



SOCIAL RESEARCH NUMBER: 29/2018

PUBLICATION DATE: 15/05/2018

Analysis of outcomes for children and young people 4 to 5 years after a final Care Order

Executive summary

1. Introduction

- 1.1 This study has been commissioned by Welsh Government to explore:
- The placement journeys for children in care in Wales and how these compare with the outcomes aspired to in their Care Plan.
 - Factors associated with more positive placement outcomes for children with a Care Order.
- 1.2 It provides large scale and in-depth information about children with final Care Orders made in April 2012 - March 2013 whose care journeys have been tracked over 4-5 years.
- 1.3 The large scale analysis involved all (1,076) children and young people with a final Care Order made in Wales in the 12 month period from April 2012 to March 2013, with basic placement-related information drawn from existing local authority datasets. A smaller 'sub-sample' included a group of children with a final Care Order in 2012-2013 drawn from five of the local authority areas. For this stage, case file analysis (of Social Work files) and interviews with the relevant Social Worker or Team Manager and Independent Reviewing Officer (IRO) were conducted.

2. Characteristics of the cohort

- 2.1 Almost half of the children were aged under five years and 64% were part of a sibling group of two or more children at the time the Care Order was made.
- 2.2 Whilst only a small proportion (5%) of all children with a final Care Order in 2012-2013 were officially recorded as having a disability, sub-group analysis suggests that the actual number was likely to be much higher – up to one third of children when disabilities such as mild to moderate learning difficulties, autistic spectrum disorders and statemented

emotional and behavioural difficulties (EBD) are included. This has significant implications for a wide range of child outcomes in care, particularly educational attainment.

- 2.3 Whilst 78% of the whole cohort of 1,076 children were officially recorded as having a primary need for care relating to abuse and neglect, the in-depth analysis found that almost all children had experienced abuse and neglect before the Care Order was made. The prevalence of adverse childhood experiences (ACEs) known to increase risk of abuse or neglect was particularly high in this sub-sample – 76% of children had parents with known substance misuse issues. 68% had experienced domestic abuse. 47% of children had a parent with mental health problems.
- 2.4 44% of children in the sub-sample had a diagnosed attachment disorder or recognised attachment-related issues around the time of the final Care Order and/or point at which a permanent or ‘for ever’ placement was being sought.
- 2.5 A high proportion of children (43% of over 5s in the sub-sample) were already exhibiting emotional and behavioural difficulties at the time of the final Care Order.

3. Placement stability and the achievement of permanency for children

- 3.1 Over three quarters of the whole cohort of children experienced a high level of placement stability – with either none (30%) or only one (46%) placement move from the time of the full Care Order in 2012-2013 until 31 March 2017. This was particularly the case for younger children aged 0-4 or 5-9 years at the time of the Care Order. Older children, particularly those aged 10-15 years, were likely to experience a greater number of placement moves – an average of 2.17 moves.
- 3.2 Analysis of the sub-sample found that the most common overall plan for children at the time of a final Care Order was long term foster care (42%) followed by adoption (29%), long term kinship care (18%), placement at home with a parent (6%), and long term residential care (4%).
- 3.3 Around one third of children (32% of the whole cohort) became adopted after the Care Order, and these were mostly younger children. However, even some of these usually easy to place younger children became harder to place for adoption when the plan was for them to be adopted as part of a sibling group or, to a lesser extent, if they had a disability. The time between the making of a Placement Order and the start of an adoptive placement varied considerably between 0 and 1,441 days with an average of 262 days.
- 3.4 Children in the sub-sample for whom long term foster care was the court-endorsed Plan were less likely to achieve permanency in the desired timescales. This was particularly the case where they had a history of extreme or chronic abuse and neglect, or were part of a sibling group to be fostered together. Also, a significant proportion (33%) of long term foster placements that were initially achieved could not be sustained over time and the children involved required at least one other permanent placement. Children with a plan for long term foster care that wasn’t achieved in the short term were particularly vulnerable to subsequent multiple placement breakdowns.
- 3.5 Sub-sample children with court ordered plans for placement with parents were highly likely to achieve this in the short term. However, in the medium term, many of these placements

were not sustained or became vulnerable, largely because the parents couldn't sustain improvements in their lifestyle and parenting.

- 3.6 Placements for children in the sub-sample that were intended to be long term with kinship carers were all achieved in the short term but, in the medium term, 29% broke down either with the physical abuse of the child or because the kinship carer didn't understand the needs of the child.
- 3.7 Unplanned placement breakdowns affected 33% of children in the sub-sample. Most of these breakdowns involved a combination of child and carer factors. However, in at least 14/60 instances, only carer factors appeared to be significant.

4. Broader outcomes for children and the factors associated with these

- 4.1 71% of children in the sub-sample were considered to have overall positive outcomes after 4-5 years. 19% had mixed outcomes (a mixture of some positive and some negative). 10% had overall negative outcomes.
- 4.2 Positive outcomes were achieved for a high proportion of children in the sub-sample in relation to their home environment, communication and attachments; education; physical health; sexual health (where relevant) and the absence of offending.
- 4.3 However, a significant proportion of children in the sub-sample had enduring emotional health and wellbeing needs.
- 4.4 Other than for children placed for adoption, the key factor associated with positive outcomes was the quality of care in the foster, kinship or residential placement. 'Positive outcomes placements' were characterised by having carers who are: stable; warm and nurturing; committed (to this child's particular needs in the long term); pro-active in support of the child's educational, social and health and wellbeing needs; and inclusive of the child within the broader family (treating the child as a child of the family).
- 4.5 Other factors associated with positive outcomes in the sub-sample included:
 - Younger age of the child at the time of the final Care Order (and often, therefore, more limited exposure to abuse or neglect).
 - Good or excellent home/school support (including to attend and achieve).
 - Carer ability to facilitate beneficial contact with the child's natural extended family.
 - The availability of therapeutic support provided at an early stage of a problem arising or proactively in response to known needs or experiences at the child's entry into care, for example in relation to attachment issues, trauma or sexual abuse.
 - Child encouraged to participate regularly in positive activities.
 - Consistent Social Worker support.
 - Child placed alone or with siblings, as appropriate, to meet their needs.
- 4.6 Negative outcomes for children in the sub-sample were associated with:
 - Older age of the child at the time of the final Care Order.

- More significant exposure of the child to severe and/or chronic abuse or neglect.
 - Children displaying more challenging behaviours arising from their experience of abuse, including for example: sexualised behaviour, soiling or enuresis.
 - Children whose original Placement Plan (for permanency) had not been achieved and who had experienced a series of placement breakdowns following an early placement breakdown or initial abusive or inappropriate placement that didn't meet the child's basic needs.
 - Less frequent or responsive access to specific support for emotional health and wellbeing needs.
 - Ongoing detrimental contact with a birth parent.
- 4.7 Good quality substitute care could effectively mitigate other risk factors for negative outcomes including previous exposure to extreme or chronic forms of abuse or neglect. However, unresolved attachment and/or early trauma issues and associated unmet emotional health and wellbeing needs could also gradually undermine other positive outcomes.
- 4.8 This study also asked broader whole-system related questions of the 120 Social Workers, Team Managers and IROs who were interviewed in relation to individual children in the sub-sample. Workers described being most concerned about the lack of choice of placements, particularly foster placements, for children with a Care Order. They were also concerned about a perceived lack of support for children's emotional health and wellbeing needs and the required 26 week timetable for court proceedings in relation to some types of more complex decision making. However, most workers also thought that the 26 week timetable generally had a positive impact on the whole system, particularly in preventing delay.

5. Study conclusions

- 5.1 Many children and young people are doing well in care in Wales, including in some circumstances where it is not possible to achieve the Placement Plan outlined to the court at the time of the final Care Order. Particularly striking are the relatively positive findings in relation to child educational, social, physical and sexual health outcomes achieved with the support of carers, Social Workers, schools and other support services.
- 5.2 The study also identifies some significant challenges for children in care in Wales specifically, in relation to:
- Their likely exposure to a toxic combination of early childhood trauma and disturbances in early attachment patterns affecting the quality of any subsequent relationships and the child's ability to form healthy attachments with substitute parents.
 - Child mental health and wellbeing – in particular in relation to issues that are highly likely to arise for many children from their exposure to trauma, including through abuse and neglect; attachment difficulties; and bereavements or separations in earlier childhood. Enduring emotional health and wellbeing needs may undermine early positive outcomes (such as in education) and/or placements in care.

- The achievement of a good quality permanent home for children in sibling groups, and older children and young people who are likely to have been chronically exposed to abuse or neglect and to have behaviours that may be considered more challenging for carers.
- Maintaining safe, nurturing, 'for ever' placements for children – particularly foster care or kinship care placements where carers have initially committed to providing a long term home. Previous research has identified the 'compassion fatigue' that carers can sometimes feel as a result of caring for children with complex needs on a daily basis which can result in them no longer being able to make a healthy connection with the child (Ottaway et al., 2016).

6. Study recommendations

- 6.1 This study strongly supports and finds some evidence of the positive impact of existing and recent policy developments designed to improve outcomes for children in care and care leavers, including support for looked after children in education.
- 6.2 It also suggests that further improvements may be required to ensure that:
- Known or likely child attachment difficulties are more formally recognised in relation to the commissioning and delivery of substitute care placement(s) and broader support for children in care. This type of support is unlikely to be provided within traditional specialist services such as Child and Adolescent Mental Health Services.
 - The emotional health and wellbeing needs of children in care are addressed in a more pro-active way, recognising that many of these children will require some form of therapeutic support to recover from their experiences of trauma, bereavement and separation and to address attachment difficulties, whether this is provided via a therapeutic placement and/or through direct work with the child.
 - There is increased availability of high quality long-term foster care placements which, in turn, ensure children experience timely (including first time) for ever placements that are more likely to meet their needs.
 - Children with some form of disability, in particular those disabilities not recognised in the official statistics but nonetheless likely to affect their social and educational development, are supported in a pro-active way.
 - Children returning home or to live with kinship carers are protected from abuse or neglect and the children in these placements as well as the families providing care for them are supported to a high level to achieve good outcomes.

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Full Research Report: Burch, K., Daru, J. and Taylor, V. (2018). *Analysis of outcomes for children and young people 4 to 5 years after a final Care Order*. Cardiff: Welsh Government, GSR report number 29/2018

Available at: <https://gov.wales/statistics-and-research/analysis-outcomes-children-young-people-4-5-years-after-final-care-order/?lang=en>

Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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