

CHILDREN IN CARE:
A LONG-TERM FOLLOW UP OF CRIMINALITY AND MORTALITY

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Abstract

Purpose - This article charts the offending and mortality rates over a 25-30 year period of children admitted sequentially to care in England and Wales in 1980

Design/methodology/approach – a follow-up study from UK criminal records and Death Index for England and Wales of two groups of children: one that stayed in care for more than two years, the other for less than six weeks.

Findings - The study shows that all of the children experienced an increased risk of offending and premature death compared with the general population but that it is not possible to evaluate the outcomes without taking account of their characteristics and risks these pose. The rates for the subsequent offending of children presenting delinquency and other difficult behaviour, especially truancy, and who stay long in care is 2.7 times higher than for those coming into care because of neglect and abuse and 1.6 times higher than for family breakdown. There is no evidence that being in care *per se* reduces or increases the risk of offending as criminal behaviour is not constant and the risks associated with it vary over time with much depending on the child's predisposition and the quality of interventions received.

Originality/value – provides hitherto unavailable information over a long period on children in care regarding offending, mortality, risk factors and continuities in anti-social behaviour.

Keywords – children in care, looked after children, offending, mortality

Paper type – Research

Introduction

Numerous studies of children in care¹ have revealed their social, health, educational and economic disadvantages compared with the rest of the population. Indeed, there is almost a feeling that being in care automatically leads to difficulties in every aspect of life.

¹ The term 'in care' is used throughout for clarity, although the terminology was changed for England and Wales to 'looked after' by the *Children Act* 1989.

While there is little doubt that children in care come from the poorest sectors of society and their poverty is often compounded by abuse, neglect, separation, loss and other traumas, the extent of associated risks is not clear; neither can their cause be attributed to being in care – indeed it is possible that it might have prevented things from turning out worse. So before embarking on a scrutiny of follow-up evidence, we need to be mindful that high risk does not necessarily mean high prevalence and that there can be improvements within a generally poor life experience.

Children in care have long been tainted with pejorative labels. In the 1970s when young offenders were brought into the UK care system, delinquency was seen as an almost universal characteristic, despite the fact that many children had simply been caught up in family breakdowns and nearly half of the looked-after children were girls among whom offending was relatively uncommon. By the 1980s, interest in delinquency had waned and it was readily assumed that all the children had been abused by feckless and dangerous parents. Again, while some looked-after children certainly had these histories, not all did and there was a risk of inaccurate perceptions exacerbating their already inauspicious status.

Generalisation about children in care is difficult because they are an administratively and not a clinically defined population. Their only common feature is a perceived need for separation from home (although even this is not strictly true as some remain with their families while under care orders). Thus, there is a wide variety of need among the children, each with a different prognosis and each requiring its own intervention. Because of this complication, almost anything said about the children is bound to be true for some. The danger of rigid perspectives on a problem is that careful testing usually finds it does exist but that its prevalence is exaggerated. Overestimates of doom, therefore, pose a danger to the young people just as great as the risk of the harm from which they are being protected.

This article looks at the criminal careers and mortality rates of two representative samples of children entering care in England and Wales in 1980. They were part of the cohort of 450 children that informed a two-year follow-up study of the problems of maintaining links between children in care and their families, the results of which were published in *Lost in Care* (Millham *et al.*, 1986). From this cohort, two groups have been selected for study: one comprises long-stay children in care for at least two years, and the other those children who left care quickly, within five weeks (thirty five days), the aim being to provide new information on offending, to identify risk factors and contribute to knowledge about behavioural continuity and discontinuity. Later, the mortality rates of the two groups of children are discussed.

Studies of the offending histories of children in care

With regard to offending by children in care, several quantitative studies have established patterns and probabilities (Minty and Ashcroft, 1987; Biehal *et al.*, 1995; Graham and Bowling, 1995; Hazel *et al.*, 2002; Farrington *et al.*, 2006; Darker *et al.*, 2008). Others adopting a more qualitative approach have shown how and why young offenders continue to break the law and get increasingly embroiled in the justice system (Little, 1990; Taylor, 2006). For example, Taylor shows how failure to make attachments while in care leads to marginalisation and exclusion, whereas Little

stresses the baleful influence of peers and the growth of a criminal identity as young people serve custodial sentences.

It would be easy to present the results of this follow-up in a straightforward manner and say 'told you so', but caveats are necessary in order to avoid the risk of selecting evidence to fit stereotypes; this is because by manipulating definitions and measures, a range of outcomes can be obtained. For example, it is not possible to interpret the outcomes of substitute care without knowing the needs of the children who are in the system and the severity of the problems they face. While individual case histories remain fairly similar over time – there were 'difficult' individuals in 1980 as now – the care population as a whole and responses to their needs have changed considerably over the last thirty years.

Parker (1980; 2010) published a survey of children in care in England in 1980 and has recently compared the situation then and now. He has found a 35% reduction in the number in care at any one time, more adoptions from care, increasing use of foster placements with an accompanying decline in residential care, and an increase in the proportion of annual admissions of children under the age of one (11% to 19%) but with no increase in the actual numbers due to fewer entries to care. One important aspect of the 1980 population that is especially significant for this study is the large number of adolescent truants and offenders who were in care then but who would not be today as they are now dealt with by other agencies, such as the youth justice system and special education. In 1980, truants accounted for 6% and offenders for 18% of those still in care two years after reception. As numerous criminological studies have shown that the strongest predictor of offending is previous offending, the presence of these young people, mostly males, would most certainly have affected rates of future criminality for the care population at that time.

An additional problem affecting the interpretation of evidence arises from the contrasting results obtained from retrospective and prospective studies. A recurring finding is that a significant proportion of entrants to prison custody were in care as children. A 1997 Social Services Inspectorate report, for example, noted that 23% of adult prisoners and 38% of young prisoners had been in care and a decade later two surveys by the HM Prisons Inspectorate (2008; 2011) produced figures of 30% and 27% for men and 37% and 45% for women respectively. Similarly high rates are reported by other welfare agencies for homelessness, unemployment and early parenthood.

But whatever the accuracy of these figures, their interpretation needs to be cautious. For example, some young people might tell prison admission officials that they had been in care but were actually in special education or other provision. In addition, as many as 9.6% of the 44,700 care admissions in England and Wales in 1980-1 and 1.7% of the 27,800 in England in 2009-10 were court remands, so offer a dubious basis for evaluating a welfare service. But even accurate data requires circumspection. First of all, general statements about offenders are probably based on boys and exclude girls who formed 46% of entries to care in 1980 and have much lower offending rates than boys. Second, they reflect a retrospective view that picks up the 'failures' and loses sight of successes. This makes it difficult to reconcile the inspectors' findings with published child care statistics. Official figures continually show that only just over 1% (1.4% in 2010-11 in England) of care leavers go direct to

prison custody, a figure which, as explained, includes some criminal remands awaiting trial for serious offences. In addition, more elaborate evidence shows that only 3% of 16 year-olds in care in England in 2007 were in custody three years later (DfE, 2011 statistics). So an apparently strong link between being in care and subsequent offending identified from a retrospective view is somewhat tempered when the population is disaggregated or when a prospective analysis is undertaken².

For this reason, studies charting prospectively the careers care leavers tend to produce more optimistic results. In England, Minty and Ashcroft, for instance, found that boys admitted to care because of delinquency had a very high reconviction rate, over 90%, a figure that was lower (41%) for those entering because of abuse and family breakdown. But results improved with longer stays in care, even in residential settings. Similarly, the figure for a similar group of boys – older adolescent boys in approved schools in the late 1960s – found the same pattern - a high percentage (40%) but not a majority entering another institution within two years of leaving the first one (Millham *et al.*, 1975). For boys and girls aged 10-17 and in care for a least a year, Darker and colleagues found that 70% of the 250 children they studied were law abiding and 16% of those who had previously offended stopped once admitted, but that a minority of 17% offended before and during care. Among care leavers, Biehal's research (1995) found a conviction rate of 43%, thus showing the same pattern as other studies in that it was high but not a majority.

Similar findings have emerged from studies of other problems affecting children in care, such as mental health difficulties which might be related to some types of crime (Ford *et al.*, 2007). Pritchard and Cox, for example, undertook a similar study but for a different group of children at risk of poor outcomes; 227 young people (215 of whom were male) who were excluded from school and educated in special educational provision. They found that 63% had a conviction (77% of which were property offences) between the ages of 16 and 23 but that 26% did not first offend until over the age of 18. Nearly one third, 29%, had been in prison custody by the end of the follow-up, suggesting that the high rates for boys leaving care are not all that exceptional when compared with other groups in need of specialist help.

Studies of children living in the community also provide a useful basis for comparison. The Cambridge Institute of Criminology's follow up (Farrington *et al.*, 2006) of a cohort of 411 boys perceived at the age of eight as being at risk of offending found that while over half did not commit a crime, a sizeable group did. By the age of 50, 41% had fulfilled earlier expectations and those who pursued an extended criminal career tended to follow a life style that was generally detrimental to other aspects of their lives in terms of health and premature death (Shepherd *et al.*, 2009, Piquero *et al.*, 2011). It was found that their criminality was predictable at the age of 8-10 by looking at family criminality, daring, low school attainment, poverty

² There is a need for research to clarify this relationship as the situation is one where a small proportion of a large group, one hundred and fifty - mostly males - out of 25,100 care leavers (13,700 boys and 11,400 girls), leave care for prison custody and so feed into a smaller 'clinic' (as opposed to a clinical) sample that deals with, among others, 'failures' of that system. In 2010 in England, 2,156 15-17 year olds, 92% of them males, were admitted to prison custody. The inspectors' figures suggest that about 650 of these annual admissions would be ex-care; 150 of these would have been transferred directly whilst the remaining 500 had lived in the community for an interim period between leaving care and entering custody.

and poor parenting. The Shepherd study went further and concluded that some psychosocial factors observed before the age of five had a predictive power, a finding that echoes some of Murray and colleagues' (2010) results from the 1970 birth cohort of 16,000 British children.

Figures for the general population (Prime *et al.*, 2001) suggest that 33% of males and 9% of females born in 1953, had a conviction by the age of 46, as have 22% of people currently aged between 10 and 45, but for 55% of these men and 80% of these women, their criminal career lasted for less than one year. For males born later, in 1968, 21% had been convicted by the age of 19 but this number drops to 15% for those born later still in 1973 and 1978. For females, the figures are 4% and 3% respectively. Thus, a reasonable expectation of offending rates by the age of 20 in the general population for those of a similar age to the sample studied in this article is around 17% for boys and 3% for girls.

Finally, in all these statistics, we need to be mindful of the difficulties of measuring offending and the extent to which criminal convictions mirror actual behaviour. While this relationship is likely to be less of a problem for serious offending, it certainly affects the results for minor and anti-social violations where self-report studies reveal higher figures than those in official records. Then there is the question of gravity. The young people followed-up in this article are now aged 30-47. Thus, should one conviction in the early twenties count as much as a sequence over thirty years; should theft from a bullion vault be treated the same as shoplifting? There is also a problem of interpreting criminal records. Many young people accumulate a number of offences that are dealt with in one court hearing; in addition they may receive several sentences. One young man, for example, broke into a car when drunk, pocketed the owner's wallet, drive it off without a licence or insurance and fled from the scene of an accident, was found to possess drugs when arrested and rounded his evening off by assaulting a police officer. In this study, the measure used is a court appearance with a conviction, so this example would count as one entry, along with the most serious offence and disposal. Also, any mention of age in the text refers to the age at sentence, not when committing the offence.

Thus, in reviewing statistical patterns and trends there is a need to be clear about the composition of the groups under scrutiny, the definitions of behaviour employed and the relationship between the two. While the conditional clauses that pepper this article might irritate the reader, their justification should be clear from this discussion.

Sample and method

As explained, the Dartington Social Research Unit's study of the problems of maintaining links between children in care and their families was published in the book *Lost in Care* (Millham *et al.*, 1986). It followed up for two years (subsequently increased to five years) cohorts of all children entering care sequentially from 1st January 1980 in four local authorities in England and one in Wales³. In four

³ Because the research focused on the family links of separated children, criminal remands were excluded from the sample. These accounted for 9.6% of the 44,700 care admissions in England and Wales in 1980-1. If they subsequently came into care on a care order or under voluntary arrangements, they were included in the sample, but if they did not, for example because they were acquitted, sentenced to custody or given a fine of community/supervision/probation order, they were excluded.

authorities the number was 100 in each and in the fifth, where entries were much slower, 50. Of these 450 children, 170 were still in care after two years.

The initial aim of the present study is to chart the criminal records of these 170 young people up to the present time. However, in one local authority area office, some Christian names were not accurately recorded so the exercise has not been possible for 18 young people. Thus, the study group comprises the rest, 152 in all – 85 boy and 67 girls. Records were supplied by the Ministry of Justice and are complete up until September 2010, that is over thirty years since the care admission. Full details of the children’s background characteristics and care careers are known up until two years after admission.

To provide a proxy control for the length of time spent in care, the same exercise was undertaken for the children who left care quickly. Out of the 450 entrants, 163 had gone within five weeks (thirty five days) and, for the reasons explained above, information was available on 149 of them – 78 boys and 71 girls. These will be considered after discussions about the long-stay group.

Findings

The stark results from the follow-up were that just over one third, 35%, of the children who had been in care for at least two years were convicted of an offence after leaving care. In addition, 11% of this group could be considered as persistent offenders.

But as argued above, this overall figure is misleading, a feature that is immediately apparent after a simple disaggregation by gender. When this is done, a large contrast emerges between the figures of 52% for the 85 boys and 13% for the 67 girls, a highly significant difference ($\chi^2 = 22.58$, $df=1$, $p<0.0001$). Of the 44 male offenders, 17 (20% of the whole group and 39% of the offenders) could be considered as persistent due to the fact that they had six or more such entries on their criminal records, whereas none of the girls had this, also a significant difference ($\chi^2 = 13.4$, $df=1$, $p<0.0005$). The following table shows these results:

Table 1: Convictions after leaving care and persistency of offending behaviour by the long-stay children

LONG-STAY GROUP	Number	Conviction after leaving care	Six or more convictions
Boys	85	44 (52%)	17 (20%)
Girls	67	9 (13%)	0

Clearly, the presence of a group of young people at high risk of further offending, and the decisions made to include and exclude them, affect the results of a follow-up exercise but it is difficult to calculate the extent as court disposals for the remanded children were not recorded in the statistics of the time. An informed guess would be that there were 50 remands initially excluded from the sample, about 12 of whom would have been placed on care orders and so became included. This leaves 38 others whose stay in care was short. If their re-offending rate were, say, 70%, it would have the effect of doubling double the number of offenders in the short stay sample.

TOTAL	152	53 (35%)	17 (11%)
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In terms of disposals, 21 of the long-stay group (all male) – that is 25% of all the boys and 48% of those who were convicted of offences - spent some time in prison department custody, for example in borstal/young offenders institutions (15), detention centres (13) and prison (5), after leaving care, with 10 young people having been in more than one type of establishment.

All but one of these 21 males was a persistent offender in terms of having five or more instances of a court appearance with a conviction after leaving care. The exception was an 18 year old with convictions before and during his stay in care who was sent to prison for one month for taking a vehicle and driving it dangerously but had no criminal record thereafter. The 20 others had 255 entries (as defined earlier) on the criminal register, five of them with more than 20, with the record holder having 31. Nine had been convicted in the last five years and 13 since the start of the present century, the last entries for the other six occurring between 1993 and 1999 when most would have been in their late 20s.

A scrutiny of the offences that led to the custodial sentences suggests that it is persistency rather than gravity that is the deciding factor. None of the long-stay recidivist men committed murder or manslaughter and two-thirds of their offences concerned property. It has been explained how difficult it is to chart offences because of the tendency for some to be subsumed under others or be dropped or replaced, but the distribution of the most serious offence at each of the 362 court appearance with a conviction was as follows: property crime 66%, violent crime 16%, drug, driving and fraud offences 6% each.

These findings indicate the general rates of offending behaviour. But within these patterns there are significant differences between sub-groups of children and attention is now paid to these.

Factors associated with offending

In the discussion about differences in the care population between 1980 and now, one major difference was the inclusion of young offenders admitted to care because of their delinquency. Prior to the implementation of the *Children and Young Persons Act* 1969, these boys and girls would have been in a separate system of remand homes and approved (reform) schools. In 1971, they were brought into the care system until further administrative change took them out again in the late 1990s. The arguments for taking these offenders into care centred around the links between deprivation and offending and the belief that the latter could only be treated by tackling the former, a view that was subsequently challenged due to the injustice of people having their liberty removed because of their background rather than what they had done (Morris and Giller, 1987). So, as explained, 25% of those coming into care and 18% of those there at two years were under care orders (7(7)) for this reason, usually having been previously cautioned and placed on probation, mostly for property crimes. This group contrasted with others in which the children had come into care because of abuse or neglect or coming from seriously dysfunctional families and as it comprised mostly

adolescents skewed the age distribution of entrants towards older children, as the following table shows.

Table 2: Ages on entry to care of the long-stay group

Age on entry to care	Long-stay (N=152) %
Under 1	3
1-4	16
5-9	15
10-15	61
16-16+	4
	100

The 1969 Act classified the legal orders for admission to care under categories closely associated with the reasons. Thus there were several sub-types of order, each associated with background circumstances. The fact that evidence about the severity of the child's need had been tested by a court also indicated that a threshold of severity had been crossed. This makes it relatively easy to analyse children's backgrounds, compared with the situation post-1991 when, following the implementation of the *Children Act* 1989, the subsections of care orders were abolished and a single criterion of actual or likely significant harm introduced.

Naturally during their time in care, the legislation affecting the long-stay group changed as short-term decisions, such as interim care orders and place of safety orders, turned into something more permanent. The legal basis for care two years after admission is, therefore, a stronger indicator of the child's needs and background characteristics. When offending after leaving care was analysed for children with these different histories, the following results emerged.

Table 3: Reasons for entry to care and conviction rates for the long-stay group

Reasons for entry to care	<i>Number</i>	Criminal convictions after leaving care	Recidivist
Voluntary agreement	24	38%	13%
Neglect	58	21%	2%
Moral danger	8	13%	0%
Beyond control	15	20%	27%
Truancy	11	64%	36%
Delinquency	28	68%	25%
Matrimonial reasons	6	33%	0%
Long term family placement	2	0%	0%

It can be seen that children in care because of offending and truancy were the most likely to offend after leaving care, a rate of around two-thirds and that a significant

proportion of these subsequently followed a criminal career. Children who had been admitted because of abuse and neglect were less likely to be convicted, although the figure is still around 20%, with those separated under voluntary arrangements, usually because of parental illness or family breakdown, fall in between these figures at 38%.

If these categories are collapsed into three main reasons: abuse/neglect, difficult behaviour and family breakdown, as in Table 4, the differences between the groups of children become more apparent.

Table 4: Criminal convictions for children entering care for different reasons for the long-stay group

Long-stay group	<i>Number</i>	Criminal conviction(s) after leaving care
Abuse/neglect	66	20%
Difficult behaviour	54	54%
Family breakdown	32	34%

These results show that just over half of the children presenting difficult behaviour in terms of committing offences, truanting from school, being beyond control or in moral danger, are convicted of an offence after leaving care – but just under half are not - while those in care for other reasons are at some risk of offending but at a lower rate of between 20 and 34%. These differences are statistically significant ($\chi^2=15.1$, $df=2$, $p=.0005$).

But as there are large differences in offending rates for boys and girls, the results need to be broken down further by gender. When this is done, the patterns for the long-stay group show marked gender differences, with an especially low rate for girls in care following abuse or family breakdown, as shown in the figures in Table 5. Overall, the association between gender and conviction rate is highly significant when using a chi square test ($\chi^2=40.41$, $df=1$, $p<0.0001$).

Table 5: Convictions for boys and girls entering care for different reasons for the long-stay group

Long-stay group	<i>Number Boys</i>	Criminal conviction(s) after leaving care Boys	<i>Number Girls</i>	Criminal conviction(s) after leaving care Girls
Abuse/neglect	33	33%	33	6%
Difficult behaviour	33	70%	21	29%
Family breakdown	19	53%	13	8%

Children in care for five years

A supplementary study of the original *Lost in Care* cohort was able to chart children's care histories for a longer period, five years after entry. It was found that 44 children were still there but that many of the 7(7) care order delinquents left care soon after a stay of two years (only 6 of the 28 in care at two years were still there three years later). So, the figures for the 44 very long stay group and on whom information was available might be expected to be somewhat different. However, the patterns that emerged were similar to those at the two-year stage, although the differences could not be tested for statistical significance due to the low numbers of expected frequencies in over 20% of the cells, but nevertheless reinforce the figure of around 20% for the neglected children. The results for the five-year group are as follows:

Table 6: Conviction rates for children entering care for different reasons and staying for five years

	<i>Number</i>	Criminal conviction(s) after leaving care
Voluntary admission	4	25%
Neglect	25	20%
Moral danger	1	0%
Beyond control	2	50%
Truancy	2	50%
Delinquency	6	50%
Matrimonial reasons	2	0%
Long term family placement	2	0%
TOTAL	44	25%

Again, most of the offenders are boys, as the following Table 7 shows, and the association between conviction rate and gender achieve statistical significance using a chi square test ($\chi^2=6.39$, $df=1$, $p<0.05$).

Table 7: Conviction rates for boys and girls entering care for different reasons and staying for five years

Children in care for five years	<i>Number Boys</i>	Criminal conviction(s) after leaving care Boys	<i>Number Girls</i>	Criminal conviction(s) after leaving care Girls
Abuse/neglect	16	38%	10	0%
Difficult behaviour	8	50%	2	50%
Family breakdown	3	33%	5	0%

Of the 17 children defined as persistent at the two year stage, four – all boys – were still in care after five years, two because of delinquency, one for truancy and one due to neglect.

Continuities in offending behaviour

When continuities in offending leading to convictions before, during and after leaving care are considered, several patterns are found. These are laid out in Table 8 which shows that just over half of the long-stay children had no convictions at any time, whereas 13% had convictions during all three periods. Twelve per cent of care leavers with no convictions went on to acquire some but 8% with form prior to entering care had no further record after leaving.

Table 8: Patterns of offending before entry, during their stay and after leaving care of the long-stay children

Conviction history			<i>Number</i>	<i>%</i>
Before	During	After		
x	x	x	83	55
✓	✓	✓	20	13
✓	✓	x	6	4
✓	x	x	7	5
✓	x	✓	7	5
x	✓	✓	9	6
x	x	✓	18	12
x	✓	x	2	1
TOTAL			152	100%

Care histories

The patterns of care placements in 1980 were very different from today. As Parker showed, residential care was more widely used, indeed 51% of those in the long-stay group were first placed in residential establishments, 21% in now defunct observation and assessment centres. Children also moved around more frequently. As placements tend to reflect age and behaviour, results that consider placement variables mirror much of the previous discussion on needs and characteristics. The 152 long-stay children had 392 placements in their first two years in care. Sixty eight children had 85 foster care placements, 110 had 188 residential placements and 50 had 58 placements at with family or friends. Of those in each type of placement, 16% of those who had been in foster care were convicted of an offence after leaving care, compared with 39% of those who had been in residential care and 50% of those living with relatives or friends.

Family relationships

In the *Lost in Care* study, social workers' assessments regarding the nature and quality of children's family relationships during their time in care were carefully

charted. As would be expected, there was considerable variation in the patterns found. Relationships *from* family to the child were considered as good and accepting for 59 of the 152 long-stay children, rejecting for 27 of them and variable in the sense of different relationships with different family members for 44. In 19 cases they were relatively indifferent with no clear acceptance or rejection and in three cases the child had no family to speak of. There were differences between these patterns of family relationships and the rates for children being convicted of an offence after leaving care, but these were not as varied as might have been expected; 42% of those from accepting relationships and 41% from rejecting situations were convicted after leaving care, 36% from the variable situations but only 5% from the relatively indifferent contexts.

Patterns of relationships of the child *with* his or her family are more contrasting. A third (33%) of the children who had warm relationships with their birth families were convicted of an offence after leaving care, compared with a higher figure of 52% for those who rejected their relatives. The figures for varied relationships were 39% and zero for situations where parties were indifferent to one another.

Children whose stay in care was short

It will be recalled that a separate study was undertaken of the 149 children who left within five weeks of entering care. Their offending and conviction histories presented in Table 9 show similar patterns to those of the long-stay group but in a less marked way. Just under one-fifth (18%) of those whose stay was less than six weeks had a conviction after leaving care and 7% of the group could be considered as persistent offenders, figures that compare with those of 35% and 11% for the long-stay children.

The difference between rates for boys and girls was also maintained with conviction rates of 27% for the 78 boys and 8% for the 71 girls ($\chi^2= 8.54$, $df=1$, $p<0.005$). Nine boys and one girl showed persistently criminal behaviour, this gender difference being also statistically significant ($\chi^2= 6.09$, $df=1$, $p<0.05$). These figures represent 12% of all the males in the short-stay group and 1% of all females, and 43% and 17% of offenders respectively.

Table 9: Convictions after leaving care and persistency of offending behaviour among the short-stay children

SHORT-STAY GROUP	<i>Number</i>	Conviction after leaving care	Six or more convictions
Boys	78	21 (27%)	9 (12%)
Girls	71	6 (8%)	1 (1%)
TOTAL	149	27 (18%)	10 (7%)

Thirteen of the short-stay children spent some time in prison custody compared with 21 of the long-stay children. This represents 16% the whole sample and 62% of those who were convicted. The details were: borstal/young offenders institution 5, detention centre 5 and prison 8.

Because the short-stay children tended to be younger when admitted to care, their offending took place longer after leaving. Nevertheless, of the 78 boys, nine could be said to have an extensive criminal record as teenagers and eight of these continued to offend into young adulthood. However, only nine of them had been convicted since the Millennium and only four of them in the last five years. As before, most of the 199 offences carrying a sentence – calculated in the same way as earlier - concerned property (59%), rather than violence (24%), driving offences (10%), fraud (4%) or drug violations (3%).

The short-stay group contrasted with the long-stay one in that the children tended to come into care under quite different circumstances although they still came from families that displayed many of the risks associated with later offending as noted by Farrington and Shepherd. Most (81%) were separated under voluntary arrangements because of a temporary family breakdown due to a mother’s illness, confinement or inability to cope, homelessness, suspicions of abuse that turned out to be unsubstantiated or blow-ups at home. When compared with the long-stay children, they tended to be much younger and more likely to have been admitted to care with a sibling, but as Table 10 shows they were not dissimilar in terms of having been in care before or having a sibling already there.

Table 10: Age on entry to care for the short-stay children

Age on admission*	Short-stay % (N=149)	Long-stay % (N=149)
Under 1	10	3
1-4	34	16
5-9	19	15
10-15	33	61
16-16+	4	4
Admitted w sib**	56	42
Sib in care	8	10
In care before	26	27

* $\chi^2=27.81$, $df=4$, $p<0.0001$

** $\chi^2=4.85$, $df=1$, $p<0.05$

The figures in Table 11 for children’s convictions and persistency of offending show the same pattern as for the long-stay children but less markedly. The results for them are:

Table 11: Reasons for entry to care for the short-stay children

Reasons for entry to care	<i>Number</i>	Criminal convictions after leaving care	Recidivist
Voluntary agreement	<i>120</i>	18%	8%
Neglect	<i>25</i>	16%	4%

Moral danger	0	0%	0%
Beyond control	0	0%	0%
Truancy	3	0%	0%
Delinquency	1	100%	0%
Matrimonial reasons	0	0%	0%
Long term family placement	0	0%	0%

When the reasons are collapsed into the three categories of abuse/neglect, difficult behaviour and family breakdown, as in Table 12, the same pattern is found as for the long-stay group but on this occasion the differences are not statistically significant ($\chi^2= 2.21$, $df=2$, $p=0.33$).

Table 12: Criminal convictions for children entering care for a short-stay and for different reasons

Short-stay group	<i>Number</i>	Criminal conviction(s) after leaving care
Abuse/neglect	19	11%
Difficult behaviour	17	29%
Family breakdown	113	18%

As before, the figures in Table 13 show some differences between boys and girls but these were not found to be statistically significant using a chi square test ($\chi^2= 0.087$, $df=1$, $p=0.77$).

Table 13: Conviction rates for boys and girls entering care for a short-stay and for different reasons

Short-stay group	<i>Number Boys</i>	Criminal conviction(s) after leaving care Boys	<i>Number Girls</i>	Criminal conviction(s) after leaving care Girls
Abuse/neglect	10	10%	9	11%
Difficult behaviour	9	67%	8	13%
Family breakdown	59	24%	54	7%

With regard to continuities and discontinuities of behaviour, previous offending was not an issue for the short-stay children, mostly because of their young age. Only Two out of the 149 had an earlier conviction and both offended after leaving care, one of them also during his short sojourn there.

In terms of placements while in care, two thirds (67%) of the short stay children were fostered and 28% placed in a residential home, with 3% remaining in hospital and 2%

being looked after by relatives. Movement between placements was rare and most left care on returning home.

The family relationships of the short-stay group were also far less fraught than for the long-stay children and although there was often difficulty with an individual family member, there were no cases of outright rejection or incompatibility, hence their ability to return home quickly in nearly every case to the care of their mother.

Summary of findings on children's offending

This analysis of offending patterns by children in care highlights the relationship between the background characteristics of those being scrutinised and the outcomes measured. All of the children are at some risk of offending later in life but this is especially marked for boys with a history of behaviour difficulties. It is also clear that offending behaviour is not a constant throughout the children's lives but a significant proportion of them do become criminal recidivists. The comparison between the short and long-stay groups highlights the vulnerability of those who stay long in care over and above other deprived children and stresses the demands this makes on services. It is not possible from this evidence to conclude that coming into care as an intervention is harmful to children, but on the other hand there is no indication from this study that it has much influence on offending behaviour.

Life expectancy and mortality of children in care

Several researchers in the UK and elsewhere have explored the consequences of offending, in particular the relationship between a criminal life style and premature death. As this is such a tragic outcome, it seemed sensible to see if this risk applied to children in care.

Vinnerljung and Ribe (2001) followed up a large sample of Swedish children in foster and compared their mortality with a group of disadvantaged children living in the community and with the general population. Between the ages of 19 and 26, both groups of deprived children showed a moderately elevated mortality rate, which although still low was some 1.5 times that of the national norm. This was mainly due to 'unnatural' deaths, especially suicides. Those who stayed in care for longer than five years showed a slightly greater risk. These findings echo those of earlier studies by Thomson and Newman in Canada (1995) and Barth and Blackwell in the US (1998).

Other follow-up studies relevant to older children in care, such as that by Robins and O'Neal (1958) in which a thirty year scrutiny of young people with conduct disorders revealed a higher death rate than pertained for the general population, with much of the difference due to homicide, suicide and accidents. As the proportion of 11-15 year olds with a conduct disorder currently in care in England has been estimated at 45% for boys and 34% for girls (Meltzer, 2008) – and this is since the changes in the 1990s that took out the persistent offenders - this research provides further indication of the likelihood of raised mortality rates among the children discussed in this article.

With regard to life style, several longitudinal research studies have shown that early disadvantage, social class and persistent criminal behaviour are all associated with the

likelihood of early death and that the rate is even higher for 'life course' offenders and this finding persists when other explanatory variables are considered (Farrington *et al.*, 2006, Piquero *et al.*, 2011). Farrington and colleagues began a study in 1961/2 of 411 eight-year-old boys deemed to be at risk of offending and found that 17 (4.1%) of them had died before the age of 48 and 31 (7.5%) by the end of 2010, when the average age of the sample was 57. Many others were in poor health. Health related issues accounted for 17 of the 31 deaths, five were due to accidents, two to suicide, two to drug overdoses, one due to alcoholic liver disease and one due to drowning while escaping from custody. The causes for the remaining three were unknown (Shepherd *et al.*, 2009; Piquero *et al.*, 2011). One difference from Laub's earlier comparative study (2000) in the US of the 50-year life histories of delinquent and non-delinquent boys was that fewer deaths arose from alcohol abuse. They explain this high death rate by a combination of psychological theories that stress the risks posed by low self control and impulsive behaviour with those intrinsic to the life trajectories followed by the most serious and chronic offenders.

In this study it was possible to identify which of the 301 children studied had died before 2005 and whether the mortality rate of the long and short stay groups was exceptional. We were able to check this by seeking for their names on the Death Index for England and Wales which provides information up until the end of 2005, when the children would have been aged between 25 and 42. This follow up was possible for a few more long-stay children than for criminal behaviour and information was sought for 164 of the 170 who had remained in care for at least two years (92 boys and 72 girls). The same exercise was undertaken for the 149 (78 boys and 71 girls) who left care early.

Mortality among the long-stay group

It was found that the Death Index recorded that seven out of the 92 long-stay boys had died, that is 7.6%, but none of the girls. This is due in part to the difficulties of finding women's married names on the index, suggesting that the figure should be higher - although with marriage increasingly uncommon this may not be the case. Indeed, an alternative suggestion is that girls in care do better in the long-term than do boys. A more elaborate study that compares the findings with those from other follow up studies of girls in care, such as those by Quinton and Rutter (1988) and Bullock and colleagues (1978), is needed to explore this proposal.

Of the seven long-stay boys, three dies from natural causes, all cancer.

Case 1: Admitted to care when two months old due to neglect and non-accidental injury. Parents unable to cope, often violent and said to have no feelings for the child. Father suicidal, mother multiple partners. Very poor ante-natal care. Child born with double cleft palate and had later speech problems as well as other serious chronic medical conditions, including poor weight gain. After a period of special care in hospital, went to live with grand parents. No offending history. Died aged 15 from plasma cell leukaemia.

Case 2: Admitted to care aged 10 after breakdown in relationship with his (single) father. Extremely emotionally deprived. Poor health and unsatisfactory care, father kept him locked in his bedroom and only provided one meal a day. Mother lives 300 miles away and not interested. Placed in long-term foster care and continued to have

serious health problems due to earlier neglect. No offending history. Died aged 23 from thyroid cancer.

Case 3: Admitted when aged eight because of NAI of siblings for which the father was jailed. Seven siblings taken into care. Violent and disturbed behaviour, with suspected brain damage. Placed in a children's home and returned to live with his grandmother. Committed minor offences into adulthood. Died aged 27 from adrenal cancer.

Two more died from drug related complications, their circumstances being:

Case 4: Admitted to care at 13 as being beyond control – truanting and stealing. The boy asked for help due to unhappiness at home following his father's (of whom he was very fond) remarriage. Mother mentally ill and said to project her problems onto him. Behaviour difficult in care, he set fire to the observation and assessment (O & A) centre and moved to a community home with education (CHE). Returned home to a tense family situation and continued to commit minor offences. Worked as a casual labourer. Died aged 25 from respiratory failure due to dependent drug abuse, combined effects of ethyl alcohol, temazepam and methadone.

Case 5: Admitted to care at 14 after burglary and criminal damage offences. Beyond control and said to be a danger to other children at school. He liked his mother but there was mutual hatred between him and his father. His parents became increasingly indifferent although when interviewed he expressed a strong desire to go home. Placed in a children's home for two years. Persistent enuresis problems. Worked as a labourer and continued to commit minor offences. Committed suicide by drug overdose when aged 28.

One died in a violent confrontation and another from unrecorded causes.

Case 6: Admitted to care aged 14 after burglary offences. Stealing, enuresis, disturbed behaviour. Ambivalent feelings to father and stepmother. Placed in an O and A centre, a CHE and then went to live with friends. Continued to commit serious offences throughout adulthood. Worked as a labourer and died aged 30 from multiple injuries and blunt trauma due to an accident.

Case 7: Admitted to care aged 13 when out of control of mother and stepfather – truanting, staying out all night and offending. Described as 'bolshie' but not seriously so. Placed in a children's home for two years. Committed numerous serious offences throughout adulthood. Died aged 27, cause unknown.

A noticeable difference between this evidence and the other studies cited is the absence of deaths in automobile accidents.

Mortality among the short-stay group

The death rate for the short-stay group, who were mostly younger when entering care is lower. Four boys – that is 5.1% of the total – and no girls were known to be dead by the time of the follow-up. Two were the result of natural causes, as follows:

Case 1 A boy aged 15 months who had been in care and in hospital since birth due to failure to thrive. He was very retarded and micro-cephalic. The parents had two other children aged two and one at the time of his birth and found it difficult to cope. The paediatrician requested admission to voluntary care to help plan the child's future as it was not clear how far the parents' limited caring skills would exacerbate the child's situation. However, he died 10 days later before the move could be arranged.

Case 2 A severely disabled boy aged 10 presenting behavioural difficulties with which the family found it difficult to cope. He was born deaf and with cleft palate after a very difficult pregnancy and delivery. His mother found it difficult to accept the child and, being ashamed of his appearance, hid him from outsiders and kept him indoors. The family was middle class and the mother was keen to return to work but felt prevented from doing so by the child's need for care, a problem compounded by her lasting obsession with the difficulties she had experienced with this pregnancy. The boy had two younger sisters who were affected by his behaviour, particularly an incident where he set fire to some toys. The boy saw himself as something of a scapegoat and felt responsible for the breakdown in family relationships. He was placed in an O and A centre for 68 days before returning home under an arrangement that provided more extensive support services, such as speech therapy and special education. Died aged 33.

Two other deaths followed drug misuse.

Case 3 A boy aged four who was left, with his younger brother, in the care of two 17-year-old girls who could not cope. Neighbours called the police who took a place of safety order to remove the children to emergency foster care. The mother returned three days later and it was decided that the children could return to her care as there appeared to be no fundamental neglect. He died aged 25 from respiratory depression due to alcohol and drugs intake. The coroner's court verdict was misadventure.

Case 4 A boy aged three admitted to voluntary care with his sister aged five from the grand parents' home as the relationship between the children and their mother's partner was becoming increasingly fraught. The mother threatened to desert the family unless her children were taken into care. Social services initially rejected this threat but responded when education welfare expressed concern about the chaotic home situation. The siblings stayed 12 days in a children's home before returning to the care of their father and his new partner. Died aged 20 from methadone poisoning and dependency on drugs while resident in a rehabilitation centre.

In order to compare the death rate of the children studied with that for the whole British population, the UK Office for National Statistics undertook an analysis on our behalf, taking into account variables such as age, social class and changes in mortality rates and patterns over the last thirty years. It concluded that 94.6% of males and 96.7% of females born in 1965 would be expected to be still alive by the end of 2005. For those born in 1980, the figures rise slightly to 95.7% and 98.3% respectively.

With such small percentages of people dying, it is difficult to be categorical about whether the children in care show a higher rate than average. While the mortality rate for those in care is some 50% higher than for the general population - the ONS statistics suggest that just under 5% of males in the long-stay cohort would be

expected to have died, whereas the figure is at least 7.4%, and the expected rate for the short-stay group is 4.3% for males, compared with the actual rate of 5.1% - the error around this difference is likely to be considerable due to the sample used.

Thus, it can be concluded that the death rate for them is certainly not lower than expected; but on the other hand it is not dramatically higher, again questioning some of the more pessimistic prognoses made about children in care. The failure to find any premature deaths among the 138 girls scrutinised is open to different interpretations. But while small differences may not be significant for individuals, they become so when applied to large populations; for example, a difference of 2% in the death rate applied to the 27,000 annual care admissions in England affects 540 individuals.

It is equally difficult to know whether these findings reinforce West and Farrington's findings about the link between persistent criminality and premature death. Five of the seven boys who died continued to commit offences after leaving care and two were recidivist in that they had more than five court appearances with convictions. This tentatively suggests that the male offenders in the care population were at increased risk of dying young although the small numbers question the strength of this conclusion.

Conclusions

Several conclusions and implications for policy and practice can be drawn from this follow up study of the offending behaviour and mortality of children in care:

- It is not possible to evaluate outcomes for children in care without knowing their characteristics and the risks these pose. This questions global generalisations and international and intra state comparisons that do not take this into account. Care populations that contain young offenders or a disproportionate number of males will inevitably show higher rates of adult criminality.
- All children in care are at increased risk of poor outcomes compared with the general population. This occurs for a variety of reasons which includes criminality and early death,
- The rates for the subsequent offending of children presenting delinquency and other difficult behaviour, especially truancy, and who stay long in care is 2.7 times higher than for those coming into care because of neglect and abuse and 1.6 times higher than for family breakdown. Nevertheless, all children show a significant risk due to their deprived backgrounds.
- Offending behaviour is not constant and the risks associated with it vary over time. Of the long-stay children who had offended before entry to care, half continued committing offences into adulthood, whereas 18% did not offend again and another 15% not after leaving care. In contrast, 26% who had not offended prior to entry, subsequently did so, 93% of them after leaving care. Offending does not present a single risk; it can mark a passing stage in a

child's development, it can be a continuous feature of an individual's life or develop later in life from minor beginnings into something more serious.

- All children coming into care are prone to poor outcomes. The fact that rates for offending and mortality were higher for the long-stay children does not necessarily indicate ineffective interventions but confirms the increased vulnerability of these young people over and above other deprived children and the demands this makes on services.
- There is no evidence from this study to suggest that being in care *per se* reduces or increases the risk of offending. Much depends on other factors, such as the child's predisposition and the quality of interventions received.
- While it is difficult to draw authoritative conclusions from the small sample, the findings on life expectancy and causes of death support those from other larger studies of the risks posed by early illness and disability, abuse and neglect and anti-social life styles.
- Further exploration is needed to clarify the impact of substitute care, for example to see whether those children who stay in stable long-term placements do better or as well as those adopted or returned home.
- Further research is needed to clarify the relationship between the care system and juvenile justice services and the reasons why no girls were identified in the exploration of the Death Index.

Summary of implications for policy and practice

- All children in care are at increased likelihood of poor outcomes compared with the general population but it is not possible to determine the extent of their vulnerability without knowing their background characteristics and the risks these pose.
- The rates for the subsequent offending of children presenting delinquency and other difficult behaviour and who stay long in care is higher than for those coming into care because of neglect and abuse or family breakdown.
- Offending behaviour is not constant and the risks associated with it vary over time.
- There is no evidence to suggest that being in care *per se* reduces or increases the risk of offending as much depends on other factors, such as the child's predisposition and the quality of interventions received.
- While it is difficult to be authoritative, there is evidence that the risk of mortality is increased by early illness and disability, abuse and neglect and anti-social life styles.

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