



UCL

## Summary

# Long-term outcomes for care leavers who became parents and experiences of their children

Evidence on the intergenerational transmission of disadvantage in two British cohort studies



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# Acknowledgements

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**We are very thankful to the Nuffield Foundation for their funding and support (grant number: JUS /FR-000022636). Our particular thanks go to Ash Patel and Ellen Wright.**

The Nuffield Foundation is an independent charitable trust with a mission to advance social wellbeing. It funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics and the Ada Lovelace Institute. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit **[www.nuffieldfoundation.org](http://www.nuffieldfoundation.org)**

This work was also supported by the Economic and Social Research Council under the Centre for Longitudinal Studies, Resource Centre 2015-20, grant number ES/M001660/1.

We also wish to thank the numerous team members involved with the 1970 British Cohort Study (BCS70) and the Millennium Cohort Study (MCS) including interviewers, technicians, researchers, administrators, managers and health professionals. However, most of all we wish to thank the cohort members in both studies for their continued and invaluable contributions, without which none of the research would be possible.

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# Background

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Across Europe (including the UK) about 1% of children (nearly 1 million) spend time under the guardianship of the state in out-of-home care (OHC) in any given year. The experience of OHC, often characterised by psychosocial deprivation and inconsistent caregiving, can be considered as a distinct type of traumatic experience (Yang et al., 2018) referring to adverse childhood experiences that occurred before placement as well as the separation from the mother and/or father. There is persistent evidence to show that the experience of OHC, which encompasses the experiences prior to entering OHC, is associated with problematic post-16 transitions and poor adult outcomes regarding education, employment, income, housing, health and wellbeing (Cameron et al., 2018; Dregan et al., 2011a; Dregan et al., 2011b; Sariaslan et al., 2022; Viner & Taylor, 2005). There is however scarce evidence on the experiences of the children of care leavers, i.e., the intergenerational transmission of disadvantages associated with OHC experience. This is the first study in the UK to examine the experiences

of care leavers who became parents, following their development and that of their children from early childhood to adolescence and into adulthood.

Going beyond the information available from administrative data, we use information from the nationally representative longitudinal 1970 British Cohort Study (BCS70) and the 2000/2 Millennium Cohort Study (MCS) to provide a detailed profile of care-experienced families and the development of their children up to age 17 in a current cohort (MCS) as well as outcomes into the fifth decade and beyond (BCS70) [See Box 2]. Importantly, the research showed evidence of both continuity and discontinuity in the development of this potentially vulnerable group and identified key factors that limit the intergenerational transmission of disadvantage and promote positive adaptation, and thus can inform how the government can better deliver against its 2013 Care Leaver Strategy to support young people leaving care to become independent and to improve the life chances of their children.

## Prevalence

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### BCS70

Of the 12,740 cohort members for whom we have information on both their mothers' OHC experience and their own OHC experience,

- N=382 (3.0%) CMs had a care-experienced mother
- N=562 (4.4%) had experienced care themselves
- N=48 (0.4%) had a care-experienced mother and been in care themselves

### MCS

Of the 18,552 families who first took part in wave 1 or the 692 new families introduced at wave 2,

- N=456 (2.4%) CMs had a care-experienced parent
- N=304 mother; N=142 father; N=10 mother and father

# Addressing the gaps in evidence

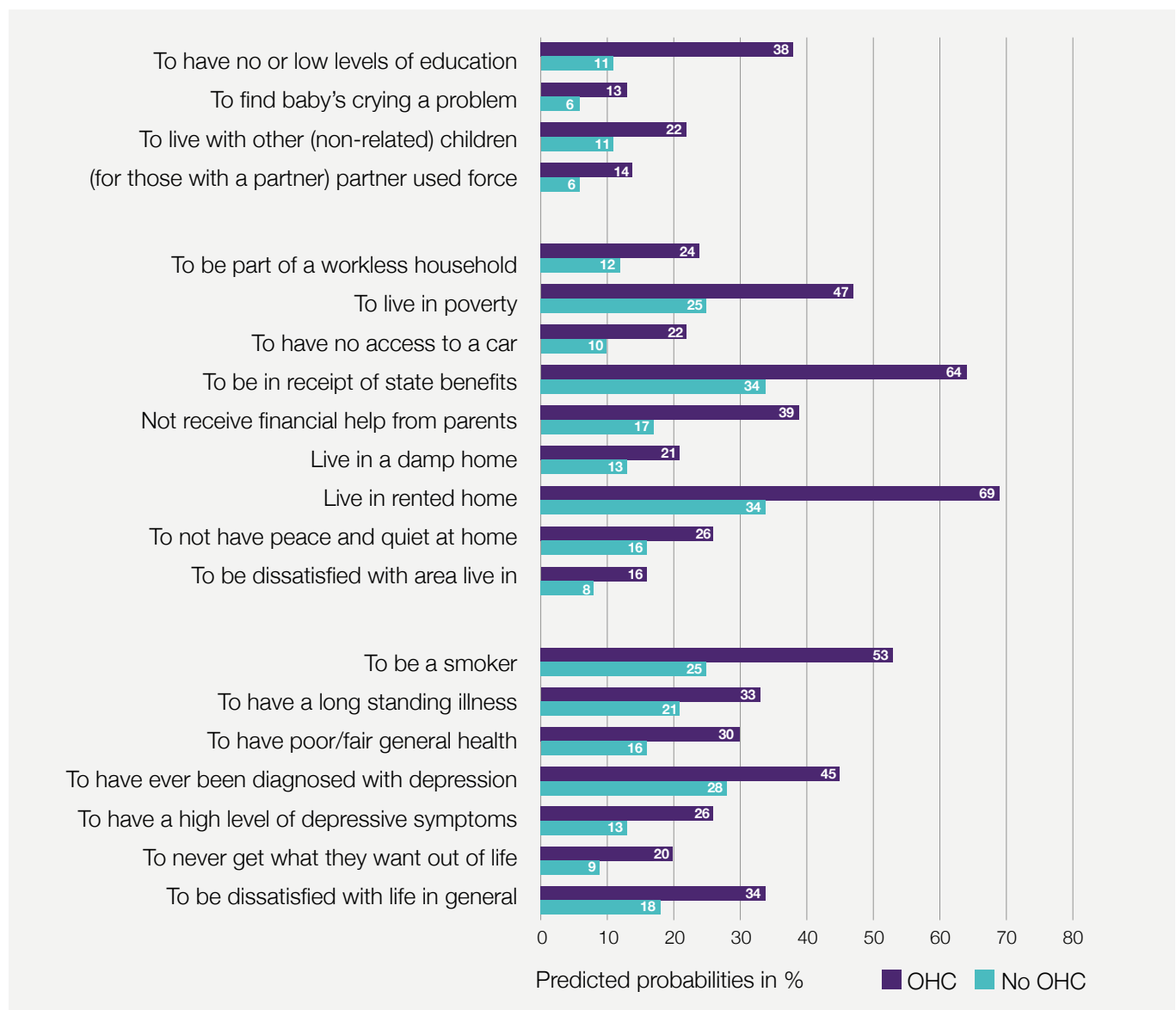
This study addressed three central research themes and our findings are summarised below

## The social and economic resources available to mothers with OHC experience as children

To gain a comprehensive understanding of the resources available to care-experienced parents we

examined a range of indicators, including markers of socioeconomic status (parental education levels, social status, employment, income, housing and home ownership), indicators of area disadvantage, as well as indicators of parental physical and mental health and wellbeing, available social support networks

Graph 1: Circumstances and characteristics that mothers with OHC experience were more likely to experience



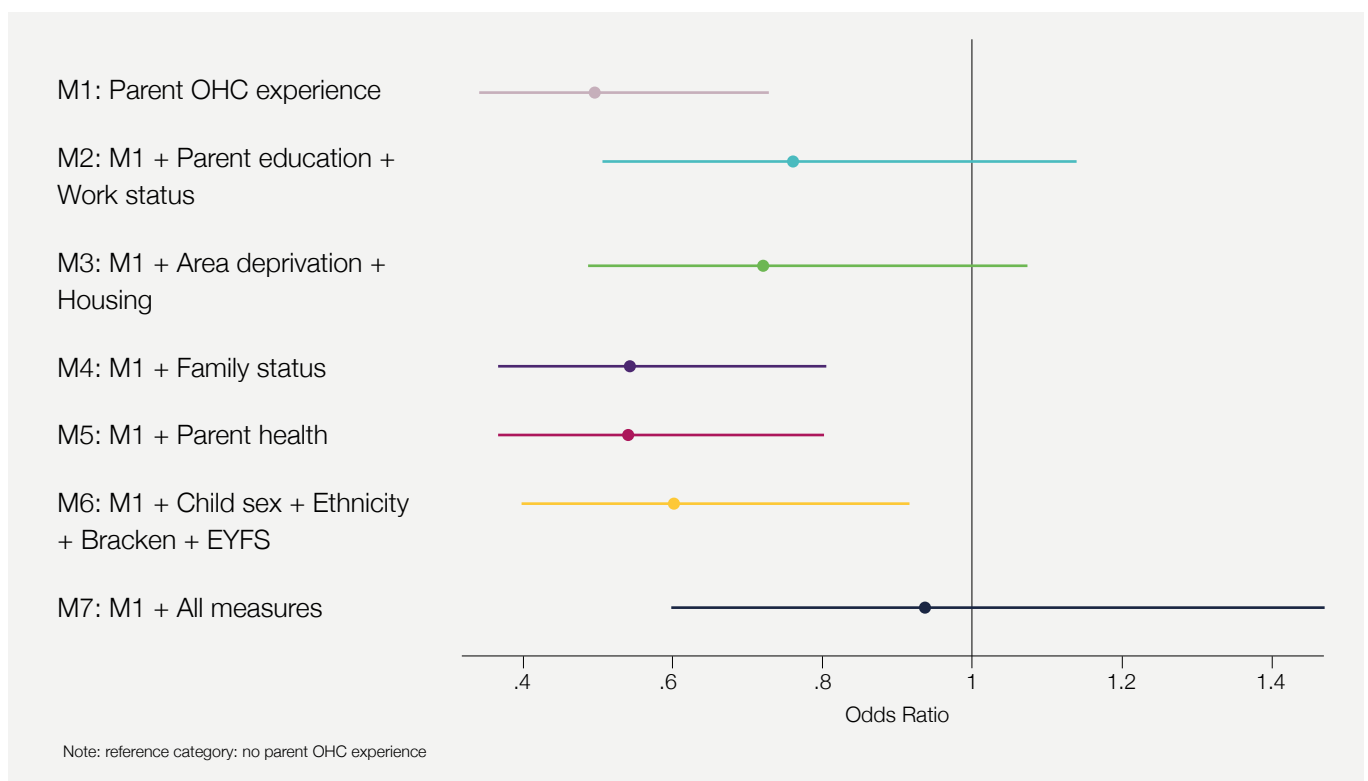
and parenting behaviour. We find that mothers who experienced OHC in their childhood have poorer socioeconomic and psycho-social resources available to them in adulthood. However, when their age, ethnicity and qualification levels are taken into account, many differences regarding their pregnancy, childbirth and parenting behaviours were no longer significant. Key differences that remained are regarding their education, being part of a workless family, receipt of state benefits and experience of poverty. They were also more likely to live in rented, damp housing and to be dissatisfied with the area where they live and to have no peace and quiet when at home. More had also experienced a partner using force on them, to have poorer physical and mental health and to be dissatisfied with their life in general [See Graph 1]. There were however no significant differences regarding drug use, breastfeeding, or setting regular meal- and bedtimes for their child. However, we also found evidence of mothers with OHC experience who demonstrated effective functioning, i.e., they obtained relevant qualifications, were in gainful employment and were not dependent on state benefits. This group of mothers comprised about a third of the sample.

## The impact of parental OHC experience on their children's development

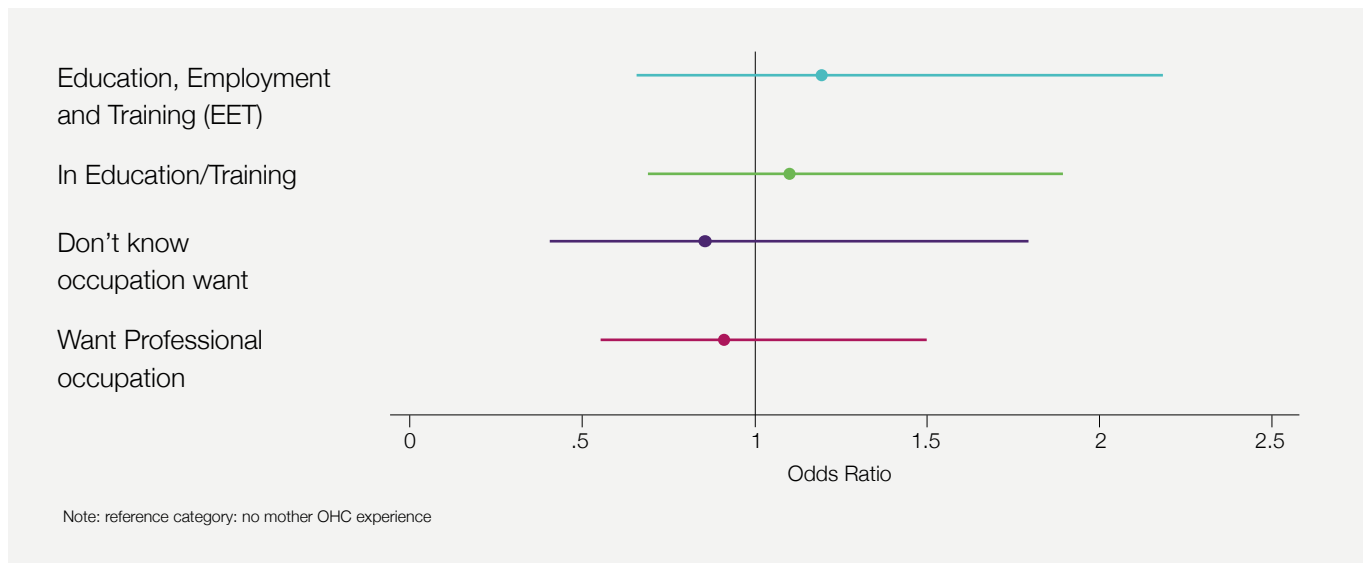
In assessing the developmental outcomes among children of OHC experienced parents (compared to no OHC experienced parents), we include indicators of key physical, cognitive, social and emotional developmental milestones between 3 and 17 years (MCS); and the children's educational participation and attainment in education from the preschool years up to GCSE attainment, and initial post-16 transitions. For BCS70 we additionally compare education and economic activity outcomes at age 26 (early adulthood) and age 46 (mid-adulthood) to assess evidence of the long intergenerational shadow of OHC experience.

We find strong evidence of intergenerational transmission of OHC trauma in MCS. However, after controlling for disadvantages in family socioeconomic status (SES), the children of care leavers do as well as other teenagers educationally – including GCSE attainment [See Graph 2] and in their post-16 transitions [See Graph 3] – but mental health scars remain very evident. In the early years differences in child cognitive and emotional adjustment by mother OHC experience were fully accounted for by SES

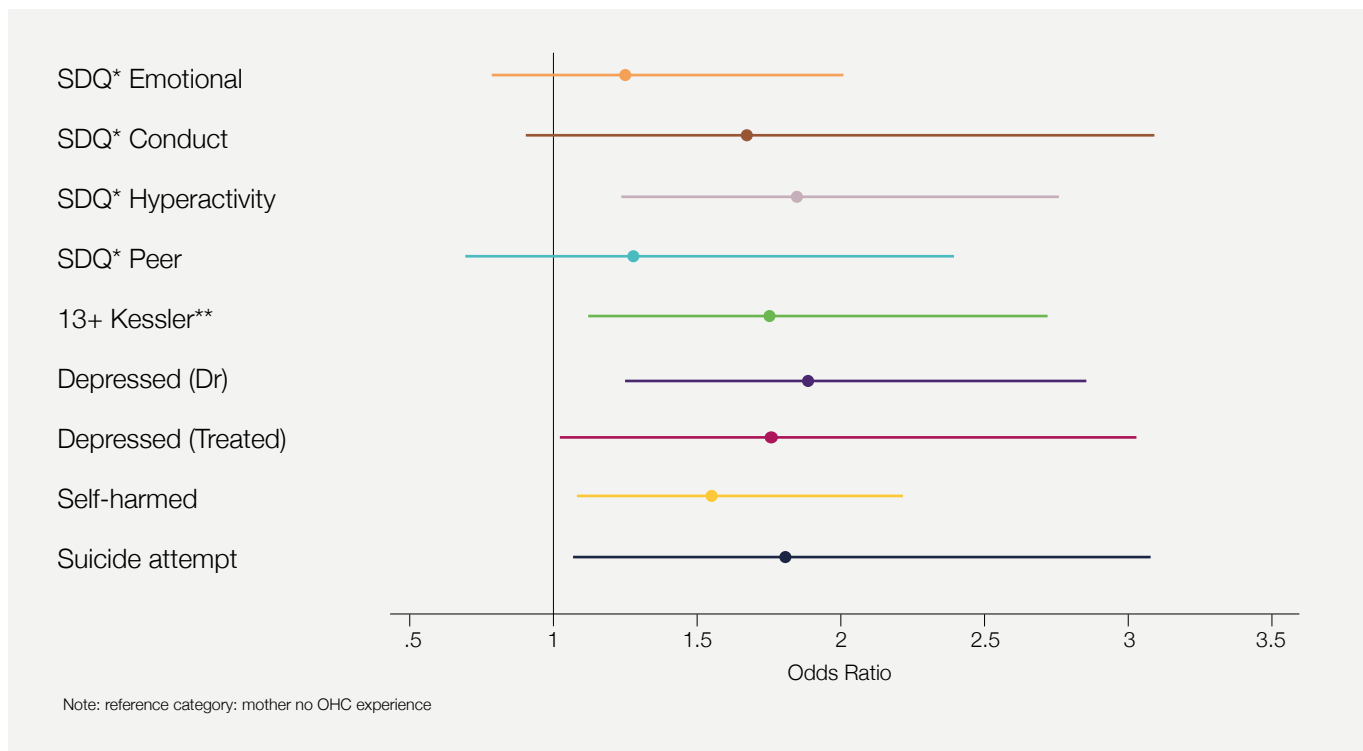
**Graph 2: Odds Ratios for gaining 5+ GCSEs Grade 4-9 (inc. Maths and English) at age 16**



**Graph 3: Odds Ratios for post-16 transitions**



**Graph 4: Odds Ratios for mental health difficulties of teenagers of mothers with OHC experience**



\* The Strengths and Difficulties Questionnaire (SDQ) measures behaviour and emotions in children and adolescents and is widely validated cross-nationally and cross-culturally for use in non-clinical settings (see Goodman 1997, 2001)

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38(5), 581-586. <https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>

Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire (SDQ). *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1337- 1345. <https://doi.org/10.1097/00004583-200111000-00015>

\*\* The Kessler scale K6 is a screening instrument for non-specific distress and is an abbreviated version of the K10. The K6 has a score range of 0-24, with a score of 13+ indicating severe levels of distress (see Kessler et al., 2003).

Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*. 60(2), 184-189. Information on scoring and interpretation of this scale can be found at [http://www.hcp.med.harvard.edu/ncs/k6\\_scales.php](http://www.hcp.med.harvard.edu/ncs/k6_scales.php)

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differences, though this did not extend to externalising behaviour problems and there is an increased risk for mental health problems at age 17, in particular regarding depression, self-harm and suicide [See [Graph 4](#)]. More research is urgently needed to understand these processes of emotional scarring in more detail. Among the 1970 cohort, we find evidence of resilience among the adult children of care leavers in terms of mental health outcomes, gaining qualifications into mid-adulthood and not being as disadvantaged in the labour market in comparison to their peers who had OHC experience in their own childhood or adolescence. [See [Graph 5a and 5b](#)]

## The factors and processes that promote positive development among children of OHC experienced mothers

Notably, not all care leavers show negative outcomes as they age-out of the child welfare system and there is evidence of heterogeneity in experience. A considerable number of care leavers succeed to beat the odds and lead reasonable well-adjusted lives as adults, demonstrating resilience in the face of adversity. Categorising the MCS mothers with OHC experience into three distinctive groups – Resilient, Impoverished and Distressed [See [Box 1](#)] – we found that resilience among OHC experienced mothers is associated with having had a stable foster care placement, gaining higher qualification levels, better housing and higher levels of employment. In turn, children of resilient mothers were also more likely to achieve good grades in their GCSE examinations, doing as well as their peers in the general population educationally. However, they had as many mental health problems as children of non-resilient care leaver mothers, highlighting that positive adjustment in one domain (educational attainment) is not necessarily found in other domains, underlining the need to adopt a multi-dimensional conceptualisation of resilience. [See [Graph 6](#)]

### Box 1: Three groups of OHC experienced mothers

#### Resilient

27% mothers reported relative positive adult adjustment – educated, part of a working household, few were single mothers or in poverty.

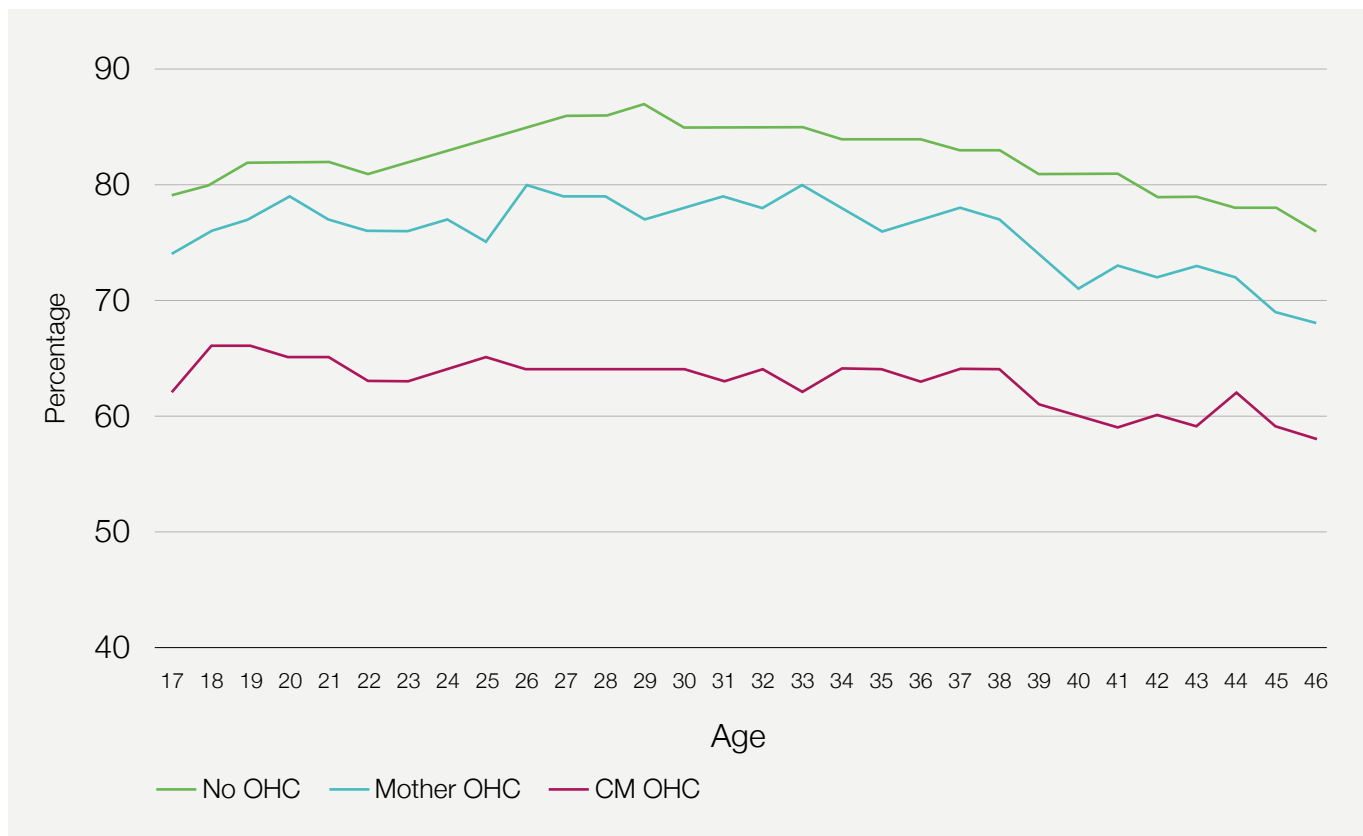
#### Impoverished

39% comprised of mainly white younger single mothers who are poorly educated, living in a workless household, in rented accommodation and deprived areas.

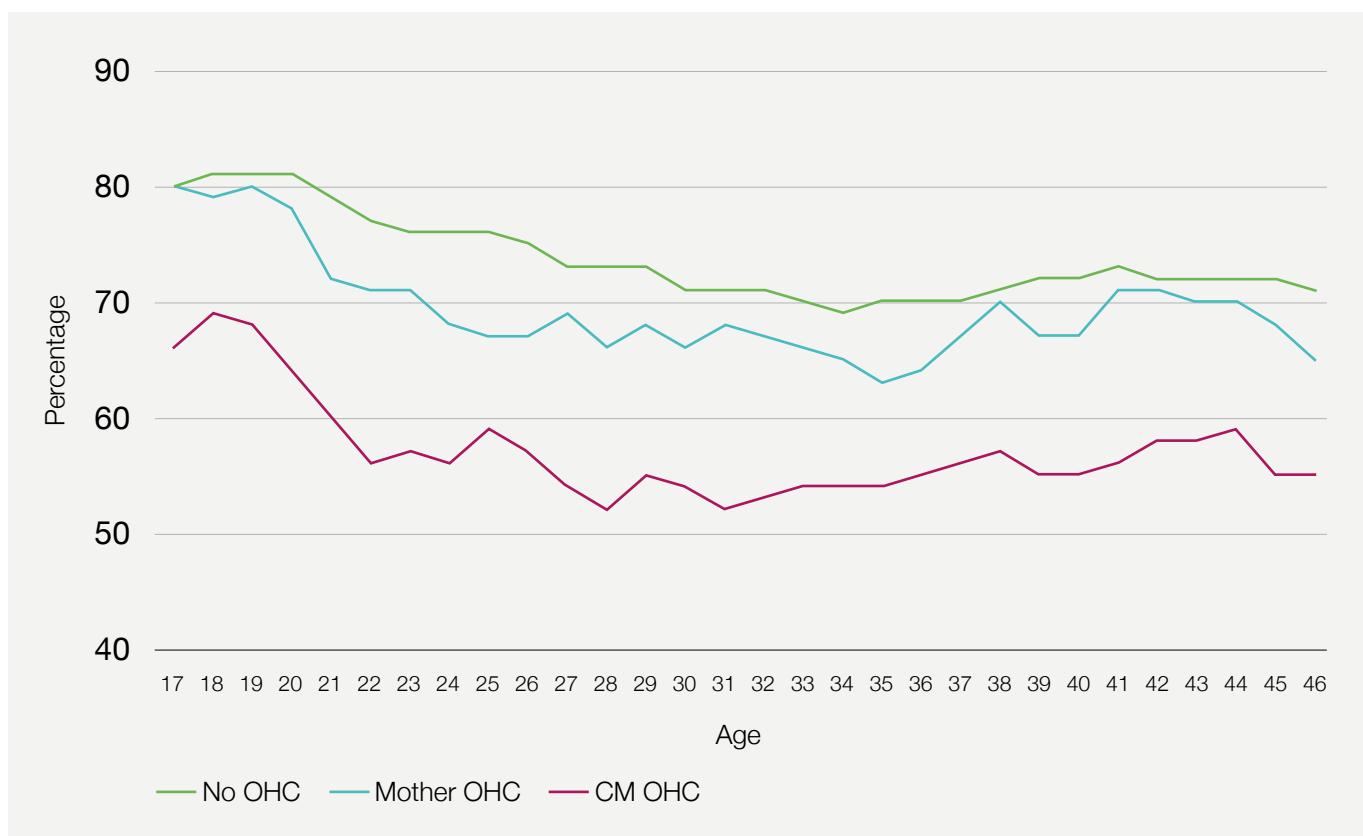
#### Distressed

34% were mothers also mainly white, poorly educated, living in rented accommodation, in deprived areas, but also with relative high levels of mental health problems who experienced more chaotic lives.

Graph 5a: Percentage of men in EET in each year between January 1987 – December 2016 by OHC experience

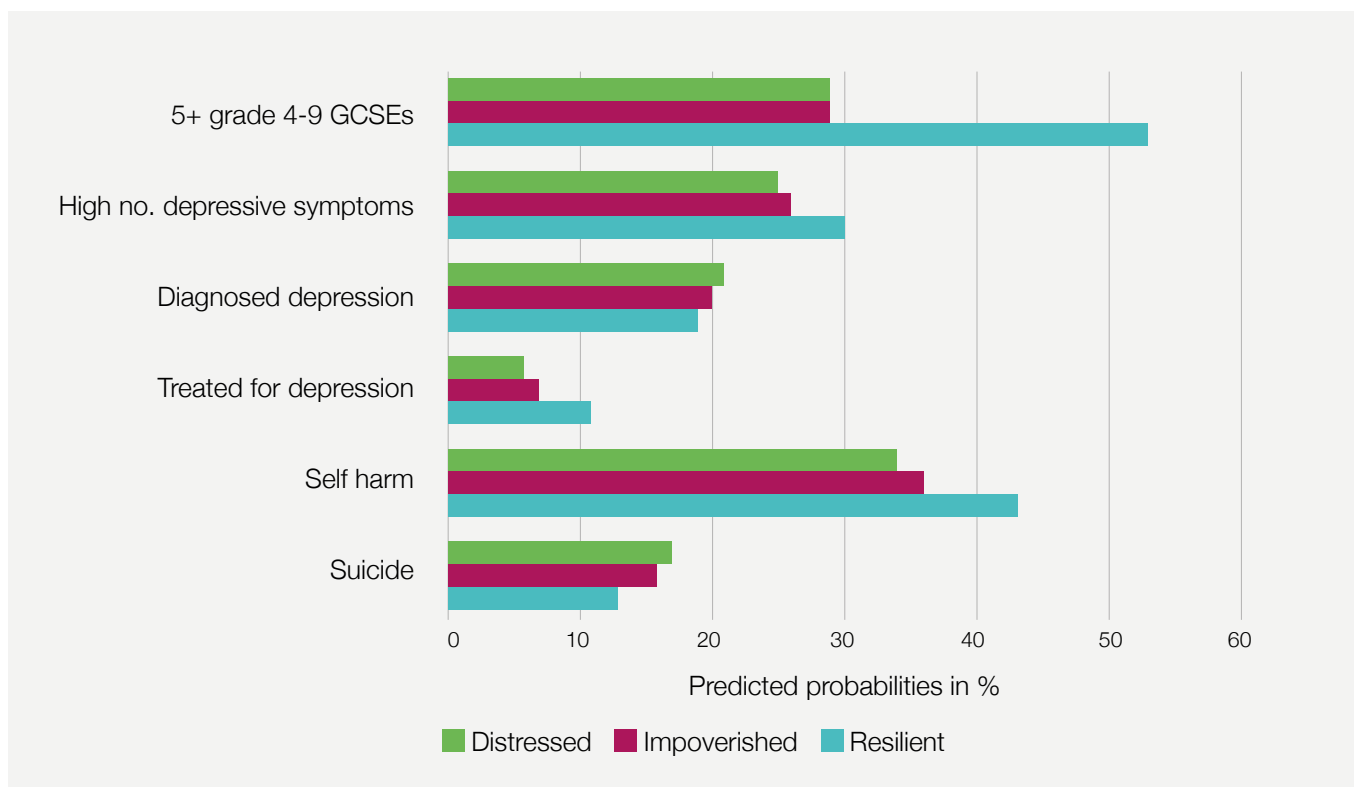


Graph 5b: Percentage of women in EET in each year between January 1987 – December 2016 by OHC experience





**Graph 6: Children’s education and wellbeing outcomes by their mother’s adjustment**



**Box 2: The data**

This research has used two of Britain’s longitudinal birth cohort studies, the 1970 British Cohort Study and the Millennium Cohort Study.

**The 1970 British Cohort Study (BCS70)**

BCS70 follows the lives of more than 17,000 people born in England, Scotland and Wales in one week of 1970 (Elliott & Shepherd, 2006). Since the birth survey there have been nine further waves of data collection at ages 5, 10, 16, 26, 30, 34, 38, 42 and 46-48 when **8,581** cohort members took part.

**The Millennium Cohort Study (MCS)**

The Millennium Cohort Study is a multi-purpose ongoing longitudinal study of approximately 19,000 babies born to families living in the UK between September 2000 and January 2002 (Plewis, 2007; Connelly & Platt, 2014; Joshi & Fitzsimons, 2016). Data have been collected when the children were aged around 9 months, 3, 5, 7, 11, 14 and 17 when 10,625 families participated.

Over the cohort members’ lives in both studies, a wide range of information has been collected on their health, physical, educational and social development, and socioeconomic circumstances among other factors dependent upon age at data collection. Further details on BCS70 is available at [www.cls.ucl.ac.uk/cls-studies/1970-british-cohort-study](http://www.cls.ucl.ac.uk/cls-studies/1970-british-cohort-study), and for MCS [www.cls.ucl.ac.uk/cls-studies/millennium-cohort-study](http://www.cls.ucl.ac.uk/cls-studies/millennium-cohort-study). Both studies have established data sharing processes. All anonymised datasets with corresponding documentation for BCS70 (SN 200001 [www.beta.ukdataservice.ac.uk/datacatalogue/series/series?id=200001](http://www.beta.ukdataservice.ac.uk/datacatalogue/series/series?id=200001)) and MCS (SN 2000031 [www.beta.ukdataservice.ac.uk/datacatalogue/series/series?id=2000031](http://www.beta.ukdataservice.ac.uk/datacatalogue/series/series?id=2000031)) are available to download through the UK Data Service.

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# Concluding remarks

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Overall, this body of research has highlighted the complex needs and challenges faced by care leavers and their children and provided a better understanding of the factors and processes linking parental OHC experience to the psycho-social adjustment in the 2nd generation [See Box 3]. Although the (predominantly) mothers with OHC experience in this research experienced care systems and policies covering the mid-latter half of the 20th century, the findings reported here are just as pertinent today for stopping the intergenerational transmission of disadvantage among care leavers and their (future) children. Indeed, drawing on evidence from two national cohort studies we were able to assess generalisability of findings across different socio-historical contexts. Future research should aim to examine the processes enabling those with OHC experience and their children to overcome the psycho-social scarring, to improve their mental health and escape the vicious cycle enabling them to lead a satisfactory and rewarding life after a problematic childhood.

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### Box 3: Project outputs

All published outputs are available on the project webpage: <https://www.cls.ucl.ac.uk/childrenofcareleavers>

#### Journal articles

Parsons, S. & Schoon, I. (2022). [Does the trauma associated with out-of-home care transmit across generations? Evidence from the 1970 British Cohort Study during a major health pandemic](#). *BMJ Open*;12:e056736.

Parsons, S., Fitzsimons, E. & Schoon, I. (2023). [Intergenerational transmission of educational disadvantage: Education progression of children of care leavers compared to a general population sample](#), *British Educational Research Journal*, 00:1–25.

#### Working papers

Parsons, S. & Schoon, I. (2021). [Descriptive profile of mothers by their experience of out-of-home care in childhood: evidence from the UK Millennium Cohort Study](#). Quantitative Social Science Working Paper No. 21-34.

Parsons, S. Fitzsimons, E. & Schoon, I. (2022a). [Intergenerational transmission of educational disadvantage: Educational progression of children of care leavers compared to other children in a general population sample](#). CLS Working Paper 2022/7. London: UCL Centre for Longitudinal Studies.

Parsons, S., Schoon, I. & Fitzsimons, E. (2022b). [Evidence from the UK Millennium Cohort Study. Teenage children of mothers who experienced out-of-home care: How are they doing?](#) Quantitative Social Science Working Paper No. 22-08.

Fitzsimons, E., Parsons, S. & Schoon, I. (2023) [The relationship between maternal care experience and early child development: Evidence from the UK](#). CLS Working Paper 2023/2. London: UCL Centre for Longitudinal Studies.

Parsons, S. & Schoon, I. (2023). [Care leavers and children of care-leavers: employment, education and training \(EET\) disadvantages over the lifecourse](#). CLS Working Paper 2023/3. London: UCL Centre for Longitudinal Studies. (WP5)

#### Briefing papers

[Resources available to mothers who experienced out-of-home care in childhood - Evidence from the UK Millennium Cohort Study \(17 March 2022\) \(BP1\)](#).

[Mental health of at-risk teenagers: Evidence from children of care leavers and those from socially disadvantaged families in the Millennium Cohort Study \(26 June 2023\) \(BP2\)](#).

