Executive summary

Mapping alcohol use through the care system

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Key findings

- The participants tended to start drinking around age 14, but initiation ranged between 12-17 years old. For many, starting to drink was influenced by their vulnerability and a result of being in the care system.
- Placement type appeared to influence alcohol use. Residential homes were seen to be particularly conducive in starting/increasing alcohol consumption (and other drug use), whereas foster care was perceived to be a moderating, protective factor.
- Most of the young people had gone through periods of increased or decreased alcohol use, often by conscious decision. Reasons for abstaining or reducing use were often associated with the vulnerabilities and stresses that may be more likely for this group.
- Some had a particularly complex relationship with alcohol and other substances, in particularly those who had lost a parent and/or other relatives to alcohol use.
- The majority of the sample drank minimally or occasionally. The main reason for this was a purposeful choice to avoid repeating the patterns of parents and other relatives.
- Most participants felt that being in care influences alcohol use in a negative way due to experiences prior to care and the result of being in care itself.

Research team
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Background

'Looked after children' are children and young people up to the age of 18 who are under the legal guardianship of their local authority, also known as 'in care'. 'Care leavers' are those transitioning out the care system but who are still entitled to support from their local authority (up to the age of 25).

This project investigates looked after children and care leavers' (henceforth LACCL) relationship to alcohol and the role it plays in their lives; the social and psychological factors influencing use (such as peer and familial influences); how alcohol use relates to other drug use; and their experiences of relevant support services.

Recent policies stress that LACCL are a high-risk group who are vulnerable to substance misuse and related health risks. For example, the 2014 National Institute for Health and Care Excellence (NICE) guideline, 'Interventions to reduce substance misuse among vulnerable young people', highlighted looked after children as a group vulnerable to substance use. The NICE 2017 guidelines 'Drug Misuse Prevention: Targeted Interventions', identified looked after children as a 'high priority group' who are at increased risk from substance-related harm. LACCL are over-represented among drug users and in substance use services and tend to have persistent poor outcomes that endure into adulthood.

To date there is little research, particularly qualitative, that specifically explores the context of this group's alcohol use. There is a need for more in-depth research that explores their alcohol use and how it relates to other factors in their lives, such as how alcohol intersects with their journey through the care system. This project is necessary due to the high-risk and vulnerable nature of LAC.

Methods

We conducted 20 face-to-face interviews with LACCL aged 16-20 from the north-east of England. The sample included nine young men and eleven young women. All were white British, reflecting the ethnic mix of the local authority. They live in a range of placement types including foster care and residential care homes. We asked the participants questions about their current and past drinking patterns, experiences of alcohol use (their own and others'), influences on their use, feelings towards alcohol, and about periods of increased or decreased use, and to reflect on their alcohol use and relationship to drinking.

Findings

1 Current drinking patterns

The young people varied in their current alcohol consumption patterns; the sample included a range of drinking styles from abstainers to heavy episodic drinkers. Five people mainly engaged in heavy weekend drinking on 'nights out' in town centres, often accompanied by pre-drinks in someone's home. However, most of the participants were minimal and/or occasional drinkers. Some young people had always been so, whereas others had decided to reduce or stop drinking after a period of heavy use. Five of the participants disclosed they had current or past experience of other illegal substance use.

The young people tended to talk about current drinking in a positive manner and as something that was for the most part, an enjoyable activity. The main reasons for drinking were socialising with friends, having fun and relaxing. Cited negative effects included hangovers, the cost of a night out, making a fool of oneself or having arguments with friends and partners.

2 Starting to drink

Most of the young people began consciously drinking with friends between 12 and 17 years old, with the majority having tried alcohol by age 14. They typically drank in public areas such as parks and fields, for the purposes of getting intoxicated. They cited drinking cheap white cider and spirits, drinking "whatever they could get their hands on". Such patterns can be located in a typical teenage trajectory of beginning to experiment with alcohol and bonding with peers. However, for some of the young people in the study, their vulnerability and fact of being in the care system influenced this phase in their lives.

3 Placement type

Placement type appears to have an influence on alcohol consumption. For example, moving into a residential care home tended to coincide with beginning to consume alcohol, typically with others living in the home. The young people described residential homes as environments that were conducive to alcohol consumption and other drug use. A young woman who started drinking at 12 years old upon entering residential care reflected this on:

"When there's a group of people put together, that are all maybe a little bit more vulnerable than everybody else, they're going to rub off on each other and they're going to do things that aren't safe and that they shouldn't be doing" (Megan, 20, living independently).

In contrast, the participants spoke about the potentially mediating effects of foster care. Reasons for this included having less desire to drink, having 'respect' for the foster carer, being in a 'normal' family environment, and feeling genuinely cared for. One young woman believed that foster care "straightens people out" and that she would have drank more if she had not been removed from her birth parents who were heavy drug and alcohol users:

"… but we've all, like, because of our foster carers, if I still lived with my mum, no offence to her, I would have probably been in prison, on drugs, on the streets, but because I had a different path I was saved, kind of thing" (Carrie, 19, living independently).

4 Transitions and changes

As with young people's drinking more broadly, LACCL in our sample had drinking 'careers', which transitioned through periods of increased or decreased alcohol consumption. Sometime changes occurred subtly and gradually in the process of getting older and moving towards independence, such as the young person no longer wanting to drink in parks and public places or being allowed in licensed premises at 18 years old.

Other reasons for stopping/reducing drinking were often associated with the particular vulnerabilities and stresses that are more likely to occur in the lives of vulnerable young people, such as teenage motherhood or caring responsibilities:

"As you can tell I've never been a big drinker, but I would like to drink more and get out more. But since my dad got poorly and he's been out of hospital and stuff, it's just not possible because I've got to be there all the time, in case something happens, or he can't do something. It's very frustrating because I want to act like a 20-year-old; not like someone who's much, much older, who doesn't drink, who doesn't go out" (Amber, 20, living with biological father).

However, reducing alcohol use is not necessarily straightforward. Some of the young people had a complex relationship with alcohol and other substances. Two of the young men whose mother had passed away due to alcohol misuse had recently made a choice to stop drinking due to this reason, but only after a period of extensive alcohol use. However, both young men admitted that they had simply 'switched' to cannabis and smoked daily as a way to relax and cope.

5 Choosing different pathways

Many of the participants were minimal or non-drinkers. Interestingly, the main reason for making this choice was to avoid being like parents and/or other birth family members who had drank and/or used drugs heavily. One young man had lost his mother and paternal grandfather due to alcohol-related circumstances. Ethan drank minimally but avoided being drunk due to his experiences of alcohol abuse:

"I've been tipsy once. And I don't get drunk….I don't want to even risk becoming either of them, and what they became. Which was a total freaking mess" (Ethan, 19, supported accommodation).

6 The influence of care on young people's drinking

During the interviews we explored whether the young people felt that being in care system affects alcohol use. Those who drank minimally were more likely to believe that being in care did not make alcohol use more likely and that consumption patterns were down to the individual person.

"To be honest, I don't think being in care makes people want to drink. I think it's them. You can't blame it on care. Every child is going to do it" (Jon, 17 supported accommodation).

However, the majority of the young people felt that being in care influenced alcohol use in more of a negative way, in terms of how much they drank, when they started drinking, and the reasons for drinking. This could be due to experiences prior to care and/or a result of being in the care system itself.

"People in care normally always drink…..It's because of their situations, they have to. Not have to….Like, helps to forget stuff and that" (Jenny, 17, living independently).

Implications

Alcohol (and other drug) education and advice may be appropriate for some looked after children as young as 12 years old. This could be from a drug and practitioner, social worker, or another supportive adult.

Residential home staff need regular training around drug and alcohol knowledge, such as spotting symptoms and providing low-level advice and guidance. Homes should consider having an embedded drug and alcohol worker. However, this all depends on funding and resources.

Social workers and carers need more awareness of how key transitional moments in the care system can influence alcohol consumption.

Conclusion

The project has generated new knowledge about the situated nature of alcohol use as it pertains to transitions through the care system. 'Mapping' alcohol pathways in this way gives a more nuanced understanding of LACCL alcohol use and alcohol-related harm by shedding light on the factors influencing alcohol use. Overall, the findings show that LACCL's drinking patterns can traverse several different pathways. The multiple pathways highlighted in this report provide examples of LACCL's different relationship to alcohol and show these relationships are not static.

Further information

The project was informed and guided by members of the Children in Care Council (CICC) of North Tyneside Local Authority. We thank them for them time and for supporting the study.

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