Health prospects of children in care look worse than for anyone else

August 31 2017, by Alex Mcmahon And David Conway

Nearly one in 100 children are in care. Credit: santypan

When the state gets involved in the welfare of children or young people under 18, we call them "looked after." They might live with foster parents, in a children's home, with friends or relatives, or even with their

own family under a compulsory home supervision order.

Nearly 95,000 British youngsters live in such arrangements, which is not far off one in 100. We know that their life chances are not as good as they should be. In the words of the National Society for the Prevention of Cruelty to Children: "As a result of their experiences both before and during care, looked after children are at greater risk than their peers."

The media and authorities have tended to focus on how the education system fails this group. Their health has only more recently been identified as a priority, at least by the Scottish government, though it has been considered impossible to build up a meaningful statistical picture because of the way the different relevant departments collate the data.

We have managed to do this, however. We have focused on dental data of looked after children in Scotland, but the results are likely to be the tip of a very worrying iceberg. They are likely to prompt much wider research into the general health of this group of children, both in Scotland but also across the UK and beyond.

The findings

Our new paper, just published in the *Archives of Disease in Childhood* journal, has found that there are stark differences between the dental health of children in care and those who are not. We compared 622,280 children in the general population with 10,924 who are looked after, which is the majority of the approximately 15,000 in Scotland. The dental treatment needs of children, particularly for urgent work or for extractions under general anaesthetic, are important because they could be considered an early marker for poor physical health later in life.

We found that children in care have twice as many urgent dental health needs as the general child population. Children in care, including those

in foster and residential care, have double the rates of urgent dental treatment, and are half as likely to attend dental services as children in general. Children in care are twice as likely to have a tooth extraction under general anaesthetic.

Our key findings also included:

- 49 percent of children in care do not attend the dentist regularly, in comparison with 38 percent of all children.
- 67 percent of five year olds in care have dental needs compared with 36 percent of all children.
- 23 percent of five year olds in care have urgent dental needs including severe dental decay or dental abscesses, compared with 10 percent of all children.
- 75 percent of 11 year olds in care have dental needs compared with 58 percent of all children.
- 7 percent of 11 year olds in care have urgent dental needs compared with 2 percent of all children.
- 9 percent of children in care have had a tooth extraction under general anaesthetic compared with 5 percent of all children.

These differences coudn't be explained by the standard measurable socioeconomic factors – children in care have considerably worse dental issues than other children in a similar socioeconomic group. And this is in a context where children in UK's poorest areas are ten times more likely to be looked after.

We also identified variations between different categories of looked after children. Children in foster care had the best dental health, while those with the worst are the ones who remain in the family home with children's panel and social work support.

We don't yet know whether the poor figures for looked after children are

the result of the family background that led them into care in the first place or because the state is failing to look after them once they are in the system. Neither could we get any information on pre-school children because of the nature of the data.

Next steps

We are keen to do follow-up work to better understand the barriers and facilitators into dental services, since the findings also suggest that such services are either failing these children or they are just not using them. But to do this work, and for much other work into the health prospects of looked after children to become possible, it is going to need even further joined-up work between health and social care services to compare data.

Different areas of the UK are merging health and social care to various degrees. If social services and NHS services were to use a single identifier number for clients, it would make it easier to understand what is going on.

For the time being, these findings are a stark reminder to us all of the need to focus our efforts to ensure the most vulnerable children are properly cared for. It looks as though we have a problem: before we can solve it, we are going to need to be able to look at the full picture.

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