The Perceived Impact of the COVID-19 Pandemic on the Mental Health and Well-being of Care-Experienced People

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Abstract

The impact of the coronavirus disease 2019 (COVID-19) pandemic on care-experienced people has been the subject of research, but important gaps remain in our understanding of how care-experienced people felt their mental health and well-being were affected by the pandemic. Care-experienced adults from across the UK were invited to complete a survey and submit a diary during the first lockdown. Responses were received from 140 people, aged eighteen to sixty-nine years. Most respondents reported that their mental health deteriorated due to the pandemic and lockdown. However, a substantial minority thought that either there had been no change or the lockdown had helped them make positive improvements. Improvements were attributed to stable housing and employment, support from services and transferable skills they had learnt in care. A minority of respondents referred to their care status in their diaries. Most diarists presented their experiences as being common to other, non-care-experienced, people. This article showcases the resilience of many care-experienced people, including some who made explicit reference to the benefits of

coping strategies developed while in care. The findings of this study reveal that when provided with the right support, the care system can assist people to develop important life skills.

Introduction

In the UK, care-experienced adults are people who have spent some of their childhood in the care of a local authority (e.g. in foster care or a children's home). Under the Children (Leaving Care) Act 2000, a young person is entitled to support on leaving care if they were looked after for at least thirteen weeks after their fourteenth birthday (Voice, 2020). In certain circumstances, this support can continue until a young person is twenty-five years old. The support provided to care leavers can take a number of different forms, from a personal advisor, to assist with planning for the future, through to educational bursaries and leaving care grants. (Foley *et al.*, 2022). In spite of this provision, research has shown that people with care experience are at risk of a range of poor economic, social and health outcomes. The risks include lower educational attainment, and higher rates of unemployment, suicidality and mental health difficulties compared with adults in the general population, even after controlling for important confounders in childhood. The poorer outcomes have been explained by higher rates of disability, lack of a support network, fewer positive relationships and limited access to support services (Viner and Taylor, 2005; Dregan *et al.*, 2011; Murray *et al.*, 2020a, b; Sacker *et al.*, 2021).

The first national coronavirus disease 2019 (COVID-19) lockdown in the UK took place between March and June 2020 (Brown *et al.*, 2021). Early COVID-19 research reported an increase in social inequalities (Lu *et al.*, 2020; Di Gessa and Price, 2021; Niedzwiedz *et al.*, 2021), heightened stress, greater feelings of isolation and increased prevalence of anxiety and depression among the general population (Hyland *et al.*, 2020; Vindegaard and Benros, 2020; Xiong *et al.*, 2020). Concern quickly shifted to specific groups who may have been more severely affected by the lockdown and there were calls for researchers to examine the impact on vulnerable populations (Holmes *et al.*, 2020). Care leavers have often been described as vulnerable (Mannay, 2023; Rice and O'Connor, 2023) This research is needed because it provides an opportunity to explore whether people considered themselves to be particularly vulnerable during the COVID-19 lockdown because of their care experiences.

Most UK studies examining the impact of COVID-19 on care-experienced adults have used surveys or interviews either with people with care experience or with social work professionals (Greeson *et al.*, 2020; Roberts *et al.*, 2021b; Ruff and Linville, 2021). Many studies concluded that the pandemic exacerbated the challenges faced by people with care experience and increased their need for support (Roberts *et al.*, 2021a; Dadswell and O'Brien, 2022). For example, surveys found that people with care experience worried about their education and employment, housing and access to food (Greeson *et al.*, 2020; Roberts *et al.*, 2021b; Ruff and Linville, 2021). A survey published by the National Youth Advocacy Service (NYAS) (2020) reported that 86 per cent of people with care experience felt lonely and anxious more often during the lockdown. The same survey found that 43 per cent of people with care experience described having less contact with their Personal Advisors (the person with the legal responsibility of providing support until the age of twenty-five years) during the lockdown.

Longitudinal studies of the mental health of young care-experienced people, however, have revealed a different picture. Chandra *et al.* (2021) compared pre-pandemic survey data, collected from people with care experience aged sixteen to twenty-five years, with data collected in 2020 and 2021. In contrast to NYAS's survey, these researchers found respondents' stress and anxiety levels and reported loneliness remained stable over the course of the pandemic. In fact, the data revealed that small improvements, such as in feeling safe in the home, coincided with the first lockdown. These findings are all the more remarkable given that studies of the general population found that the pandemic had a highly detrimental impact on people's mental health (Salari *et al.*, 2020; Kwong *et al.*, 2021). The survey's findings could reflect the fact that it was undertaken during the first lockdown when some young people with care experience were provided with laptops, mobile phone credit or extra data which collectively may have contributed to reduced loneliness (Roberts *et al.*, 2020, 2021a).

In May 2022, the Care Leavers, COVID-19 and Transition from Care study published their research findings into how COVID-19 impacted care leavers' lives and their pathways out of care. The study concluded that the pandemic's impact on young peoples' relationships was 'highly dependent on their circumstances, living arrangements and support networks' (Munro *et al.*, 2022, p. 5). Some young people were able to strengthen relationships as a result of extra time at home. Alternatively, other people with care experience reported feeling very isolated, particularly those living alone or in transitional placement accommodation.

Research about the impact of COVID-19 on care-experienced people around the world has predominately focused on people who have recently left care (Roberts *et al.*, 2021a; Munro *et al.*, 2022; Rosenberg *et al.*, 2022; Sulimani-Aidan, 2022; Evans *et al.*, 2024). The findings of this article are important because they include the views of care-experienced

adults from a wider range of age groups, thereby allowing us to consider the longer term impact of being care-experienced.

There are important gaps in our understanding of the factors that influence the diversity of people's experiences during the first COVID-19 lockdown (Roberts *et al.*, 2021a; Munro *et al.*, 2022). To address these gaps, the article has two research questions:

1. What was the perceived impact of the first COVID-19 lockdown on the mental health and well-being of care-experienced adults?
2. To what extent did research participants consider their status as care-experienced adults to have directly informed their mental health and well-being during the first COVID-19 lockdown?

Methods

The study's epistemology is pragmatic as it is not committed to any one system of philosophy or ontology with regard to understanding reality (Biesta, 2010). A pragmatic approach stresses the importance of focusing attention on the research questions and highlights the value of multiple perspectives as well as different forms of data collection and analysis (Creswell and Creswell, 2018). This approach was adopted in order to accommodate the analysis of a wide variety of submissions.

Participatory methods were included in the mixed-method research design. The pandemic presented new challenges to conducting participatory research and many projects moved online. These challenges were exacerbated when working with marginalised groups, including people with care experience, who may not have consistent access to technology (Croxton, 2020; Sevelius *et al.*, 2020). Sevelius *et al.* (2020) stressed the importance of adopting new approaches to conduct participatory research. Accordingly, much like Dadswell and O'Brien (2022), this research took a participatory approach by working online with care-experienced adults. Our research team included people who have lived experience of care and mental illness. In addition, we worked closely with care-experienced colleagues to optimize recruitment. Participants were recruited through social media and different groups of care-experienced people contributed to three online meetings which were concerned with data collection, data analysis and dissemination.

Recruitment and sampling

To be included in the study, adults had to be aged eighteen years and over and to have been in local authority care in childhood (hereafter described as care-experienced). Purposive sampling and snowballing were

used to reach care-experienced adults. We recruited participants through social media channels and asked the following groups to make service users aware of the project:

- 186 local authorities' leaving care teams across England, Scotland, Wales and Northern Ireland.
- Care leaver and welfare support teams based at:
  - 110 universities.
  - 22 further education colleges.
  - 13 creative and performing arts schools.

Participation was via a project website, careinthetimeofcovid.org, and respondents were invited to share their experiences of COVID-19. Participants who completed both the survey and submitted a diary entry were sent a £15 voucher. Respondents could participate multiple times. To qualify for an additional voucher, submissions had to be at least two weeks apart.

Participants consented to take part in the study, via Qualtrics, before submitting any personal information. Additional consent was sought to publish diary entries on the project's social media platforms and to deposit data with the UK Data Service (UKDS). Most participants (89 per cent) consented to their information being shared with the UKDS. Participants could still take part if they did not consent to their data being provided to the UKDS.

Data collection

Data were collected during the first UK lockdown, between 20 May and 19 June 2020, through an online Qualtrics survey. Participants were asked to self-identify as care-experienced by confirming that they had spent some time in the care of a local authority (foster care, kinship care, residential or group home) before the age of eighteen years. Participants were asked about their: level of education, occupation (current and, prior to 16 March 2020), access to outdoor space, whether they had been identified by the NHS as vulnerable to COVID-19, and whether they had suspected or confirmed COVID-19. The survey also included three validated measures: the Patient Health Questionnaire (PHQ-9), the Generalized Anxiety Disorder (GAD-7) assessment and the Oslo Social Support Scale (OSSS).

Participants were also asked to submit a diary in response to one of four prompts. Two of the prompts remained the same throughout the project. Two prompts were changed weekly and were selected by the research team to encourage participants to reflect on a wide range of experiences (see Supplementary Material 1 for the full list of prompts). Some

participants responded to all four prompts, while others submitted a diary that did not explicitly engage with any of the prompts. Diaries were received in a number of different formats, from written and photographic entries to voice recordings and video diaries. In order to increase the accessibility of the project, respondents were offered the opportunity to speak with a member of the research team over the telephone. Three participants chose to talk with one of the researchers and they were invited to talk through one or more of the diary prompts. During the course of these conversations, and with callers' permission, a researcher took notes which were then shared with the participants. Participants were free to revise these notes and were invited to submit this written testimony as a diary entry. Video and audio diary submissions were transcribed prior to analysis. Respondents who submitted pieces of artwork or photographs were asked to provide a brief description of their work. These descriptions, in combination with the diaries themselves, were included within the analysis. The current article includes qualitative data from the diary submissions in addition to demographic information collected through the online survey and respondents' free-text survey responses.

Analysis

Data from the diaries were analysed using an interpretivist thematic approach and survey responses were reviewed to contextualise diary information (Kiger and Varpio, 2020). An interpretivist research paradigm was adopted because it emphasizes the importance of understanding participants' subjective and unique experiences (Schwandt, 1994). Themes were developed through careful reading and re-reading of the diary entries. Two researchers independently coded the same thirty diary entries in NVivo 12 and after the meeting agreed on six main themes: Mental Health and Well-being, Routine, Community, Family and Friends, Work/Education/Money and Accommodation. These themes were then used when coding the remaining diary entries. For each of these themes, the researchers distinguished between submissions in which a person's experiences were attributed to their status as someone with care experience and those in which they were not. To answer this article's research questions, this article focuses on the diary entries concerned with the theme of mental health and well-being.

Ethical considerations

The study was funded by the Calleva Foundation at Magdalen College, Oxford and The Oxford Research Centre in the Humanities (TORCH), University of Oxford. Ethical approval was provided by the University

of Oxford's Medical Sciences Interdivisional Research Ethics Committee (IDREC) (R69303/RE001). All participants received a participant information sheet and consented to participate. Researchers were mindful that some participants may have found it emotionally difficult to reflect on lockdown and their previous experiences. This risk was mitigated against by making it clear that at no point would participants be asked directly about their care experience; participants were provided with several different diary prompts to increase the chance that they would feel comfortable responding to at least one question; all participants were provided with information about a range of professional organisations which could provide help and support over the phone. Study data were deposited with the UKDS and can be accessed through their website.

Results

Participants' names have been pseudonymised throughout in order to protect their privacy and all quotes are presented unedited. Percentages are reported with reference to valid responses.

Characteristics of respondents

The survey was completed by 204 people. Most participants completed the survey once ($n = 178$), a small number took part twice ($n = 22$) and four people completed the survey three times. Here we report the subset of survey respondents ($n = 140$, 69 per cent) who submitted at least one diary entry. Participants could submit more than one diary and this explains why a total of 152 diaries were received. The data referred to in Table 1 correspond to the information that participants provided the first time they completed the survey.

Respondents were aged between eighteen and sixty-nine years old. The sample consisted predominantly of younger care-experienced adults, with the majority (72 per cent) under twenty-five years. Survey respondents were more likely to be female (70 per cent) and to be white British (69 per cent). Approximately 3 per cent were unemployed prior to the pandemic. Table 2 shows that responses were largely from participants living in England, with a smaller number of responses from those living in Scotland, Wales and Northern Ireland. Participants under the age of twenty-five years represented the majority of participants within each nation.

Research question 1: Mental health and well-being

The theme of mental health was featured in many of the diary entries ($n = 85$, 56 per cent). More than half of the sample ($n = 83$, 60 per cent)

Table 1. Sample characteristics.

Sample characteristics	Number and percentage
Male	41 (30)
Female	96 (70)
Trans-gender	1 (1)
Minority ethnicity	43 (31)
White	96 (69)
Age: under 25 years	59 (72)
Age: 26 years and above	22 (27)
Education: A-level/equivalent	46 (33)
Education: Degree qualification	54 (39)
Education: No formal qualifications	2 (1)
Living alone	25 (31)
Unemployed prior to the pandemic	4 (3)
No access to outdoor space	10 (7)
Designated vulnerable to COVID-19 by the NHS	16 (12)
Self-identified as having a pre-existing mental illness	83 (60)

Table 2. Sample age and location.

Age	England	Northern Ireland	Scotland	Wales	Total
18- to 25-year old, n (%)	48 (72)	2 (100)	6 (60)	3 (100)	59 (73)
26+-year old, *n* (%)	18 (27)	0 (0)	4 (40)	0 (0)	22 (27)

self-reported a pre-existing mental illness. This figure is consistent with, albeit higher than, pre-pandemic research, which found that a high proportion of people with care experience had poor mental health (Smith, 2017). As well as suggesting high levels of pre-existing mental ill-health, survey data revealed that more than half of participants (59 per cent) believed that the first COVID-19 lockdown had caused their mental health to deteriorate. Participants' submissions described two key reasons why the first COVID-19 lockdown was thought to have negatively affected their mental health and well-being: uncertainty about the future and disruption to existing coping strategies.

Uncertain futures

One of the primary reasons participants gave for a decline in their mental health was the uncertainty brought about by the first lockdown. Twenty-two-year-old Sarah was 'extremely worried and anxious' because her planned summer job in a bar fell through as a result of the pandemic. Her disappointment was compounded by 'a mountain of university work with little ability to concentrate' (Diary 104-T1). Concentration difficulties were also mentioned by Melissa, a 24-year-old student, who felt that the 'Covid-19 lockdown restricted my ability to succeed

academically, since I was unable to access the library' (Diary 202-T1). Melissa's survey submission reveals that the library had served as a place for much-valued social interactions:

> I have not been able to go to the gym or the library which had helped improve symptoms of my mental health. Spending a lot of time alone with my own thoughts has also exacerbated my mental health and contributed to feelings of loneliness and isolation. (Survey 202-T1)

The negative impact of being left alone with one's thoughts was also noted by twenty-four-year-old Stuart:

> My COVID 19 experience has been quite distressing, I have found myself worrying about the future more and more. Until COVID 19 I had long term plans and several employment opportunities coming up but all of those have now been put on hold and the future has since become uncertain. (Diary 84-T1)

Disrupted coping strategies

Diary entries also revealed that the pandemic was perceived to detrimentally affect participants' mental health by disrupting coping strategies and support mechanisms that had previously helped to alleviate stress and anxiety. Twenty-one-year-old Chloe believed that her mental health had deteriorated because the pandemic disrupted her support network:

> 3 weeks prior to lockdown, I had an emotional breakdown, which was quite intense and I got through this with counselling and especially the support of my friends. So not being able to access this support as easily as usual has been extremely difficult during this lockdown. (Diary 119-T1)

Chloe explained in her survey that she was living alone and this is likely to have made it harder to access peer support during the lockdown. Chloe's testimony also reveals the importance of rapid and responsive professional support which became harder to access during lockdown. Many participants attributed earlier mental health improvements to protective factors that were disrupted by the lockdown. Twenty-five-year-old Mark felt that the pandemic had undermined the positive steps that he had begun to take to address his mental health:

> [B]efore Coronavirus … I'd been struggling with various different mental health problems and deep into my eating disorder. After a good few months of new meds, some therapy, a new job and a bit more of a spring in my step, I finally started to feel like things were really getting back to normal … My whole world came crashing down when lockdown struck. Suddenly I couldn't go to work, I couldn't see my friends, I couldn't leave the confines of my studio flat and the claustrophobia crept in. Suddenly I was sleeping at stupid times, drinking from the

minute I woke up, skipping my meds, not showering, eating next to nothing and well the list goes on and on but you get the point. (Diary 146-T1)

Improvements in Mark's mental health were achieved through multiple positive changes (new medication, a new job and professional support) and disruption of these elements, as a result of the pandemic, had a detrimental impact on his wider mental health.

Mental health improvements

Although most participants reported that the pandemic had negatively affected their mental health, 10 per cent of participants felt that their mental health had *improved* as a result of COVID-19. A further 31 per cent of participants described their mental health as remaining the same.

Participants who enjoyed stable employment, income and accommodation, experienced the pandemic as an opportunity to devote time to improving their well-being. Twenty-seven-year-old Olivia, for example, was employed full-time and lived with her fiancé in their own flat. She explained that:

> I'm currently paying for a private therapist; I've got the time and space and privacy to rework myself. As much as I'm telling people I hate the lock down, there have been some good things about it (Diary 124-T1).

Olivia's comments echoed her survey response in which she explained that there had been 'some benefits—time to relax and have time by yourself can be a good thing sometimes'. Olivia recognised other people with care experience may have been struggling: 'compared to many care-experienced people I'm doing well, I'm lucky enough to have a job' (Diary 124-T1). The value of financial stability was also commented upon by sixty-three-year-old Maria, who worked part-time and believed that her mental health had improved during the lockdown because she was able to 'do what I want when I want'. In her diary, Maria reflected that 'I share a house with my best friend, I have a garden, fast internet, and a reasonable income: without these four things life during lockdown would be vastly different for me' (Diary 180-T1). Twenty-nine-year-old Loraine also described her mental health as having improved because of the first COVID-19 lockdown. A large part of this improvement was attributed to changes to working arrangements. Prior to the pandemic, Loraine, who worked full-time, had spent several hours a day commuting. In her diary, Loraine reflected that:

> I have felt much happier working from home. I didn't realise before how much pressure and stress was placed upon me through the tasks of getting up very early, dressing formally, packing a bag and making a journey every day in and out of the city … I feel so much lighter and happier. (Diary 106-T1)

In each of these cases, people with care experience in employment described positive changes to their working arrangements while retaining the same financial benefits. For participants in stable employment, the pandemic was credited with improvements to their mental well-being.

Research question 2: Significance of care status

The study was interested in better understanding the extent to which research participants considered their status as care-experienced adults to have directly informed their mental health and well-being during the first COVID-19 lockdown. When analysing the diary entries, a distinction was drawn between experiences and feelings that participants (1) explicitly considered to be related to their care-experienced status and (2) thought were shared by the wider population. Eighty-five people referred to their mental health as part of their diaries. Of this group, the majority ($n = 66$, 78 per cent) did not refer to their care-experienced status when describing their experiences. A minority of participants ($n = 19$, 22 per cent) discussed their mental health with reference to their care experience. This is all the more striking when we consider that the study specifically recruited participants who identified as being care-experienced. We are not suggesting that a person's care status should be considered insignificant if a participant did not refer to it explicitly. We are, however, interested in understanding diversity within the care community and the extent to which people believed that their care history informed their mental health and well-being during the first COVID-19 lockdown. Three key subthemes emerged among the minority of participants who referenced their care experience in their diaries: a sense of being different, the value of skills acquired while in care and the importance of targeted support.

Feeling different

A sense of being different provides the clearest example of how participants perceived that their mental health and well-being during the first COVID-19 lockdown was adversely affected by their care experience. Some participants attributed a decline in their mental health to the experience of comparing their family support to the more extensive family support enjoyed by non-care-experienced peers. Content uploaded to social media platforms (e.g. Instagram and TikTok) by participants' friends heightened the sense of being different. For example, twenty-four-year-old Lebechi arrived in the UK as a West African refugee. Lebechi spent much of the pandemic living on her own in a flat while completing her university studies. She explained that COVID-19 had 'made me aware

that I'm different'. Lebechi attributed this realisation to her online experiences during the lockdown.

> You go on the internet and it's full of pictures of people with their families. I've seen a few people doing online challenges during the lockdown, but I don't have anyone to do them with. I don't have people to take my picture if I dress up. I don't have anyone to join in with me on Tick-Tock. (Diary 19-T1)

Social media could act as a double-edged sword, simultaneously connecting participants to friends and family while also reminding them of familial relationships that were absent in their own lives. Broader cultural and public health tropes that emerged during the lockdown were also experienced as promoting narratives that caused people with care experience to feel socially, as well as physically, separated. During the pandemic, twenty-eight-year-old Rachel was studying towards a postgraduate degree, while living with two other people. The centrality of family to the public narrative that emerged during lockdown caused Rachel to feel different:

> The pandemic has reminded me that I am not isolating, I am isolated. Who was there to care for me when I was sick and distressed? How could I be safe? Households and families have been portrayed synonymously throughout this pandemic, by the media and by the government every day. The pandemic has reminded me again, and again, and again that I am not 'normal' because I am not nuclear. It has reminded me that I am without. (Diary 83-T1)

Even care-experienced people living with others during the pandemic could feel socially isolated. The lockdown caused some people to reflect on the lack of nuclear family support networks at a time when these relationships were being valorised by the press and politicians alike.

Skills developed in care

While some described feeling different because of being in care, others reported that their time in care had provided them with coping strategies that supported their mental health and well-being. These coping strategies are the clearest example of how time spent in care positively influenced participants' mental health and well-being during the first COVID-19 lockdown. Thirty-eight-year-old Pauline explained that:

> Knitting for me is a happy place, quite literally. The reason for this is because I was taught to knit when I went into a care home in Ireland when I was about ten years old, these are the only happy memories I have from my childhood, the two years I spent in that home. I remember knitting all sorts, including a lilac coloured jumper and a teddy. I'm not sure if it was intentional of the staff to teach me this as a way to calm down when I was anxious, at that time I used to have major

> panic attacks that could last for hours. Something about the rhythmic nature of knitting and mindfulness gives my thinking mind a break for a while. It's interesting in this time of uncertainty that it is knitting that I have chosen to do, something that also helped me to channel so much of my anxiety when I was a child in care. (Diary 14-T1)

Nearly three decades later, a skill that Pauline acquired in care was helpful under very different circumstances. Younger people with care experience also described the value of coping strategies that they had learnt during their time in care. Nineteen-year-old Zara, for example, had been sectioned under the Mental Health Act for four years during which time she received schema therapy and dialectical behaviour therapy. The 'coping skills' that these interventions helped Zara to develop, 'really, really helped' during the lockdown (Diary 91-T1). Zara experienced lockdown as an opportunity to focus more on her own mental health:

> I used to be super busy pre-lockdown and as a result of lockdown, have had more time to look after my mental health via self-care and meditation and yoga. Being in lockdown has resulted in me being less burnt out (Diary 91-T1).

COVID-19 enabled some participants, who had been supported to develop effective coping strategies, to exercise greater self-care.

Targeted support

A subset of participants explained that support from social care and educational professionals, provided because of being care-experienced, helped them to cope with the first lockdown. Twenty-six-year-old Brendan, for example, 'received a huge amount of support and contact from the Universities "We Care Team"', support that he found 'really helpful' for his mental health (Diary 124-T1). Even students who did not take up offers of support still valued its availability. Twenty-one-year-old Susan, for example, explained how:

> My university offers care leavers extra help in terms of wellbeing and support services, I have not taken the university up on this but it is nice to know that this service is available if I decide it's something I need/want. (Diary 180-T1)

Social workers, in combination with family and friends, were also acknowledged as valuable sources of support. Twenty-year-old Tom, for example, was one of the 31 per cent of participants who described their mental health as remaining the same during the pandemic. Tom initially felt that COVID-19 had led him to feel more isolated, but 'with support of family and friends and the check ups from socail services[,] this did not effect my mental health and managed to keep it at a steady level' (Diary 106-T1). Each of these examples shows how support provided to

people with care experience could help mitigate some of the disruptive effects of the pandemic.

Discussion

This article considered the experiences of care-experienced adults during the COVID-19 pandemic, with reference to multimedium diary entries and qualitative survey responses. The findings reveal the diversity of care-experienced people's experiences. As with other studies of care leavers' experiences of COVID-19 (Roberts *et al.*, 2021a; Dadswell and O'Brien, 2022, p. 3647), the issue of mental health features in many of the diary entries. While a majority of participants reported that their mental health deteriorated during the first COVID-19 lockdown, a substantial minority believed either there had been no change in their well-being or the pandemic was associated with positive improvements.

Many participants (60 per cent) reported that prior to the first lockdown, they had a pre-existing mental illness. A very similar proportion (59 per cent) reported that the first COVID-19 lockdown had caused their mental health to worsen. Careful analysis of participants' diaries and survey responses reveals that the uncertainty brought about by the first lockdown negatively affected people's mental health and well-being. The first lockdown was also credited with disrupting participants' coping and support mechanisms. These findings are consistent with McMahon *et al.*'s (2022) study, based on data from a nationally representative sample, which found that greater disruption to individuals' well-being activities led to more depressive symptoms. Amidst these disruptions, however, the diary entries reveal that participants who enjoyed greater stability, because of secure housing and employment, were more likely to acknowledge positive aspects of the lockdown, particularly the ability to devote more time to their own well-being.

Most participants did not refer to their status as a care leaver when describing the impact that the first lockdown had on their mental health and well-being. Nuclear families often featured positively in the public narrative that accompanied the lockdown. This caused some participants to reflect negatively on the impact of their care experience. The perception that others benefited from the support of family members was the most significant way in which people believed that their experiences of COVID-19 were negatively informed by their care-experienced status. For another subset of participants, however, the pandemic enabled them to utilise skills that they had acquired while in care. These accounts illustrate the long-term benefits that positive care experience can afford care leavers. Timely and effective mental health support to both looked after children and people with care experience should be viewed as an opportunity to have a positive lifelong impact on people's mental health.

In 2022, the Independent Review of Social Care recommended that the UK should become the first country in the world to recognise care experience as a protected characteristic. This proposal was motivated, in part, by the belief that doing so will provide public services with greater authority to 'put in place policies and programmes which promote better outcomes for care-experienced people' (MacAlister, 2022, p. 148). Indeed, the Review found that 'more could be done to give care-experienced adults greater priority access to services' (MacAlister, 2022, p. 148). This article has shown that care-experienced people who have been able to access mental health support have often found it to be beneficial. One of the contributors to the Review felt that people with care experience 'need mental health support later when you have time to process. You can't reflect on your upbringing while you are still being brought up' (MacAlister, 2022, p. 170). The research participants who received mental health support during the pandemic often singled this out as one of the positives from their lockdown experience.

This study has added to the existing literature which has emphasised the diversity of care-experienced people's experiences. By inviting submissions from people with care experience from a range of age groups, this study has shown how the instability felt by younger people with care experience, many of whom were still in full-time education, was often in stark contrast to older people with care experience who enjoyed secure employment and housing. Munro *et al.* have noted that younger people with care experience were especially vulnerable to job insecurity due to working in sectors, such as hospitality and retail, that were particularly affected by the lockdowns (Munro *et al.*, 2022, pp. 5, 34–36). To better understand the impact of stability on people with care-experiences' health and well-being, researchers should look to develop high-quality longitudinal studies that follow people with care experience over the course of their lifetime. The UK boasts world-leading longitudinal studies whose findings have provided invaluable insights into the factors that can influence people's life chances (Sacker *et al.*, 2022; Wright *et al.*, 2022). People with care experience, however, only form a very small subset within existing studies. In order to achieve better outcomes for care leavers more long-term research is needed.

Strengths and limitations

This research project has benefited from the diversity of respondents and their responses. The range of submissions reflects the participatory methods adopted by the research team which ensured that experts through experience were involved in recruitment, data collection, data analysis and the dissemination of findings. The survey data and diaries collected and deposited with the UKDS offer researchers a rich data

source that can be used to examine the pandemic's impact in unique ways. The variety of diary submissions, from music videos and poetry to drawings and creative writing, provides a new lens through which to continue exploring the diversity of care-experienced people's experiences during the first COVID-19 lockdown.

Previous UK studies have centred on particular regions (Kelly *et al.*, 2020; Roberts *et al.*, 2021a). To our knowledge, this is the first mixed-methods study that draws together evidence from all four nations of the UK, albeit the majority of respondents lived in England and so the results cannot therefore be assumed as generalizable across the UK. The range of participants' ages, with submissions from adults aged between eighteen and sixty-nine years old, contrasts with the findings of previous studies which focused on the experiences of younger people. The diversity of age groups represented in this study is particularly important because, as shown above, a person's life stage is informed by their 'circumstances, living arrangements and support networks', factors found to have influenced people's experience of COVID-19 (Munro *et al.*, 2022).

Although participants were offered the opportunity to take part non-digitally (either by submitting their responses on paper or over the phone), one of the limitations of this research is that most of the recruitment was carried out online. This is significant because research published during the COVID-19 pandemic revealed that many people with care experience did not have internet access (Croxton, 2020). The Scottish Care Leavers Covenant Alliance noted that the pandemic "exposed and amplified the issue of digital connection and digital exclusion for care leavers." This exclusion was thought to have "prevent[ed] care leavers from receiving support and engaging in activities that not only promote their well-being, but also [had] the potential to radically improve their lives" (p. 4). These effects were likely felt by people with care experience across the UK. In England alone, in September 2020 an estimated 80,000 people with care experience aged 18–25 were not digitally connected and could not afford to pay for data (Agency, 2020).

Conclusion

In conclusion, the COVID-19 pandemic has provided a unique opportunity to consider the diversity of the care-experienced population. Whilst participants frequently drew attention to COVID-19's detrimental impact on their mental health, it is vital that we acknowledge the resilience of many people with care experience, including some who made explicit reference to the benefits of coping strategies developed while in care. The findings of this study reveal that when provided with the right support, the care system can assist people to develop important life skills.

At a time in which the UK Government is reflecting on the findings of the Independent Review of Social Care, this article has revealed the vulnerability of people with care experience. Its conclusions lend support to calls for public services to do more to promote better outcomes for care-experienced people as well as highlighting the impact of timely and thoughtful interventions. While the Review has recommended that support continues to be provided up to the age of twenty-five years, this article has shown that the impact of being in care is felt across people's lives. The legacy of being in care does not end at the age of twenty-five years, nor should the support that is available to people with care experience.

Supplementary material

Supplementary material is available at *British Journal of Social Work Journal* online.

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