects on stability and wellbeing. However, evaluations often lack long-term data and UK-specific evidence.

Acknowledgements

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1 Background

Under the [Children Act 1989](#), a child is 'looked after' by a local authority (LA) if they:

- are provided with accommodation, for a continuous period of more than 24 hours, and/or
- are subject to a care order, and/or
- are subject to a placement order

A care or placement order^a can last until a child's 18th birthday, unless ended earlier.

The term 'care-experienced' includes 'children looked-after' (CLA) or 'looked after children'^b as well as those under informal kinship care arrangements³ and those who have left care.⁴ This POSTnote uses 'children' to refer to individuals aged up to 18.

Care experience is associated with a range of complex negative outcomes including in health, education, and contact with the criminal justice system (see section 3).⁵ Research has shown that appropriate support and interventions^c can improve outcomes for care-experienced children.

This POSTnote focuses on improving outcomes for children under local authority care and considers research with children in care and care-experienced children.^d As education, health and social care, and justice are devolved policy areas, this POSTnote primarily focuses on policy in England.

^a A care order refers to a court order, made under section 31 of the Children Act 1989, that places a child in the care of a local authority. It gives the local authority parental responsibility, which it shares with the child's parents or anyone else who already has parental responsibility.

A placement order refers to a court order authorising a local authority to place a child for adoption with prospective adopters. It is made under Section 21 of the Adoption and Children Act 2002.

^b The acronym 'LAC' has been found to be depersonalising by care-experienced people and the National Society for the Prevention of Cruelty to Children (NSPCC) recommends against its use.^{1,2}

^c Interventions and support mechanisms can be both system-level or programmes for children and those around them such as foster carers, teachers and social workers.

^d The information in this briefing may apply to children adopted from care or on special guardianship orders but is not specifically written for these groups. For more information, see Commons Library (2025) briefing on [Adoption and Special Guardianship Support Fund](#). Special guardianship is a formal court order which places a child or young person with someone permanently and gives this person parental responsibility for the child.

It presents findings from across the UK and draws on international research evidence.

Support for care leavers can also improve outcomes for care-experienced people. See the Commons Library briefing [Support for Care Leavers \(2025\)](#).

1.1 Trends and demographic associations

Official data^e shows, as of 31st March 2025, that 81,770 children were looked after in England; 2% lower than the previous year.⁶ There has been a ~20% rise in the last 10 years.⁷

Foster care

67% of CLA were placed in foster care and 24% of foster placements were with a relative or friend (kinship foster care).⁶ Between 2021 and 2025, there has been a decrease in the overall number of fostering households, especially for local authority mainstream households^f.⁸

Children's homes and other arrangements

12% of CLA were in children's homes, and 9% in independent, semi-independent living arrangements or supported accommodation.⁶ The Department for Education (DfE) reported an increase in children's homes in recent years, particularly in the North West of England.⁹ The regional distribution of children's homes does not align with demand.⁹

As of March 2025, 84% of children's homes and 87% of supported accommodation providers were privately owned.⁹ The Children's Commissioner reported that, as of 1st September 2025, 669 CLA were living in unregistered placements⁹ in England.¹⁰ In 2025, 89% of unregistered 'illegal' placements^h were supplied by private providers, a decrease of 5% since 2024.¹⁰

^e Official data refers to systematically collected and processed information by government bodies (such as DfE and Ofsted), produced under legal and scientific standards to ensure objectivity, accessibility, and reliability. Such data supports transparency, accountability, and informed decision-making. Section 1 of this briefing uses official data.

^f Fostering households managed directly by local councils, as opposed to those managed by independent fostering agencies (IFAs) or kinship care arrangements.

^g The costs of these placements cost an average weekly cost of £10,500. Over the past 12 months, councils have spent an estimated £353 million placing children in these unregistered homes.¹⁰

^h Unregistered placements are when a CLA is living somewhere that is not registered with Ofsted, which is illegal. Once a provider delivers a care element as well as accommodation, they must register as a children's home.

Characteristics of looked after children

DfE data in 2025 identified the following characteristics in CLA:

- Males are slightly over-represented.^{i 6,11}
- 62% are aged 10 and over.⁶ There has been a gradual increase in those aged 16 to 18.⁶
- 71% are of White ethnicity. Mixed ethnicity, Black, and White Irish Traveller/Gypsy/Roma children are over-represented, while children from Asian ethnic groups are under-represented.^{j 6,12} There are variations within these ethnic groups.^{k 13,14}
- Rates per 10,000 children are higher than the national average in the North East, North West, Yorkshire and The Humber, and West Midlands. Rates are lowest in London and the East of England.⁶
- Nearly 60% of CLA have a special educational need (SEN).^l This has increased in recent years.¹⁵
- Unaccompanied asylum-seeking children (UASC) account for 8% of CLA.⁶ This increased slightly by 3 percentage points since 2021.⁶ 94% of UASC are male and 90% are aged 16 to 18 years.⁶

ⁱ 56% of CLA are male compared to 51% in the general population. Some of this is due the majority of unaccompanied asylum-seeking children (UASC) being male, although males are still slightly over-represented for non-UASC CLA (53%).¹¹

^j Black and Asian children are less likely to be adopted and more likely to experience the most restrictive of care orders, including secure accommodation or deprivation of liberty orders.²²⁷

^k Research shows how there are differences in the likelihood of being in care between Indian, Pakistani and Bangladeshi children and between African and Caribbean children, and these differences depend on neighbourhood deprivation. For example, Pakistani and Bangladeshi children are four times more likely than Indian children to be in care in poorer neighbourhoods, and in more affluent neighbourhoods, Bangladeshi children are more likely to be in care than Pakistani, Indian, and White British children.¹³ In addition to this Gypsy, Roma and, Traveller families are less likely to be approved as kinship or foster carers.²²⁸

^l 59.5% of those who have been a CLA for at least 12 months have a SEN compared to 18.1% of the overall pupil population.¹⁵

2 Outcomes, interventions and support mechanisms

Outcomes for care-experienced children vary widely and are shaped by experiences both before entering care and while in the care system.¹⁶⁻¹⁹

Evidence shows that many children benefit from care but others experience poor outcomes.^{20,21,22,23} It is often difficult to disentangle the effects of pre-care adversity from the direct impact of care placements, with robust and longitudinal evidence remaining limited.^{24,25}

This section summarises research on interventions and support mechanisms associated with improved outcomes. Outcomes are interrelated, and interventions may influence multiple areas simultaneously.²⁶ This is not an exhaustive list of outcomes.^m

Stakeholders also emphasise that children's own definitions of good outcomesⁿ may differ from administrative measures, such as feeling safe (see figure 1).^{20,28,29}

^m The outcomes included in the POSTnote have been identified by consulted stakeholders as key domains. It does not cover outcomes related to premature death (by suicide, drug overdoses, alcoholism, car accidents, and assaults), or homelessness.²⁵

ⁿ The Bright Spots programme has been running for over 10 years with over 70 LAs, hearing from over 31,000 children in care and care leavers.²⁷ Their 2025 report draws on 27,000 responses from children in care and care leavers aged four to 25 and across more than 70 local authorities gathered between 2015 to 2024.²⁰

Figure 1. The seven drivers of wellbeing, from the Bright Spots programme



Source: Briheim-Crookall et al. (2025). From Surviving to Thriving: the seven drivers of well-being for children in care and care leavers.

2.1 Stability, safety and trusted relationships

Creating stability, safety and trusted relationships with carers, is essential to improving the lives of care-experienced children.^{7,20,30–33} Moving away from a local area can disrupt contact with friends and relatives and access to services like health services and school.^{34,35} DfE (2025) reported that 31% of CLA had more than one placement during the year.⁶

The [Education Committee \(2025\) reported](#) stakeholder concerns on the severe shortages of appropriate placements and subsequent increases in out-of-area placements.⁷

Shortage of placements present risks for children with complex needs, such as disabled children, who are at greater risk of abuse and staying in-care than non-disabled children.³⁶ Inadequate support and suitable placements for

children with multiple needs has led to an increasing rise of deprivation of liberty orders^o.^{39–41}

DfE report that in 2024, the mean distance^p of a placement from a child's family and friends was 19 miles.⁴² For more information on placements, see Commons Library briefing 2024 [Finding homes for looked after children](#).

Teenagers also enter care due to risks outside the home⁷, with stakeholders raising concerns around exploitation via county lines^q and online risks.^{43,44} Care-experienced young people are at increased risk of early pregnancy and parenting,⁴⁵ with reported lack of adequate support in terms of relationships, sexual health and contraception.^{45,46} See more information on environments of elevated risks in [POSTnote on Violence against women and girls in schools and among children and young people](#). Stakeholders raised concerns about those aged 16 to 17 living in supported, independent or semi-independent accommodation receiving support but not care^r.⁴⁷

Stakeholders also report that high staff turnover^s can exacerbate the instability experienced by care-experienced children.⁷

^o A person's liberty is deprived if they are confined in a particular place for a period of time and they do not or cannot consent to this. The High Court in England and Wales can authorise a child's deprivation of liberty for welfare reasons such as risk of harm to themselves or others.

In 2022/23, 1,249 children were subject to a deprivation of liberty order application,³⁷ more than double from 2020/21.³⁸ The North West of England had the highest rate of deprivation of liberty applications.³⁷ In the last five years, nearly all orders were for children already in care.^{38,39} These children have multiple and complex needs and just under half are placed in unregistered settings.^{39,40}

^p The median distance reported was seven miles. The charity Become (2023) also reported that the maximum distance between a placement and child's home was 568 miles in 2022.³⁵ This was from freedom of information requests of 138 (91%) LAs. Large distances likely explain the differences between the reported mean (average of all datapoints) and median (middle value of datapoints).

The DfE (2025) reports that approximately 44% of placements were outside the local authority boundary, an increase from 42% in 2021, and 22% were placed more than 20 miles from the child's original home.^{6,42}

^q County lines refers to a form of criminal exploitation where urban drug gangs transport and sell illegal drugs in other towns and rural areas across the UK.

^r The Children's Commissioner (2024) report that a disproportionate number of CLA who died were 16 and 17 years and living in independent or semi-independent accommodation.

^s The Education Committee report on [Children's Social Care](#) (2025) highlighted troubles with retention and recruitment of foster carers due to inadequate financial support, lack of support from social workers and fostering services, and a lack of value and respect from other professionals.⁷ Stakeholders also emphasised that disabled people are not routinely recruited as foster carers, despite many being parents themselves and a potentially valuable part of the workforce.⁴⁸ Ofsted (2025) reports that 19% of children's homes did not have a registered manager in post.^{49,50}

Interventions

Keeping children close to home

The charity [Become](#) (2025) identified LAs that were increasing the number of CLA living close to home, through mechanisms including:⁵¹

- Reducing demand for placements by reducing the number of children in their care through earlier family support, kinship care, group decision-making and family reunification (section 2.2).
- Increasing and improving foster care capacity, including the implementation of the Mockingbird Programme^t (box 1).⁵²
- Reducing the use and reliance on children's homes and being more selective when choosing local providers.

Lifelong Links

Lifelong Links aims to ensure a child in care has a positive support network around them, by embedding important people to them in care plans.^{53–55}

A DfE-funded independent evaluation (2020) found Lifelong Links^u was cost-effective,^v improved placement stability and increased the number of sustainable and supportive relationships.⁵⁴ A secondary analysis of administrative data also showed homelessness was reduced by 10% in those leaving care with lifelong links.⁵⁷ 42 LAs in England, Wales and Scotland were implementing the programme in July 2025.⁵⁵

Supporting foster and kinship carers

Supporting foster and kinship carers^w can reduce their stress and improve outcomes for children.^{51,60,61 60–63} Case studies are given in box 1.

However the evidence is limited, few studies look beyond six months, and the evidence base is primarily US-focused, which can limit the applicability to the UK, given differences in parenting culture and in social care systems.⁶⁴

^t Mockingbird originated in the USA and is now delivered in the UK by the Fostering Network charity.

^u Lifelong Links was developed by Family Rights Group which support LAs to implement the approach with children in care. A trained Lifelong Links coordinator works with a child in care to find out who is important to them, who they want to be back in touch with, and who they would like to know. The coordinator then searches for these people and brings the network together at a Lifelong Links family group conference to make a plan with and for the child.⁵⁶

^v Analysis showed that for each £1 invested in the programme there was a saving of £1.02, though increased and improved sustainable and supportive relationships are not directly monetised but are attributed to better longer-term outcomes.⁵⁴

^w Foster and kinship carers can experience secondary trauma, stress and burnout associated with parenting children with complex mental health and behavioural needs, therefore supporting their wellbeing can, in turn, support the children they look after.^{58,59}

^{61,62,65} An upcoming Foundations^x systematic review found over 60 studies of interventions for foster carers.⁶⁶

Box 1 Case studies of foster and kinship carer interventions

1. Mockingbird aims to replicate the support available through an extended family network by creating 6 to 10 'satellite' fostering families.⁵² An independent evaluation by the DfE (2020) showed positive effects on foster retention and wellbeing for carers and children.⁶⁷ The [Education Committee](#) recommended all LAs adopt the programme.
2. KEEP^y is a group-based programme where carers learn practical methods for developing positive relationships with the children in their care, especially for managing difficult behaviour. There is evidence that it is effective⁶⁹⁻⁷¹ but the UK evidence base is limited.^{72, 73}
3. Reflective Fostering Programme is a group-based psychoeducational intervention designed in the UK, focusing on supporting and understanding carers so they can then be more available and responsive to the thoughts and feelings of the children in their care. A small research study showed that carers reported fewer child difficulties and less stress.⁷⁴ A larger study is underway.⁷⁵

Foster carers may face systemic problems such as financial and resource difficulties or challenging relationships with social workers.^{7,76} Interventions focusing on parenting skills rather than care coordination or mental wellbeing, do not address these issues, thus exacerbating tensions.^{64,77}

A Foundations systematic review of 21 studies for interventions for kinship carers found that programmes specifically designed for kinship families improved the lives of kinship caregivers, and the children in their care.^{77z}

^x The UK Government's What Works Centre for Children and Families.

^y KEEP (Keeping Foster and Kinship Carers Trained and Supported) was developed in the USA.⁶⁸ There are three separate KEEP programmes for carers, dependent on the age of the children they care for: KEEP 3-6 (three to six years), KEEP Standard (five to twelve years), KEEP Safe (12 to 17 years).

^z The evidence suggests that three types of programmes were particularly promising: programmes that help kinship caregivers navigate local and national services; parenting programmes for kinship carers; and financial support guardianship for kinship carers.⁷⁷ Some kinship carers require different needs for example grandparents report more health problems and lower income compared to parents.^{78,79}

Research highlights a need for improved understanding and provision for Black and Asian kinship carers who may require culturally sensitive support and services.⁸⁰

2.2 Maintaining healthy family relationships

Family members often play a lifelong role in the lives of care-experienced children. Research highlights the importance of siblings relationships.^{81–83} Support from social workers can help ensure these relationships are as positive as possible, though reports state this is often overlooked.^{30,32}

Data from the 'Bright Spots' programme (2025) has shown that seeing parents and siblings as often as children in care wanted was associated with better wellbeing.²⁰ However, the Children's Commissioner (2023) reported that 37% of children with a sibling are separated when placed in care.

Good quality contact^{aa} between children in care and their birth families can be beneficial,^{85,86} helping them to:

- maintain family relationships
- return home where this is in the interests of their welfare
- manage issues of loss and separation
- make sense of the past
- support the development of identity

However, poor quality contact such as unsafe interactions,^{bb} can contribute to poor outcomes for children.^{84–86}

Children with a disability or behavioural issues, or who are part of a larger sibling group, are often separated from their siblings because of a lack of suitable placements.⁸² Separated siblings who took part in the Mockingbird and the Siblings Together Buddy projects felt they had better relationships with their siblings.^{67,87}

Interventions

Family-led solutions are a priority under the government's [Families First Partnership Programme](#)⁸⁸ (2025) and the previous government's strategy, [Stable Homes, Built on Love](#)⁸⁹ (2023). This included early intervention such

^{aa} The Nuffield Family Justice Observatory defines good quality contact as when the children is physically and psychologically safe, there is collaboration between the family caring for the child and the birth parents, the contact aligns with the child's short and long-term needs and the child's wishes and feelings. The contact should also be rewarding.⁸⁴

^{bb} The Nuffield Family Justice Observatory defines poor quality contact as when a child is unsafe or feels unsafe, is exposed to conflict between adults, the contact is unrewarding or unenjoyable, or if it does not happen reliably.⁸⁴

as family group conferences (FGCs), before children go into a care.^{cc} The [Children's Wellbeing and Schools Bill 2024-26](#), would introduce a mandate to offer of family group decision-making, similar to FGCs.⁹¹

Supporting reunification with birth families

Reunification^{dd} rates declined from 39% in 2011 to 24% in 2025.^{6,92} Children are more likely to re-enter care following reunification⁹³ than other permanent care routes, such as adoption.⁹⁴⁻⁹⁶ The charities NSPCC^{ee} and Action for Children suggest this is often due to lack of support from social care services, with 56% of LAs not having a reunification policy.⁹⁷

Research indicates that it is cost effective to invest in reunification support for families, as it avoids the potential costs from failed reunifications.⁹⁸ LAs offer a range of pre-reunification support,^{ff} yet NSPCC and Action of Children (2024) report that 78% of LAs said they were not providing enough support pre-reunification, due to funding and workforce constraints.⁹⁷

LA data suggests that when social services prepare and support families adequately it helps stabilise reunification.^{93,97,99} Evaluations of reunification programmes are mostly US-based,^{94,100} therefore their application to the UK is unclear.⁹⁴

A Foundations review (2022) found that using targeted specialist services for family needs and carefully preparing for transitions in and out of care, are important for successful reunification.^{94,101}

In the UK, a Foundations evaluation showed that Family Drug and Alcohol Courts (FDACs)⁹⁹ improved reunification rates and reduced substance misuse by parents^{hh,103}

^{cc} Family group conferences (FGCs) are a type of family group decision-making used in children's social care in the UK and internationally, involving meetings led by family members to plan and make decisions for a child who is at risk of harm or abuse. A Foundations (2023) randomised controlled trial found FGCs were cost effective, with children in families referred for an FGC significantly less likely to go into care.⁹⁰

^{dd} Reunification is defined as the return of children to their birth parents following a period of being in care.

^{ee} National Society for the Prevention of Cruelty to Children

^{ff} Pre-reunification support offered, either directly or commissioned externally, included parenting support to increase skills and knowledge, therapeutic support for children and young people with their parents, support for parents to address substance misuse issues, specialist services for domestic abuse, mental health services and financial support.

⁹⁹ Family Drug and Alcohol Courts (FDAC) are an alternative to standard care proceedings involving parental drug or alcohol misuse, using a problem-solving approach to justice to support parents to reduce their misuse issues. See more in [Problem-solving courts POSTnote](#).¹⁰²

^{hh} Children with a primary carer in FDAC care proceedings were more likely to be reunified with their primary carer at the end of the care proceeding in comparison to children with a primary carer in non-FDAC care proceedings (52.0% versus 12.5%). A higher proportion of

Independent advocacy and children's voices are key in the reunification process^{94,104,105} (see 'Advocacy' section).⁹⁴

Supporting birth mothers and parents

Data on family court proceedings from the Children and Family Court Advisory and Support Serviceⁱⁱ show that it is common for more than one child to be removed from the same mother.^{106–109} Almost half of newborns who are subject to care proceedings are born to mothers who previously went through care proceedings with an older child.¹⁰⁶ Many of these women have histories of complex trauma and were in care themselves.^{109–111}

Targeted interventions programmes, such as Pause^{jj}, aim to support mothers who have had children removed from their care.^{112,110,114,116,117} A DfE evaluation of Pause (2020) demonstrated:¹¹⁰

- improvements to the women's wellbeing
- increased housing and financial security^{kk}
- improved relationships with their children and their carers
- reduced rates of infants entering care in LAs
- cost-savings to LAs

Evaluations of similar programmes report similar benefits.^{114,116,117}

2.3

Improving mental health outcomes

Care-experienced children have high rates of mental health needs with approximately half meeting criteria for a diagnosable disorder^{ll}.^{118–122} These difficulties are often more complex than the general population, including

FDAC than comparison parents had stopped misusing drugs or alcohol by the end of the proceedings (33.6% versus 8.1%).

ⁱⁱ Children and Family Court Advisory and Support Service (CAFCASS) advises family courts on what is in the best interests of children involved in legal proceedings in England.

^{jj} Pause aims to support mothers to stabilise lives, develop a sense of self, and access health services over a 18-month programme. Pause reports that 10 practices have closed in the last two years due to lack of funding. As of November 2025 there are 17 practices across 20 LAs,¹¹² down from 24 practices across 30 LAs in January 2024¹¹³ and 33 practices in 2020.¹¹⁴ There are significant gaps in provision across England due to funding and commissioning.¹¹⁵

^{kk} The number of women who were homeless or in unstable accommodation almost halved, and there was a 60% increase in the proportion of women in paid employment.

^{ll} The government also collects strength and difficulties questionnaire (SDQ) scores^{ll} for CLA aged 5 to 16, which show greater mental health problems than the general population.⁶

greater rates of multiple diagnoses and suicidality,^{123–125} which often remain untreated.¹²⁶ This can worsen wellbeing into adulthood.^{22,25,122}

A 2025 [meta-analysis](#) study indicates that placement instability is associated with double the risk of mental health problems, according to a 2025.¹²⁰

Interventions

A 2024 meta-analysis of predominantly US studies found that interventions for care-experienced children can improve mental health and wellbeing in the short-term but effects are unclear beyond six months.^{64,127}

The study primarily recommended improving how multiple agencies collaborate and mentoring, which emphasise positive relationships.⁶⁴ However, while relationships are important for mental health, they are not a substitute for mental healthcare.¹²⁶ Evidence-based treatments recommended in NICE guidelines^{mm} can be effective for children in care.^{128,129} For example, trauma-focused CBT (tf-CBT) is highly effective for young people with post-traumatic stress disorder,^{130,131} though it is not consistently given to care-experienced young people.¹³² Evidence for alternatives, such as creative-based therapies, appears limited.¹³¹

Access to services and flexible approachesⁿⁿ

Care-experienced children often have little contact with mental health services^{oo}.¹¹⁹ This may be due to poor access to services,¹²⁶ long waiting times, geographically distant services, strict thresholds for acceptance into services,¹³⁵ underdiagnosis, and reported biases against care-experienced children.¹³⁶

Care-experienced children may not want to 'let their guard down' to adults they do not trust, due to stigma.^{135,137} They likely require mental health services with a more flexible approach that can build trust. However, such services appear to be rarely commissioned.^{126,135} Poor therapeutic experiences can worsen outcomes and lead to disengagement.¹³⁸

Early adolescence has been identified as a key point for intervention.¹²² Academics have called for early needs-matched and evidence-based mental health support via more specialised services and pathways.^{126,135}

^{mm} National Institute for Health and Care Excellence (NICE) is funded by and accountable to the Department of Health and Social Care. NICE produces guidelines that are evidence-based recommendations of best-practice for health and care professionals in England and Wales. There are NICE guidelines for children looked-after, but stakeholders suggest these are inadequate and often misused, and the NICE guidelines for mental health should be followed by services for making decisions based on the individual mental health needs of the child.

ⁿⁿ Commissioning is the process by which health and care services are planned, purchased and monitored.¹³³

^{oo} Issues surrounding mental ill-health needs are highlighted in detail in the [Commons briefing on mental health and wellbeing for looked-after children](#)¹³⁴ (2016) and the Education Select Committee [report on Children's Social Care](#) (2025).⁷

2.4

Improving educational engagement and attainment

Care-experienced children, on average, have worse measurable educational outcomes compared to their non-care experienced peers, including grades, literacy and numeracy scores, attendance and exclusions.^{15,18,32,139} The DfE reports that 10.7% of CLA with less than 12 months in care achieve grade 4 or above in English and maths at KS4,^{pp} compared to 65% of children not in care.¹⁵ This is higher for those who have been in care for more than 12 months (18.1%).¹⁵ However, research suggests that, in general, the longer a child is in care, the better their educational outcomes.³²

Care-experienced children are more likely to experience disruption to schooling due to high levels of absence, exclusions or school moves.^{139,140} 26% of care leavers were 'persistent absentees'^{qq} in KS3/KS4, compared to 9% in the general population.¹³⁹

Some care-experienced children find school is a 'safe haven',¹⁴² and good relationships with teachers can provide vital support.^{143,144} However, some experience stigma, unsympathetic teaching styles and a 'hostile environment' which limits confidence and full participation.¹⁴³⁻¹⁴⁵ Care-experienced children were twice as likely as peers to report bullying at school and online.^{146,147}

Some children, particularly UASC, struggle to gain access to school places.^{rr} 21% of UASC are not in school compared to 2% of their looked-after peers.¹⁴⁰

Interventions

Stability

Stability is a central theme to improving educational experiences and outcomes.^{32,144} 'Become' reports that 34% of children in care moved home during school years 10 to 13 in the academic year 2023/24.¹⁴⁸ Frequent placement and school changes have a negative impact on outcomes.^{32,140,143,148,149}

Placement stability and a positive school experience were found to be two necessary conditions for care-experienced children aged 7 to 16 to 'catch up', according to the National Pupil Database (NPD)^{ss} in a cohort of half a million pupils.¹⁴⁹

^{pp} GCSEs are taken at Key Stage 4 (aged 14 to 16) with a grade of 4 representing a standard pass.

^{qq} Persistent absentees are defined as missing 10% or more of their possible sessions.¹⁴¹ A session means a morning or afternoon at school.

^{rr} Analysis based on those who were compulsory school age.

^{ss} A government data store of information about UK state schoolchildren.

School type

Analysis of the NPD suggests that the type of school is a strong predictor of educational outcomes.¹⁵⁰ Care-experienced children in mainstream schools did better than those in non-mainstream schools, such as special schools and pupil referral units.^{32,150}

These differences were not explained by differences in child characteristics. However, despite this, mainstream schools can be reluctant to take on children with complex trauma histories and additional needs, including care-experienced children^{tt}.^{140,152}

Whole-school approaches

Whole-school approaches,^{uu} such as the Attachment Aware Schools Programme, propose attachment awareness training^{vv} for the whole school to help vulnerable children who may have experienced neglected or trauma, to learn and achieve.¹⁵⁷

Evaluation reports show that this approach positively influenced the school environment, enhanced wellbeing and improved learning and educational outcomes for vulnerable young people.^{157–160}

However, the approach is not yet well evidenced on a national scale. It is also not well established how implementation works within the education system and curriculum.^{161–163}

Tutoring

For specific educational programmes, quality of evaluation studies appears limited.^{164–168} Tutoring can help improve outcomes.^{32,169,170} This may be one-to-one or in small groups and delivered by professional tutors, foster parents or volunteers.

^{tt} Guidance for LAs sets out that schools judged 'good' or 'outstanding' should be prioritised when seeking a place for a CLA.^{140,151}

^{uu} Whole-school approaches are defined as interventions that understand the whole school community as the 'unit of change', including pupils, staff and families.¹⁵³ See more on whole-school approaches in the [violence against women and girls in schools POSTnote](#) and [children's wellbeing in schools POSTnote](#).

^{vv} Attachment theory is a psychological theory from the 1960s¹⁵⁴ with robust ongoing empirical support.^{155,156} It proposes that children need to develop a secure attachment with a main caregiver in their early years to support development, such as regulating emotions. Insecure attachments occur where a child cannot rely on an adult to respond to their needs and this impacts development including building later relationships. In Attachment Aware schools, the importance of attachment theory and implications for learning and behaviour are embedded in the curriculum and taught to the whole school, especially staff.

Tutoring can be identified by a Virtual School Head (VSH) and funded by Pupil Premium Plus^{ww}, see below.¹⁷¹ VSHs are education professionals who play a supportive role for children in educational settings.^{xx}

Virtual School Heads

Since 2014, the DfE required all LAs in England to have a virtual school and VSH for care-experienced children.¹⁵¹ Virtual schools were extended to all children with a social worker^{yy} in 2021¹⁵¹ and to children in kinship care in 2024^{zz}.¹⁷⁷ Qualitative data shows VSHs play a key role in advocating for care-experienced children, liaising with schools and other professionals, and delivering learning opportunities.^{152,171,178} An evaluation of VSH extension in 2025 found improvements in children's engagement with education and attendance.¹⁷⁹

2.5 Reducing risk of criminal justice system involvement

DfE and MoJ data shows that care-experienced children aged 10 and above are overrepresented within the youth criminal justice system.^{5,180} Around one in three care-experienced children receive a youth caution or conviction between ages 10 and 17, compared to 1 in 25 of their non-care experienced peers.⁵

This disparity is more pronounced for girls,¹⁸⁰ and for children from certain minority ethnic groups. For example, 50% of care-experienced children aged 10 to 17 from the Roma or Gypsy community become involved with the justice system.⁵

In 2024-25, 65% of children in secure training centres^{aaa} and young offender institutions reported having been in local authority care.¹⁸¹ Research highlights that care-experienced children are at risk of unnecessary youth

^{ww} Pupil Premium Plus (PP+) is additional government funding to be used on targeted interventions to improve the educational outcomes of care-experienced children.

^{xx} The VSH works in partnership with the child or young person's educational setting to ensure they are supported. They are the educational advocate as part of a local authority's corporate parent role. VSHs work with a wider network of professionals including headteachers, special educational needs and disabilities support, youth offending teams to manage the PP+, and supporting the production of the personal educational plan (PEP).¹⁷²

^{yy} Children with a social worker include children in need (a legally defined group of children, under the Children Act 1989, assessed as needing help and protection as a result of risks to their development or health), a population of nearly 400,000 in England (around 1 in 30 children).¹⁷³ Research suggests that children in need may have worse educational outcomes than CLA.^{174,175} CLAs are part of the broader children in need group.

^{zz} Both extensions were on a non-statutory basis, though proposed to change to statutory in the upcoming [Children's Wellbeing and Schools Bill](#).¹⁷⁶

^{aaa} Secure training centres are secure establishments in the UK for children aged 12 to 17 who have been remanded or sentenced for a criminal offence.

justice involvement; for example, children's home providers over-rely on the police to respond to minor incidents.¹⁸²

Data shows that custodial sentences were twice as likely for Black and Mixed ethnicity care-experienced children compared to their White counterparts.⁵ Barnardo's research (2023) highlighted Black children in care and involved in the criminal justice system may experience inherent racism and 'adultification'; that is, being treated as if they are older, and therefore more guilty, than they may be.¹⁸³

Offending can occur as a result of exploitation, which care-experienced children are particularly vulnerable to,^{43,184,185} blurring the boundaries between victim and offender.^{184,186}

Interventions and support mechanisms

Stable relationships

An independent review by Prison Reform Trust (2016) highlighted that having positive relationships with trusted adults and stable care placements reduce offending in care-experienced children.^{30,187} Stakeholders also note that early mental health support, independent advocacy and peer mentors can reduce offending.^{30,187}

Fostering Healthy Futures, a preventive 30-week mentoring and skills training programme in the US for 9-to-11-year-olds, has a good evidence base.^{188,189} Results showed reduced delinquency and justice involvement at seven-years follow up.¹⁹⁰ An earlier study of the programme showed a reduction in mental ill-health symptoms and increased use of mental health services at 6 to 10 months follow up.¹⁹¹ The programme has not yet been implemented in the UK, though the National Institute for Health Research (NIHR)^{bbb} commissioned a trial in 2024.¹⁹²

National protocol

The DfE, Ministry of Justice (MoJ) and Home Office recognise the risk of unnecessary criminalisation of CLA in official guidance '[National Protocol on Reducing Unnecessary Criminalisation of Looked-after Children and Care Leavers](#)' (2018). It focuses on behaviour management, de-escalation, and dealing with incidents without police intervention.¹⁹³ In November 2025, the government said it will review the National Protocol in 2026.¹⁹⁴

The Howard League for Penal Reform (2021) noted that those in residential care were less likely to be criminalised than they were in 2014 (a decrease in 10 percentage points), highlighting the positive impact of the national protocol.¹⁹⁵

However, the national protocol is not statutory, and analysis of 36 LA protocols show substantial variation in detail and implementation.¹⁹⁶ Few LA protocols recognised the distinct needs of particular groups of children,

^{bbb} The National Institute for Health Research (NIHR) is funded by the Department of Health and Social Care to improve the health and wealth of the nation through research.

including girls and children from minority ethnic groups.^{186,196} Stakeholders emphasise that protocols must go beyond a one-size-fits all approach.^{186,196}

2.6 Keeping children involved and informed

Research highlights that a child's understanding of why they are in care is crucial for identity development, wellbeing, and adjusting to placements.^{20,81,197,198} 'Bright Spots' research (2025) reported that only 50% of those aged four to seven felt their reasons for going into care had been fully explained to them.²⁰

The quality of records kept by social care professionals impacts the lives of care-leavers, in particular their memory, identity and self-esteem.^{199–202} A 2023 Family Action report found that only 13% of adopted people were given adequate information to have a sense of their own identity when under 18.²⁰³

Academic and NGO stakeholders highlight the importance of records that feature the child's voice and that have an age-appropriate explanation of events over time^{ccc}.^{204,205}

Advocacy

Under the Children Act 1989, LAs must provide an independent advocate^{ddd}, if considered necessary, to help the child understand relevant information or communicate their views, wishes or feelings. Most LAs commission advocacy services from independent providers^{eee}.²⁰⁶ However, the Children's Commissioner reported (2023) an average referral rate of 5% for advocacy support, and only 27% of LAs provided continuous advocacy by default.²⁰⁷

Effective advocacy and embedding participatory research can improve children's engagement with services, thereby improving wider outcomes.^{206,208,209} Stakeholders identify this as particularly important for minoritised groups and for children with trauma or disabilities, especially if there are communication needs.²¹⁰

Evidence shows there is inconsistency in advocacy services between LAs. Research notes that some young people have reported that information about advocacy was not always clear, with some believing that it may have been done purposefully to limit the amount of support taken up.^{207,208}

^{ccc} Stakeholders also emphasise the importance of emotional support offered to care-leavers when accessing files.

^{ddd} Independent advocacy refers to an independent, trained person supporting an individual to understand information and express their needs, wishes, and secure rights.

^{eee} Independent providers include Barnardo's, Voice, or the National Youth Advocacy Service (NYAS), though some LAs operate in-house advocacy services.

3 Policy considerations

3.1 Funding and commissioning

Stakeholders state that funding cuts have been a major challenge in improving outcomes for children in care.^{126,211} The [Independent Review of Children's Social Care \(2022\)](#)³³ recommended an investment of £2.6 billion over four years. In October 2025 the government announced an investment plan of £2 billion in children's social care over the three-year spending review period.²¹²

Academic research estimated that 1,077 more adolescents became care-experienced by 2019 than would have been the case if funding had remained at 2011 levels.²¹³

Outcomes could be improved by early support for children in care and preventive support for families.^{90,214} Pro Bono Economics reported that between 2010 to 2011 and 2023 to 2024, LA spending on early intervention children's services^{fff} fell by 44%, while spending on late intervention services rose by 57%, predominantly due to rising costs of residential care.²¹⁵

Stakeholders raised concerns over inconsistent commissioning between LAs and lack of evidence-based practice.²¹⁶ For example, an NIHR survey of 734 UK services reported that many of the most commonly used attachment interventions had a 'weak' evidence base and those with the strongest evidence base were not as widely used.²¹⁷

Non-statutory support may be deprioritised due to resource, time, and funding constraints.^{196,218}

3.2 Staff training and retention

Stakeholders link workforce shortages and placement capacity to instability.^{20,219} It also limits sustainability of support programmes that require specialised training.²²⁰ Academics and LAs also identified a lack of standardised trauma-informed training as a challenge.¹²⁶

^{fff} Early intervention services included Sure Start children's centres, family support services and services for young people. Late interventions services included youth justice, safeguarding and child protection, and children in care.²¹⁵

3.3 Multi-agency collaboration

Children with multiple, overlapping needs require a collective response from multiple agencies.^{221,222} Support mechanisms could be improved by better collaboration within and between services, such as health and social care, and schools. This would improve effectiveness of support mechanisms.^{53,126,135,152}

Improved data-sharing was seen as a potential opportunity, for example the single unique identifier (SUI) as proposed under the [Children's Wellbeing and Schools Bill](#)¹⁷⁶, though stakeholders emphasise that poor digital infrastructure and statistical expertise within LAs may limit the effectiveness.²²³

3.4 Expanding the evidence base

Stakeholders note that improved data across health, education, and social care is needed. Some argue for more data collection on what care-experienced children feel is important to them, not just government for statistics.^{224,28,29,81,206}

Stakeholders have also raised concerns about the lack of longitudinal evidence, in terms of the evaluation of support programmes and measuring life-long outcomes.^{64,164} For example, academics highlight challenges to conducting high-quality evaluations within fostering services in the UK due to a lack of infrastructure and capacity.²²⁰

Research has been found to inconsistently report sample characteristics, often lacking data on ethnicity, religion, and disability, limiting knowledge for tailored support.^{225,226} For example, disability is not currently recorded in government data, making it hard to monitor the effectiveness of support to care-experienced children with disabilities.²²⁷

3.5 Individualised tailored support

Care-experienced children may require individualised and culturally sensitive support. There are intersectional⁹⁹⁹ characteristics that present increased vulnerabilities^{hhh}.

⁹⁹⁹ Intersectionality is a framework for understanding how multiple identities and experiences, such as race, gender and class, overlap and create unique experiences of discrimination and privilege.²²⁸

^{hhh} Research in Practice highlights that vulnerability is a multi-dimensional and dynamic construct. It reflects a person's state, not a trait, and is about a person's susceptibility to negative outcomes and experiences, driven by complex social, economic, interpersonal and individual factors.²²⁹

Individualised tailored support can provide an opportunity to improve outcomes, by operating a needs-led rather than age-led approach.^{64,126} Embedding children's preferences and wishes in decision-making represents a legal duty under the UN Convention on the Rights of the Child.²³⁰ The Children's Commissioner (2019) said that children's preferences and wishes should be embedded in decision-making and this will improve outcomes.²⁰⁶

4

Legislation, policy and guidance

As education, health and social care, and justice are devolved policy areas, table 1 below primarily focuses on policy in England. See recent legislation and policy updates in table 1.

Table 1: Policy and legislation developments

Government or Parliamentary Activity	Date	Activity
Department for Education and the House of Commons Education Committee	October 2025	The government responded to the House of Commons Education Select Committee's report⁷ (July 2025) on the state of Children's Social Care , confirming investment of over £2 billion in children's social care over the three-year Spending Review period. ²¹²
	July 2025	The Education Committee published a report on Children's Social Care highlighting the current state of children's social care and making recommendations for reform.
	March 2025	The government published the Families First Partnership (FFP) Programme Guide to support safeguarding partners implement Family Help and multi-agency child protection reforms and make greater use of Family Group Decision Making. ⁱⁱⁱ⁸⁸
	December 2024	The Children's Wellbeing and Schools Bill was published, part one of which includes provision for children in care and leaving care. The Bill is currently awaiting Lords report stage. ¹⁷⁶ See Commons Library briefing on the Bill⁹¹ and government's policy summary²³² for more information.
	December 2024	The government announced the Plan for Change , with giving children the best start in life as a priority area, including children in care. ²³³

ⁱⁱⁱ Family group decision making (FGDM) is an umbrella term for different methods for engaging families in decisions about their children. The Family Rights Group charity reports that family group conferences are the gold-standard of FGDM.²³¹

	November 2024	The government published its policy paper on reforming children's social care, Keeping Children Safe, Helping Families Thrive . ²³⁴
	December 2023	The government published a policy paper on Championing kinship care: national kinship care strategy to promote children staying with family members. ²³⁵ See Commons Library briefing on kinship carers. ²³⁶
	February 2023	The government published its strategy and consultation on reforming children's social care, Stable Homes, Built on Love . ⁸⁹
	May 2022	The independent review of Children's Social Care chaired by Josh MacAlister ^{jjj} was published. ³³
Ministry of Justice and Law Commission	November 2025	The government announced a review of 'National Protocol' guidelines to stop the criminalisation of children in care. ¹⁹⁴
	July 2025	The Joint Committee on Human Rights opened an inquiry on the Human Rights of Children in the Social Care System in England . ²³⁷
	June 2025	The Law Commission launched a project to reform the law to facilitate kinship care for children. ²³⁸
	March 2025	An independent review into placements and care for girls in the Children and Young People Secure Estate was published, highlighting that a majority had looked-after status. ²³⁹ The government immediately responded and stopped placing girls in young offender institutions. ²⁴⁰
	November 2018	Ministry of Justice, Home Office and Department for Education published The national protocol on reducing unnecessary criminalisation of looked-after children and care leavers . ¹⁹³
Child Safeguarding Practice Review Panel	May 2022	The Child Safeguarding Practice Review Panel published a review into the deaths of Star Hobson and Arthur Labinjo-Hughes . ²⁴¹
National Audit Office	September 2025	The National Audit Office published a report on Managing children's residential care . ²⁴²

^{jjj} Josh MacAlister OBE MP is founder and former chief executive of social care charity Frontline. He was elected as the MP for Whitehaven and Workington in July 2024 and appointed Minister for Children and Families in September 2025.

	May 2025	The National Audit Office published a report on Improving family court services for children . ²⁴³
Competition & Markets Authority	March 2022	The Competition and Markets Authority's published a study on the children's social care placements market. ²⁴⁴ See Commons Library briefing Finding homes for looked after children .

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Contributors

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- Members of the POST board*
- Dr Claire Baker, Independent Researcher and Coram Voice*
- Clare Bracey, Become*
- Caroline Coady, Council for Disabled Children
- Department for Education*
- Professor Rhiannon Evans, Cardiff University
- Professor Leon Feinstein, Rees Centre, University of Oxford*
- Dr Claire Fitzpatrick, Lancaster University
- Samantha Fitz-Symonds, CASCADE, Cardiff University
- Professor Neil Harrison, University of Exeter
- Professor Lisa Holmes, University of Sussex*
- Professor Rachel Hiller, UCL and UK Trauma Council*
- Dr Katie Hunter, Manchester Metropolitan University
- Professor Elizabeth Lomas, UCL
- Ellen Marks, Pause*
- Professor Nick Midgley, UCL and Anna Freud
- Dr Roger Morgan OBE, former statutory Children's Rights Director for England
- Dr Aoife O'Higgins, Foundations*
- Dr Ellie Ott, Nuffield Foundation*
- Independent Reviewing Officer, London
- Professor Katherine Shelton, Cardiff University
- Professor Jo Staines, University of Bristol and National Association for Youth Justice*
- Dr Sarah Taylor, Children's Commissioner's office*
- Dr Peter Unwin, University of Worcester

*denotes people and organisations who acted as external reviewers of the briefing. Some of them were also part of the interview contribution process. Note that contributors are listed in alphabetical order by surname.

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