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

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

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

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## Table of contents

Glossary of Terms.....	3
1. Introduction .....	12
2. Methodology.....	16
3. Findings.....	23
4. Conclusions.....	60
5. Recommendations .....	62
References .....	64
Annex A .....	66

## **Foreword**

Improving outcomes and life chances for care experienced children is a key priority of mine. This Government is committed to ensure the life chances of looked after children are the same as for other children, as set out in our Programme for Government Taking Wales Forward and our national strategy Prosperity for All.

My Improving Outcomes for Children Ministerial Advisory Group is taking forward a significant programme of work to help safely reduce the number of children coming into care, improve outcomes for children already in care and better support care leavers to adulthood and independence. Its work will span the course of this Assembly term and this research forms a key part of its work programme, helping to fill gaps in our understanding of the placement journeys of children who are looked after.

I welcome the publication of this study's findings. Its scope, covering the placement journeys of all children subject to a Final Care Order in 2012-13 and an in depth analysis of children from five local authorities in Wales, will help to provide a rich source of information to the Group and help inform our policy direction in Wales.

I am pleased to see that many children and young people are doing well in care in Wales, with over three quarters of the study cohort experiencing a high level of placement stability. The study highlights the good work that is taking place by both children's social services and their education partners throughout Wales to secure the best possible outcomes for children in care. Evidence of the positive impact of existing and recent policy developments designed to support improved outcomes for looked after children and care leavers in Wales is always welcome.

However, there are still significant challenges for children in care in Wales, particularly in supporting children who are dealing with the impact of abuse and trauma. We must learn and use the findings from this work to help ensure the emotional health and wellbeing needs of children are addressed in a therapeutic way and continue to focus on providing high quality and long term placements that will help to meet their needs.

I encourage all stakeholders, including those in education and health, whose work involves looked after children in Wales to read this research study and use the findings to help support better placement outcomes for our looked after children.

I would like to thank the IPC research team for undertaking this important work and local authorities who have so kindly given their time to support this study.

**Huw Irranca-Davies AM**  
**Minister for Children and Social Care**

## **Acknowledgements**

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The work was funded by Welsh Government and supported, including through numerous practical challenges, by Ian Jones and his team of research officers as well as colleagues from Cafcass Cymru and the relevant policy teams. We would like to extend our thanks for all this support to all who were involved at Welsh Government.

## Glossary of Terms

Acronym / Key Word	Definition
ACE(s)	Adverse childhood experience(s) that affect children whilst they are growing up, for example domestic abuse, parent substance misuse, parent mental illness.
Child(ren) in need	No longer applicable in Wales (since the Social Services and Wellbeing Act 2014) this term refers to a child who, prior to 2016, was (a) unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority, or (b) their health or development is likely to be significantly impaired or further impaired without the provision of services, or (c) disabled (Section 17 Children Act 1989, still applicable in England).
CAMHS	Child and Adolescent Mental Health Services.
Care leaver	A previously looked after child who has achieved the age of 18 years and in relation to whom the local authority has ongoing responsibilities.
Care Plan	Now described as a Care and Support Plan in Wales (since the Social Services and Wellbeing Act 2014), a Care Plan sets out what services and other help will be provided to a looked after child and their (substitute) family to achieve a set of desired outcomes for their future.
Care Proceedings	These are court proceedings issued by the Social Services Department of a Local Authority where an application is made for a Care Order or Supervision Order in respect of a child.
EET	(in) education, employment or training.
Final Care Order	The final determination of a court in relation to an application for a Care or Supervision Order, often preceded by interim Care Order(s). The final Care Order vests parental responsibility for a child in the Local Authority.
In Care	A more colloquial term often used to describe looked after children and/or children in relation to whom a Care Order has been made.
Looked After Child	A child in relation to whom a local authority has a set of duties, including in particular to provide accommodation and other support services to safeguard and promote their wellbeing. These duties are set out in Part 6 of the Social Services and Wellbeing (Wales) Act 2014.
Kinship Care	The care of children by relatives or close family friends.

NEET	Not (in) education, employment or training.
Placement Plan	This is the part of the overall plan for a looked after child that specifically describes where they should reside.
PLO	Public Law Outline. This sets out the duties and timescales to which local authorities must adhere when thinking about and taking a case to court to ask for a Care Order or a Supervision Order.
Special Guardianship Order	A legal way to confirm a long-term commitment between a substitute carer and a child, akin to but without the full legal implications of adoption. The Order gives enhanced parental responsibility for a child to the holder.
Un-planned placement breakdown	Where a placement doesn't last as long as intended and ends otherwise than in accordance with the child's active Placement Plan.
'When I am Ready'	A scheme set up by Welsh Government in 2015 to prepare local authorities for their new duties in respect of post-18 living arrangements under the Social Services and Wellbeing Act (Wales) 2014.
'When I am Ready' arrangement	The term used in Wales for an arrangement whereby a young person in foster care remains with their (former) foster carer beyond the age of 18.

## **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 weren't 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 in to 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.

## 1. Introduction

1.1 Governments across the United Kingdom, including in Wales, are concerned about outcomes for looked after children, particularly as the number has grown, placing pressure on the whole system designed to provide or support substitute care. For example, StatsWales (2017) has reported that, in Wales, there was a 5% increase in the number of looked after children between March 2016 (5,665) and March 2017 (5,955).

1.2 Much UK-based research over the last 25 years has suggested that outcomes for looked after children are generally less favourable than for other children outside of the care system (Gypen et al., 2017), including in relation to their:

- Mental health and emotional wellbeing.
- Educational achievement.
- Vulnerability to poor physical health and early pregnancies.
- Economic and social disadvantage.
- Involvement in crime or substance misuse both as children and adults.

(Meltzer et al, 2003b; McAuley et al, 2006; Biehal et al, 1995)

However, some more recent studies have challenged this overall negative perspective. For example, Wade, Biehal and Sinclair (2010) suggest that many children in fact do relatively well in care, particularly compared with those of similar backgrounds who return to live at home. Research by Sebba et al. (2015) suggests that children looked after for at least 12 months do better at GCSE level than children in need who are not looked after.

1.3 Placement stability appears to be a strong, if not the only, indicator of better outcomes for children and, conversely, placement instability is associated with poorer outcomes (Stein, 2005) and Baginsky et al, 2017). Other influences on child outcomes are likely to include a combination of child and family-related issues such as exposure to maltreatment and/or disturbed attachment with natural parents that can undermine connections with subsequent substitute carers (Howe, 2005; Lindheim and Dozier, 2007), and systems-related issues such as the timing of the child's removal from an abusive or neglectful home environment and entry into care (Wilkinson et al, 2017).

1.4 It is within this context that an **Improving Outcomes for Children** Steering Group was established in October 2015 by Welsh Government to support the development of a national approach to improving outcomes for children in care. Following the Assembly elections in May 2016 this was up scaled to a Ministerial Advisory Group, under the leadership of David Melding AM. The Ministerial Advisory Group is taking forward a broad programme of work including pilot projects, policy developments and areas of research to fill gaps in current understanding about what happens to children who become looked after, including this study which is intended to explore:

- The placement journeys for children in care in Wales and how these compare over a medium term (4-5 year) period with the outcomes aspired to and outlined in the original Care Plans submitted to the court when a final Care Order is granted.
- Factors associated with more positive placement outcomes over the same period of time.

The rationale for a 4-5 year period was that the dataset would be relatively recent in time (to reflect current practice) but would allow for sufficient time elapsed to analyse and report on outcomes. It is intended that this study will contribute to further improvements in the quality and stability of placements for looked after children in the future.

1.5 Whilst the overall statutory framework for children looked after and subject to a Final Care Order has remained much the same in the transition between the Children Act 1989 and the Social Services and Wellbeing Act (Wales) 2014, there have been a number of policy developments relevant to the time period with which we are concerned for this study (2012-2017), including in particular:

- The introduction in England and Wales of a revised Public Law Outline (PLO) and care proceedings target timescales from April 2014 (these had also been piloted in some parts of Wales since September 2013).
- A strategy<sup>1</sup> launched in January 2016 to support improved educational ambitions and attainment for looked after children including through work with foster carers; and collective accountability across Welsh and local Government with schools.

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<sup>1</sup> See <http://gov.wales/topics/educationandskills/schoolshome/deprivation/educational-attainment-of-looked-after-children/?lang=en>



- ‘When I am Ready’ arrangements set up across Wales in 2015 to support looked after young people to remain living with foster carers beyond the age of 18 years, as care leavers.
- The Welsh Government’s national strategy *Prosperity for All*<sup>2</sup> which aspires to a good quality of life for all citizens and references the need for all services to be ‘ACE aware’, in other words take a more preventative approach to avoiding ACEs (adverse childhood experiences) which can have a devastating effect on development, and improving the resilience of children and young people.
- Social care is one of the five priority areas within *Prosperity for All*, with actions to raise the educational attainment and improve the life chances of children in care, adopting a child centred approach, through the collaboration of education, social services and others.
- The Programme for Government, *Taking Wales Forward* also commits to “examine ways of ensuring looked after children enjoy the same life chances as other children and if necessary reform the way they are looked after”.

1.6 The remainder of this report includes sections outlining the research methodology for and findings of this important study, and the authors’ conclusions and recommendations for Welsh Government and the Sector.

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<sup>2</sup> See <http://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf>

## 2. Methodology

2.1 This analysis of outcomes for children with a final Care Order has included both quantitative and qualitative approaches applied to two main stages of the study, as follows:

**Stage One:** A large scale analysis of placement trajectories for all children in Wales with a final Care Order in the financial year 2012-2013 (overall sample number: 1,076).

**Stage Two:** A more in depth analysis of child histories, care plans, placements, supports, and outcomes for a broadly representative sub-sample of 79 children from 5 local authority areas drawn from the overall sample and achieved through a combination of case file analysis and interviews with Social Workers, Team Managers and Independent Reviewing Officers (IROs). These authorities were selected by the research team in order to enable a broad spread of children from different geographical and socio-economic backgrounds.

2.2 **For the large scale analysis of placement trajectories**, each of the 22 Welsh local authorities were asked to provide the following information (via secure encrypted data transfer) in relation to all children who had become the subject of a final Care Order between 1 April 2012 and 31 March 2013:

- Basic anonymised details about each child: gender, date of birth, ethnicity, whether noted as having a disability, and whether in a sibling group in relation to the final Care Order.
- Information about the start and finish of placements (and their type and reason for starting / ending with reference to codes used in the annual Looked After Children Census) from the time the final Care Order was granted up to and including their placement at 31 March 2017.
- Information about their legal status and any changes to their legal status between the making of the final Care Order and 31 March 2017.

Data about the children and their placements was collected by local authorities using a spreadsheet template provided by IPC. An initial spreadsheet design was tested by one local authority and then modified prior to distribution to Heads of Service and performance leads. To facilitate data collection, local authorities were

asked to provide similar data and use the same codes as for the Children in Need Census. They were also provided with the Cafcass Cymru unique identifier and basic child details as held by Cafcass Cymru to help them identify the cohort, and were asked to use this identifier in their return to IPC.

2.3 Data was initially submitted by local authorities to Welsh Government using the secure Afon system. Thereafter, IPC was provided with access to the data held by Welsh Government for the purposes of this project.

2.4 Data about children with a final Care Order in the financial year 2012-13 was received from all 22 local authorities during the period May to September 2017. Significant data checking and cleansing activities were required from researchers throughout this period to ensure that it was collected accurately and presented consistently. Particular issues included:

- Significant discrepancies between Cafcass Cymru and local authority records about children who had received a final Care Order in the relevant 12 month period.
- The way in which local authorities record placement episodes when a final Care Order and a Placement Order (for adoption) are granted on the same day. The Looked After Children Census guidance asks local authorities to ignore the final Care Order when this occurs and to record the Placement Order only for their census submission. For this exercise, this meant that many local authorities initially ignored children who had been granted a final Care Order and a Placement Order on the same day.

Both issues were resolved through initial data cleansing and the determined efforts of researchers and local authority officials working together to ensure that the final set of records provided a highly accurate reflection of the number of children with a final Care Order in the 12 month period, each child's changing legal status, and the placements that they had experienced until 31 March 2017.

2.5 The final full cohort size was 1,076 children with a final Care Order in Wales during the 12 month period from April 2012 to March 2013, significantly larger than that which was anticipated.

## 2.6 For the in-depth analysis within 5 local authority areas:

- With the consent of the relevant Heads of Children's Services, a total of 79 Social Services' case files were examined by researchers in situ in local authority departments between July and August 2017, approximately 4-5 years after the final Care Orders had been made. A range of between 15 and 17 case files were examined within each of the 5 areas.
- The overall sample of 79 exceeded the target number for the sampling frame, which was 75. The sample was largely representative of the overall population of children with a final Care Order across Wales in 2012-13 in terms of child: ethnicity (96% were White Welsh / British); gender (46% were male and 54% were female); and age (32% age 1-4 years, 32% aged 5-9 years, 35% aged 10-15 years and 1% aged 16-17 years). The sample included 27 children (34%) who were the only child of the family and 52 (66%) who were part of a sibling group with a final Care Order granted at the same time.
- The children were selected from anonymised lists of all children with a final Care Order in 2012-2013 provided to IPC by each of the local authority areas. They were stratified by age and gender across local authority areas and then selected at random.
- The case files were examined to ascertain: key child characteristics including gender, ethnicity, disability and particular needs; a history of the child and broader family involvement with Social Care Services up until the making of the final Care Order or their entry into care, whichever came first; the rationale for the final Care Order; the plan presented to the Court at the final Care Order hearing; the placement history including whether and how placements had broken down; and information from the records about the child's progress and outcomes in Care including with reference to key areas of interest – family, education, social, physical health, sexual health, emotional health, and involvement with the criminal justice system. The child's adoption files were not examined.

The sampling framework was developed with reference to the existing evidence base and the key questions for this stage of the study which included, in addition to the overall questions for the study:

*What are the issues leading to children coming into care including by age?*

*To what extent have stable placements been achieved following public law proceedings with reference to the different types of placement?*

*What are the key factors influencing placement stability and outcomes more broadly?*

*What is the influence of Independent Reviewing Officers (IROs) in overseeing the implementation of court Care Plans?*

*What improvements could be made in relation to the critical pathway for children post-care proceedings?*

2.7 In relation to each of the children, the 5 local authorities also supported IPC researchers to contact and undertake a semi-structured interview with both the case holding Social Worker (or, if they were not available, the relevant Team Manager) and the Independent Reviewing Officer (IRO). The aims of the interviews were to explore:

- Their understanding of the needs of the child in question.
- Their views about the reasons for the stability or breakdown of individual placements experienced by the child.
- Their views about the extent to which the child achieved overall positive, negative or mixed outcomes in care and as a care leaver, if relevant.
- Their views about the key factor(s) affecting these overall outcomes.
- More generally, the local authority, court and whole system factors influencing outcomes for children with a final Care Order.

2.8 IPC was successful in undertaking at least one interview in relation to each child in 69/79 (87%) cases. In most cases, an interview was undertaken with both the Social Worker or Team Manager and the IRO. 120 interviews were conducted in total including: 57 with IROs, 33 with the Team Manager and 30 with the Social

Worker. The interviews were not recorded, rather careful and extensive notes made by the interviewing researcher and recorded by hand in relation to each question.

2.9 Findings from both the case file analysis and the interviews with social workers, team managers and IROs were then triangulated in order to undertake the final analysis. In many cases, evidence collected during case file analysis and interview suggested very similar findings about the outcomes for the child and the key factors influencing these. In cases where there wasn't such convergence of evidence, researchers examined the response and the rationale provided for it to identify the most appropriate overall finding. For example, where a Social Worker or IRO had recent reliable information about a child's outcomes that differed from the case file analysis, this more up to date information was used in the final analysis. Where the IRO and the case file analysis concurred, a Social Worker's often only slightly different opinion was overridden.

## **2.10 Ethical considerations for the study**

2.11 The key ethical considerations for the study related to the children subject of a Care Order in both the overall cohort and the sub-sample from which evidence was drawn. In relation to the overall cohort, researchers were unable to see any personal data beyond the children's age, gender, date of Care Order, and subsequent placement moves. All of the data was anonymised: children's names, addresses and any other information that might lead to their identification was excluded. In effect, the data was more or less that which is produced annually by local authorities by way of 'returns' to Welsh Government about the looked after population.

2.12 In relation to the sub-sample of 79 children, Heads of Children's Services in each of the five local authority areas gave informed consent for the child's participation in the study, including for Social Worker case files to be examined (excluding any adoption case files) and for interviews with the child's Social Worker and IRO to be undertaken. This consent is congruent with the local authority having parental responsibility for each child subject to a full Care Order. However, great care was additionally taken by researchers undertaking the fieldwork for this study to ensure that no information was recorded that might directly or indirectly identify an

individual child or their family. No names or addresses were recorded, only a case file number to ensure that each child could be traced back to the overall sample.

### 2.13 **Limitations of the study**

2.14 The major limitation in relation to the data gathered for the whole (1,076) cohort was that researchers were not able to view, in relation to each child, their overall planned placement outcome presented to the court at the time of the final Care Order. This was because the originally expected data wasn't available from Cafcass Cymru. Therefore, researchers were not able to ascertain, in relation to the whole cohort, the proportion of children for whom an overall desired placement outcome was achieved, not achieved, or partially achieved.

2.15 In relation to the smaller cohort identified for more in-depth analysis:

- As anticipated, the sample size (n: 79) was not sufficiently large to enable statistically significant findings, in particular at sub-group level. Therefore, although largely representative of the whole, care must be taken when generalising the findings beyond the sub-sample itself.
- Although findings from the case file analysis and interviews with the child's Social Worker/Team Manager and IRO could be triangulated relatively effectively to provide overall evidence-based findings about outcomes and the factors associated with these, it is a limitation that the children and young people themselves weren't able to describe their own perceptions of the journey they had experienced. It wasn't possible to do so in the context of the budget available and timescales required for this study.
- Researchers had to rely on relatively subjective assessments of overall and thematic outcomes (e.g. educational, emotional health and wellbeing) because this was a retrospective, pragmatic analysis of routinely available information. However, judgements about overall and thematic outcomes were based on the totality of evidence available both on the case files and the experience of case workers closely involved with the child over a period of time.
- Causal relationships between individual factors (such as early or late entry into care or placement stability) and positive or negative outcomes for children are inevitably difficult to establish as there are often many other intervening factors relevant to the particular child(ren) in question. This has also been found by other researchers exploring similar questions with similar cohorts (for example, Baginsky et al (2017)).

2.16 Despite these limitations, the study provides a robust analysis of the placement journeys and outcomes for children and young people following a final Care Order; identifies factors associated with positive outcomes; and provides a stronger evidence base to help inform future policy and practice to improve quality and stability of placements in the future. The authors believe that this is the first time such analysis has been undertaken in Wales.



### **3. Findings**

3.1 This section has been arranged to identify key findings from the analysis of data relating to:

- All children with a final Care Order 2012 – 2013 included in the full cohort analysis (section 3.2 – 3.13 below).
- The smaller sub-sample of children from five local authority areas in relation to whom a more in-depth analysis of outcomes was undertaken (Section 3.14 – 3.72 below).
- Broader findings about the whole system derived from semi-structured interviews with Social Workers, Team Managers and Independent Reviewing Officers (IROs) (Section 3.73 – 3.88 below).

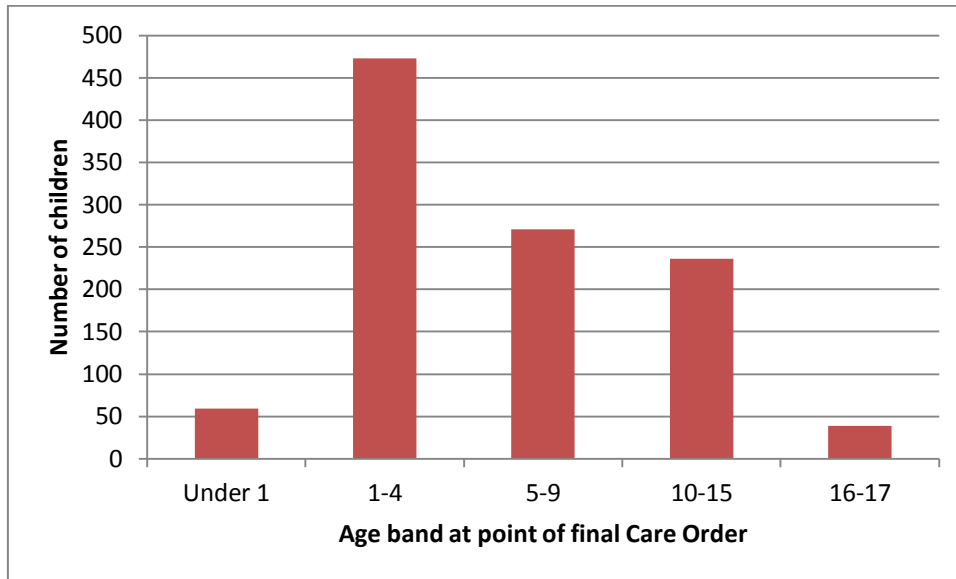
### **3.2 Findings from the analysis of all children with a final Care Order in Wales from April 2012 to March 2013**

#### **3.3 Child Characteristics**

3.4 The overall cohort of 1076 children with a final Care Order in the year April 2012 to March 2013 included:

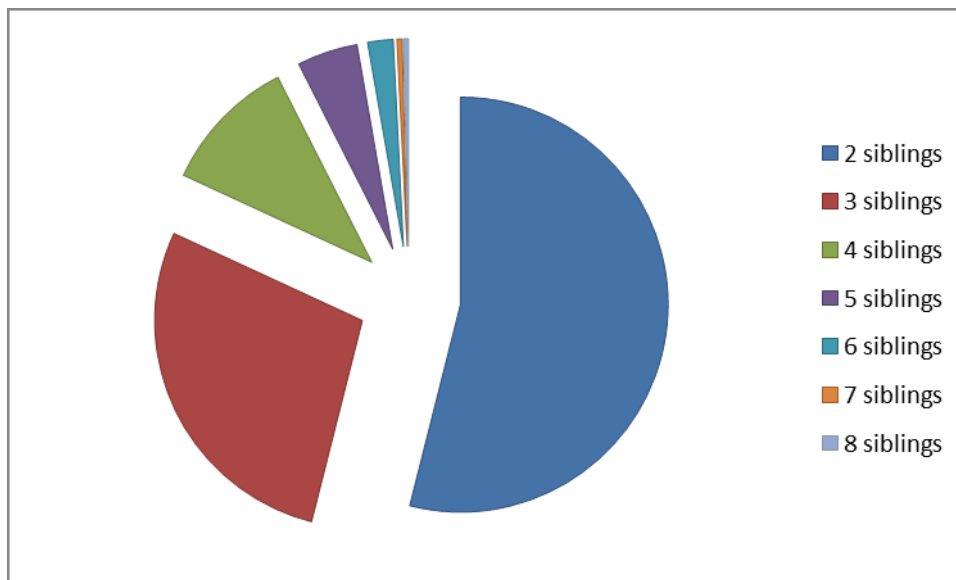
- 541 (50.3%) boys and 535 (49.7%) girls. This aligns fairly closely with the mid-2012 population estimates for 0-17 year olds in Wales (Office for National Statistics, 2014) which show more boys (51.3%) than girls (48.7%).
- 51 children (4.7%) were recorded as having a disability. 911 (84.7%) children were recorded as non-disabled, and there were 114 (10.6%) where disability was not known.
- 95% described as White (incorporating White Welsh, White British and other White) and 3% as of Mixed Ethnicity. Less than 1% of the population were described as Asian, Asian British, Black African, Caribbean, or Black British. Although this largely fits with the overall population of 0-18 year olds in Wales, the proportion of Asian or Asian British children was slightly lower in this cohort at 0.56% compared with the overall population of 2.95% (Office for National Statistics, 2014).
- Almost half (49.4%) of the final Care Orders granted in 2012-2013 were for children aged under five years (Figure 1).

**Figure 1: Number of children by age band at time of the final Care Order**



- Most children were part of a sibling group with a final Care Order made at the same time (687 children, 64% of total). Approximately one third of children in the cohort were not part of a sibling group (389 children, 36% of total). A sibling group mostly comprised 2 or 3 children but there were groups with as many as 7 or 8 children, although clearly these are very much the minority (Figure 2).

**Figure 2: Number of sibling groups by number of siblings in the group**



### **3.5 Primary need for a final Care Order**

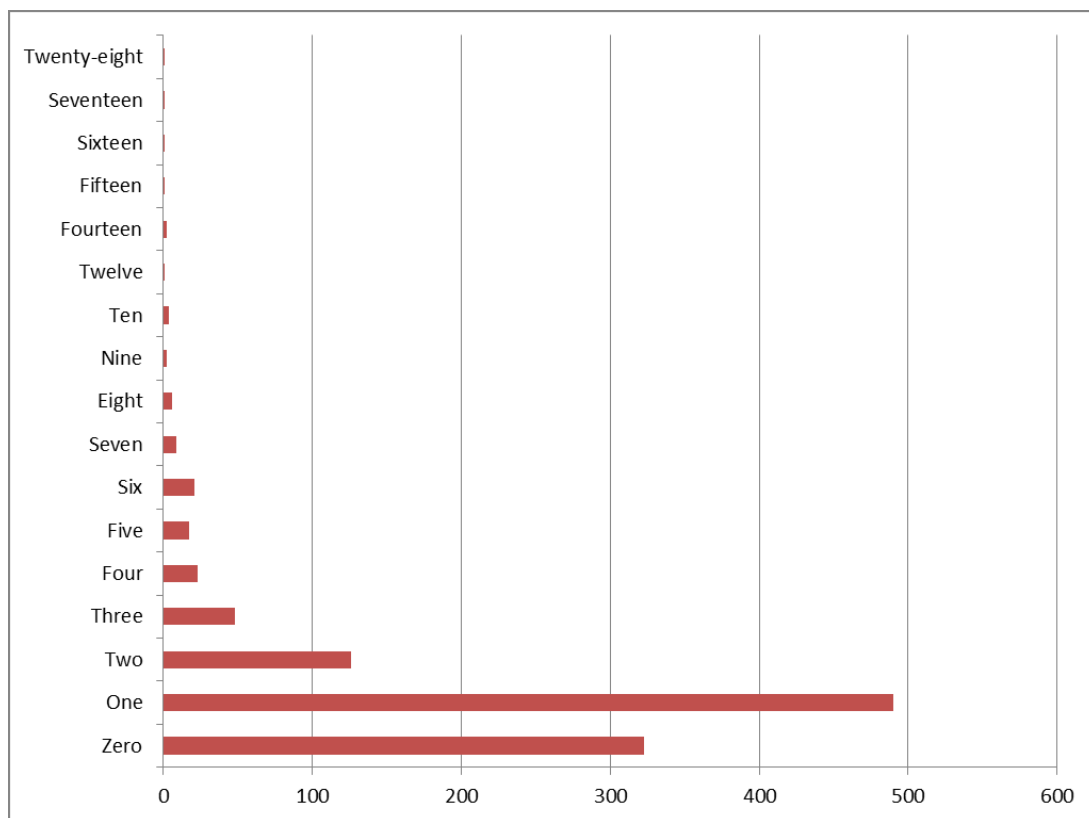
The majority of the cohort (837 children or 78% of the total) were recorded as having a primary need for care relating to abuse or neglect (including domestic abuse), followed by family dysfunction (10%, where parenting capacity is chronically

inadequate) and family in acute stress (6%) defined as one that is going through a temporary crisis that diminishes the parental capacity to adequately meet some of the child's needs. A full set of primary need definitions can be found within the Local Authority Social Services data collection for looked after children guidance (31 March 2016) published by Welsh Government.

### 3.6 Placement Journey from the time of the final Care Order

Just over three quarters of children experienced either none (323, 30%) or one (490, 46%) placement move from the point of final Care Order to 31 March 2017, as demonstrated in Figure 3 below.

**Figure 3: Children by number of placement moves**



The range was really between 0 and 17 moves, as the one entry of 28 placements was for a non-typical child recorded as having a final Care Order, who appeared to be in care regularly for very short periods of time (less than two weeks), recorded as leaving care in between each episode of care.

3.7 The number of moves varied by age of the child, as demonstrated in Table 1 below.

**Table 1: Placement moves by age band, adjusted to exclude one child with a large number (28) of short break placements**

Age at point of final Care Order	Average (mean) no. placement moves	Highest no. moves for an individual child
16-17 years	1.74	6
10-15 years	2.17	17
5-9 years	1.00	15
1-4 years	1.01	10
Under 1 year	1.02	3

As might be expected, older children and particularly those aged 10-15 years experienced more moves than younger ones. However, for most children (the mode) in each age group the typical pattern was still for none, or one placement move.

Looking in detail at the 27 children with seven or more placement moves (excluding the one with a series of short breaks), their moves followed the same pattern i.e. the number of days spent at each placement started low (sometimes as low as 3 days) and consistently increased over time.

### 3.8 How children ceased to be looked after post final Care Order

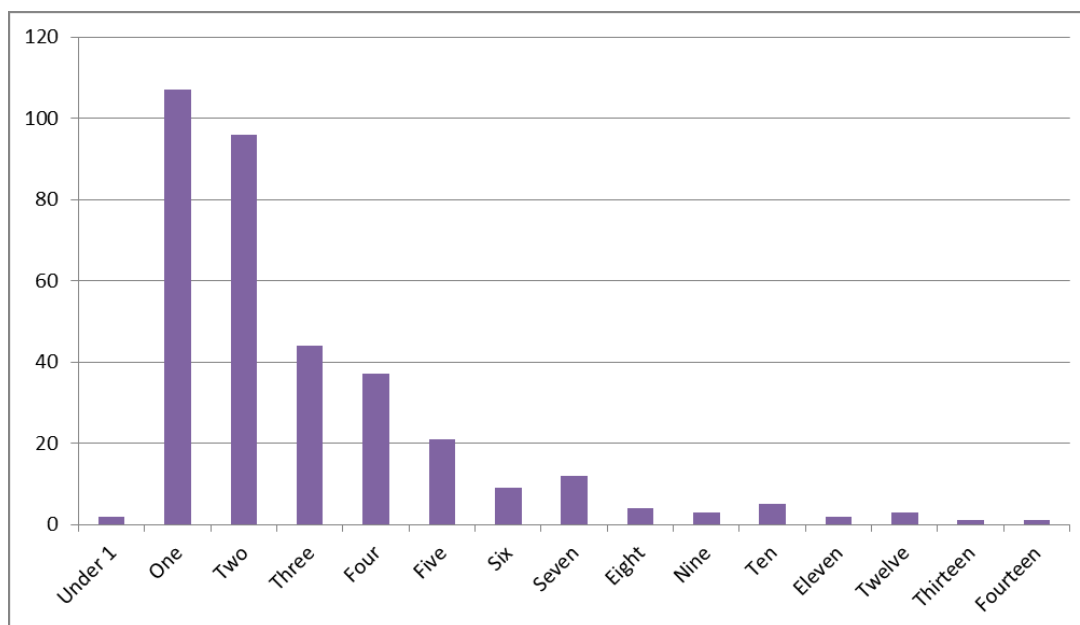
3.9 Over a half (55% or 590) of children with a final Care Order in the year 2012-2013 ceased to be looked after at some point between the making of the Order and 31 March 2017. The reasons for ceasing to be looked after were mainly because they became adopted (59%), returned home to live with parents (11%), became the subject of a Special Guardianship Order (7%), or became care leavers (19%).

3.10 Overall, nearly one third (347 or 32%) of the total cohort became adopted after the final Care Order. For just over half of these children (186 or 54%), the application was unopposed. For the remaining 161 or 46%, parent consent was dispensed with.

Children who became adopted after the final Care Order included:

- Slightly more boys (51%) than girls (49%), which reasonably closely fits with the overall cohort and matches the proportions within the general population.
- Fewer children described as having a disability (2.6%) compared with in the overall cohort (4.7%).
- More children in relation to whom a final Care Order had been granted without siblings (50%) than in the overall cohort of looked after children (36%). Where children did have siblings subject to a final Care Order at the same time (n 174), 56% (98) were adopted as an intact sibling group, 18% (32) were adopted with only some of their siblings, and 25% (44) were adopted on their own, without any siblings.
- Age was a significant characteristic. Younger children were more likely to be adopted than older ones as illustrated in Figure 5 below.

**Figure 5: Number of children adopted by age at final Care Order**



The average (mean) age of children who went on to be adopted was 2.9 years at the time of the final Care Order and the most common (mode) age was 1 year.

The time between making the Placement Order to the start of the adoption placement varied considerably between 0 and 1,441 days.

However, the average number of days between Placement Order and the start of the adoptive placement was 262 days.

There was very little variation in the average number of days by age of the child at the time of the final Care Order (262 days for children aged 0-4 years, 261 days for children aged 5-9 years and 273 days for children aged 10 years and above).

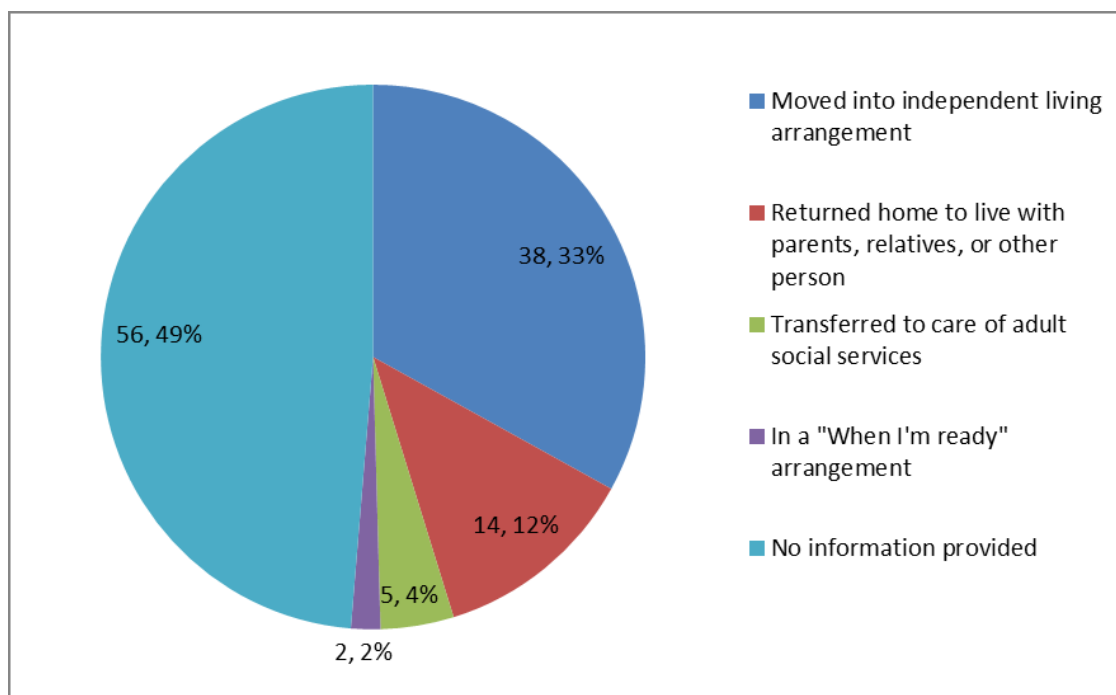
3.11 Children who ceased to be looked after for reasons other than adoption numbered 128 in total (12% of the whole cohort) and included:

- 63 children (6% of the whole cohort) who returned home to live with parents, relatives or another person with parental responsibility after spending some time being looked after. Most of these children were still living at home at 31 March 2017, but a small proportion (n = 4) had become looked after again.
- 44 children (4% of the total cohort) who became subject of a Special Guardianship Order in favour of their current carers, thereby ending their looked after status.
- 24 children with no specific reason recorded for ceasing to be looked (coded 'episode of care ceased for any other reason').
- 1 child who died whilst being looked after.

3.12 115 young people (11% of the total cohort) reached the age of 18 between the time of their final Care Order and 31 March 2017.

For just over half of these young people it was possible to determine their onward journey, as illustrated in Figure 6 below.

**Figure 6: Post-care placement journeys for care leavers**



For those young people in relation to whom information was available (n=38), a significant proportion had moved into an independent living arrangement, into either supportive accommodation providing formalised advice/support arrangements (e.g. most hostels, YMCAs, foyers, and care leavers projects) (34/38) or into accommodation providing no formalised advice/support arrangements (e.g. B&B, bedsit, own flat, living with friends) (4/38).

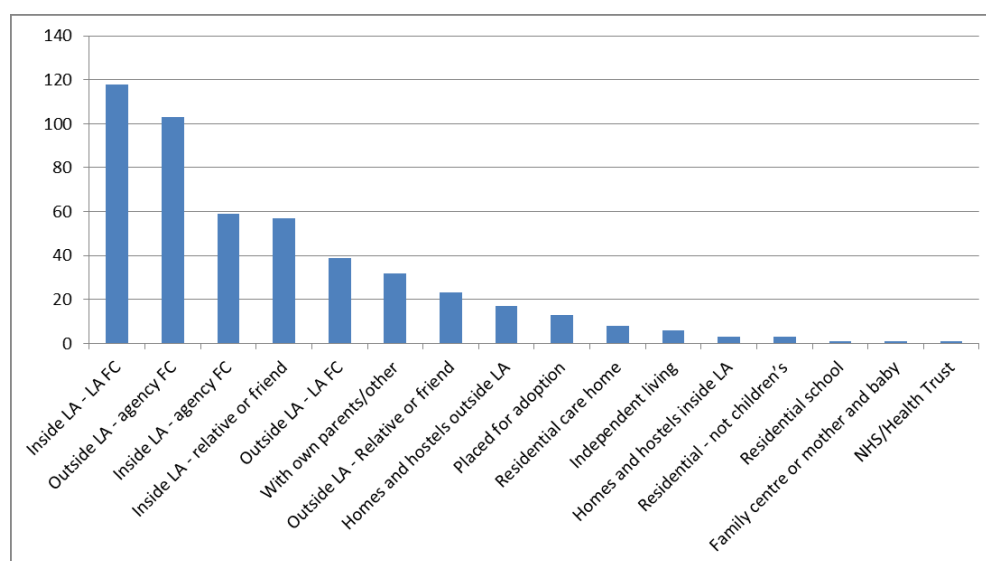
Only 2 young people were recorded as continuing to live with former foster parent(s) in a "When I Am Ready" arrangement.

For the looked after children census, the onward placement journey was often not recorded by local authorities – in nearly half of cases, we could only see that care had ceased.

### 3.13 Children remaining looked after at 31 March 2017

A significant proportion of the cohort (486 or 45%) remained looked after on 31 March 2017. The type of placement in which these still looked after children were residing is outlined in Figure 4 below.

**Figure 4: Children remaining looked after at 31 March 2017, by type of current placement (LA = Local Authority, FC = Foster Care)**



Where it is possible to tell from the types of placement recorded, at least 269/486 (55%) of these still looked after children were placed inside their own local authority area.

In terms of the different types of care being provided for those still looked after, the majority 162/486 (33.3%) were in foster care secured through an agency, followed by 157/486 (32.3%) who were in local authority foster care.

### 3.14 Findings from the in-depth analysis of outcomes for children in five local authority areas

### 3.15 Child and Family Characteristics

3.16 Whilst only 11/79 or 14% of this smaller cohort had a disability recorded for the purposes of national statistical returns, the case file analysis identified an additional



16 children who in fact had a recognised form of disability prior to or whilst they had a final Care Order, including in particular:

- Children with a mild to moderate learning disability.
- Children with an autistic spectrum disorder (ASD).
- Children with a statement of special educational needs in relation to their emotional and behavioural difficulties (EBD).

Therefore, approximately one third (34%) of the children in the stage two sample had some form of recognisable disability. This is significant in part because the proportion is so different to that which is recorded nationally in relation to looked after children and in part because of the implications for a wide range of outcomes, in particular educational and health outcomes.

- 3.17 35/79 or 44% of the children had a diagnosed attachment disorder or recognised issues with attachment either at the time of the final Care Order or relatively soon afterwards. This may under-represent the true prevalence of attachment difficulties, as previous research, in particular Brandon et al (2014), has recognised that neglected infants who initially display secure attachments may increasingly develop insecure or disorganised attachment behaviours as they grow older.
- 3.18 23/79 or 29% of the children had recognisable emotional and behavioural difficulties (EBD) at the time of the final Care Order. These difficulties could be experienced and noticed either at home, or at school or both. Excluding the 0-4 age group, who could be said to be too young to yet be clearly demonstrating EBD and in relation to whom there were no positive EBD recordings, this represents a more realistic 43% of the cohort aged 5-17 years.
- 3.19 As one would expect with a cohort of children with a final Care Order, but in contrast to the officially recorded figures for the whole cohort, all of the children had experienced some form of abuse or neglect. 61/79 or 77% had experienced neglect; 30/79 or 38% had experienced or witnessed the physical abuse of a child in the family; and 19/79 or 24% had experienced emotional abuse. In relation to 20/79 or 25%, there were evidence-based concerns about or confirmed sexual abuse of the child. These concerns about sexual abuse sometimes emerged after the care proceedings were concluded, but are included here as we know from existing research that children typically delay disclosing this form of abuse (McElvaney, 2013).

3.20 Often, children had experienced more than one form of abuse. For example:

- 21 of the 61 neglected children had also experienced physical abuse.
- 13 of all children (or 16%) had experienced physical and sexual abuse.
- 12 of all children (or 15%) had experienced neglect, physical abuse and sexual abuse.
- 3 of all children had experienced neglect, physical abuse, sexual abuse and emotional abuse.

3.21 Adverse childhood experiences (ACEs) known to significantly increase the risk of abuse and neglect (Wilkinson et al, 2017), particularly domestic abuse, parent substance misuse and parent mental health issues, were highly prevalent in this cohort (Table 1).

**Table 1: Prevalence of three key ACEs known to increase risk of abuse and neglect**

Parent factor	No. children in the cohort affected	% children in the cohort affected
Parent substance (drug or alcohol) misuse	60	76%
Domestic abuse	54	68%
Parent mental health problems	37	47%

In 21/79 (27%) of cases, all three of these issues were present immediately prior to care proceedings being brought. Another known risk factor, parent learning disability, was present in 4 cases.

3.22 In many (36/79 or 46%) cases, the family had been known to Children’s Social Care Services for several years and the parent/family issues affecting them (for example, domestic abuse, parent substance misuse, parent mental health problems) if not the

actual abuse and neglect could be described as chronic. Sometimes these families had moved between two or more UK local authority areas during this time.

- 3.23 In 13/79 (16%) cases, the child had (mostly older) siblings or half siblings born to their mother who were already in care as a result of earlier care proceedings. The number of siblings or half siblings already in care ranged from 1 to 7 children.
- 3.24 6/79 (or 8%) children were already living with a substitute carer prior to action being taken by the local authority to bring care proceedings. In 4 of these cases, the child was being looked after by a grandparent and in 2 cases, the child had been adopted prior to care proceedings.
- 3.25 9/79 (or 11%) children had experienced the sudden death of a natural parent or grandparent in a key carer role around the time of the care proceedings or final Care Order. In some cases, the death was of a violent nature i.e. suicide or murder.
- 3.26 8/79 (or 10%) children had a natural parent who had been imprisoned for a violent or sexual offence (including in some cases for the abuse or neglect of the child) at around the time of the care proceedings or final Care Order.
- 3.27 **Placement outcomes articulated in the Plan presented to court at the time of the final Care Order**
- 3.28 The desired placement outcome for the child articulated to the court at the time of the final Care Order varied considerably but most children had a plan for long term foster care (42%) or adoption (29%). Other children had a plan for kinship care (18%), placement with a parent (6%), or long term residential care (4%). Only one child had a very different plan, namely to remain in hospital under Section 3 of the Mental Health Act (in an adolescent mental health unit) until able to be discharged and thereafter a therapeutic placement to be provided by the local authority and health board (Table 2).

**Table 2: Children numbers and percentages by overall desired placement type**

Overall desired placement type	No. of children in the cohort	% of children in the cohort
Long term foster care	33	42%
Adoption	23	29%
Long term kinship care	14	18%
Placement with a parent (including by gradual rehabilitation home initially)	5	6%
Long term residential care	3	4%
Remain in hospital until able to be discharged	1	1%

3.29 Placement Plans were often more bespoke, for example sometimes:

- Adoption with siblings was specified.
- The plan was to search for an adoptive placement for 6 months and, if not possible, to organise a long term foster placement.
- Permanency through adoption with siblings was sought if possible through a time-limited search but, failing this, a placement with siblings in foster care.
- The plan was for an ongoing placement with the existing foster carer(s).
- It was intended that the child should have a placement apart from sibling(s).

All kinship placements were specified either with grandparent(s) or aunt / uncle.

3.30 There was no single preferred placement option but trends in the type of Placement Plan for each age 'band', for example:

- Adoption was the plan for children ranging between 1 and 7 years with an average (mean) age of 3 years and most common (mode) age of 1 year at the time of the final Care Order.

- Long term foster care was the plan for children ranging between 2 and 15 years with a mean age of 10 years and mode age of 9 years.
- Kinship care was the plan for children ranging between 1 and 13 years.
- Children to be placed (back) at home were aged between 1 and 15 years.
- Residential care was the plan for children ranging between 8 and 15 years with significant emotional and behavioural difficulties.

3.31 **To what extent was the Placement Plan fulfilled?**

3.32 Researchers examined this question through two lenses:

- The extent to which the Placement Plan was fulfilled in the short term (defined as the timescales originally envisaged or likely to be envisaged for the court-endorsed Plan).
- The extent to which the Placement Plan was fulfilled overall in the longer term.

3.33 In the short term, the Placement Plan for children was achieved in 64/79 or 81% cases. The achievement of Placement Plans was more common in the short term for those proposing adoption or long term fostering, a placement with parent(s), or kinship care. Some Plans for adoption only, long term foster care or a specified residential care placement were not achieved, as indicated in Table 3 below:

**Table 3: Achievement of Placement Plans in the short term by placement type**

Placement type	Achieved	Not achieved
Adoption only	16 (76%)	5 (24%)
Adoption or long term foster care	2 (100%)	
Long term foster care	24 (73%)	9 (27%)
Specified residential care	2 (67%)	1 (33%)
Placement with parent(s) at home	5 (100%)	
Long term kinship care	14 (100%)	
Remain in hospital until discharged	1 (100%)	

- Adoptions were easier to achieve for younger children. Children achieving a planned adoption tended to be younger (mostly aged 1-2 years although some up to 7 years) compared with those who were not adopted (mostly aged 5-6 years). They were also more likely to be single placements rather than those for a sibling group together.
- There was almost no difference in the average age of children in relation to whom the plan for long term foster care was or wasn't achieved in the short term (10 and 11 years respectively). However, the children for whom the plan for long term foster care wasn't achieved in the short term were characterised by: chronic histories of abuse and neglect (8/9 cases); having been exposed to extreme trauma particularly in the form of physical abuse or sexual abuse or both (5/9 cases); or being part of a sibling group or large sibling group intended to be fostered together (6/9 cases).
- The three children for whom residential care was the Placement Plan had severe attachment disorders identified at the time of the care proceedings. At least 2/3 had experienced sexual abuse and exhibited highly sexualised behaviour. All 3 children had experienced trauma and abuse from an early age, although care proceedings had been initiated relatively late in their childhoods. 2/3 children had mothers who had died early in their lives and, as a result, they had been adopted or looked after by a kinship carer. All 3 children had significant emotional and behavioural difficulties and were regularly going missing from home or school or both.

3.34 In the longer term, over the full 4-5 year period post-final Care Order, some of these 'initially achieved' placements broke down. This was particularly the case for some types of placement, notably:

- **Placements with parents (at home).** Of the 5 plans for placement with parents that were initially achieved, 3 weren't sustained over time. The 2 children with sustained placements were younger (aged 1 and 2 years) at the time of the final Care Order, had no siblings, and no significant previous involvement with Social Care Services. The children with an un-sustained placement were older (aged 6, 6 and 15 years) at the time of the final Care Order. The placement had broken down between 12 and 18 months after the final Care Order because parents couldn't sustain improvements in their lifestyle and parenting. In 1 out of the 2 cases where the child was still living at home with a parent, Social Services had begun more recently to become involved again in relation to suspected neglect and emotional abuse. Therefore only 1/5 of this type of placement could be said

to be very positively sustained. Although the numbers are small, this fits with earlier research suggesting a high risk of re-abuse or neglect for children who return home from care (see Sinclair et al., 2005; Farmer and Lutman, 2012; and Biehal et al., 2015).

- **Long term foster care placements.** 8/24 (33%) of initially achieved long term foster placements were not sustained over time. However, in 3/8 of these cases, the child had been settled and doing well in foster care but there had been a subsequent court-ordered decision that they should return home to live with a parent(s). In most (4/5) of the other cases, the children subsequently achieved another permanent placement.
- **Long term kinship care placements.** 4/14 (29%) of these initially achieved placements were not sustained over time. In 2/4 cases, the placement broke down because the child or a sibling was physically abused by their grandparent carer(s). In 2/4 cases, it became clear that the aunt/uncle kinship carer(s) did not understand the needs, particularly the emotional health and wellbeing needs, of the child and were therefore unable to respond appropriately to these. In both cases, the child also appeared to be rejected by their carer.
- **Residential care placements** intended to be long term. Both of the (2) initially achieved placements were not sustained over time.

By contrast, none of the 18 initially achieved adoption or adoption/long term fostering placements were known to have broken down over the 4-5 year period post-final Care Order.

3.35 Some children whose Placement Plan was not initially achieved subsequently achieved permanency in another placement (type). For example:

- 4/5 children with a court-ordered Plan for adoption initially not achieved subsequently achieved permanency through long term fostering and all of these placements were still intact at the end of the 4-5 year period post final Care Order (in July-August 2017).
- 2/9 children with a court-ordered Plan for long term foster care initially not achieved subsequently achieved permanency through long term fostering.

- 1/2 children with a court-ordered Plan for a specific long term residential care placement that was initially not achieved subsequently achieved permanency through an alternative residential care placement.

3.36 However, a proportion (9/15) of children whose Placement Plan wasn't initially achieved had still not achieved an alternative permanent placement after 4-5 years (by July-August 2017). This represents 11% of the overall sub-cohort. Most of these children (6/9) had a plan for long term foster care articulated at the time of the final Care Order. Almost all (8/9) of the children experienced at least two and most experienced several placement breakdowns. The children who appear to have been more resilient in spite of these placement breakdowns were younger and had been less exposed to abuse and neglect at the time of the final Care Order.

### 3.37 **What were the outcomes for children in the cohort to age 18 years?**

3.38 **Overall outcomes.** With reference to all of the available information on case files and from the interviews with Social Workers, Team Managers and/or IRO's, 56/79 (or 71%) children were considered, or assumed in the case of adopted children, to have overall positive outcomes 4-5 years after the final Care Order. 15/79 (19%) were considered to have mixed outcomes (a more balanced mixture of some positive and some negative); and 8/79 (10%) overall negative outcomes.

3.39 **Home environment outcomes.** 66/79 (or 84%) were considered, or assumed in the case of adopted children, to be in stable, happy placements with good communications and attachments. Of the other 13 (16%), 8 children were considered to be in stable but unhappy placements with poor communications or attachments, 4 were in an unstable or vulnerable placement, and 1 child was running away regularly.

3.40 **Educational outcomes.** When children in relation to whom educational outcomes are not known or not (yet) relevant were removed from the analysis, 62.5% (45/72) of children in the cohort were considered to be in full time education, employment or training (EET) and achieving well with reference to their cognitive ability evidenced in the files and from interviews. 23.6% (17/72) were in full time EET and achieving partially well and 5.5% (4/72) were in part time EET achieving partially well. In only



6/72 (8.3%) cases were children in either full or part time education, employment or training and considered to be failing to achieve.

- 3.41 **Social outcomes.** 41/73 (56%) of children in relation to whom sufficient information was available were considered, or assumed in relation to adopted children, to be able to mix well with peers and adults. 26/73 (36%) could mix partially well with peers and adults. 4/73 (5%) were not able to mix well with peers and adults. 2/73 (3%) were isolated from peers and adults.
- 3.42 **Physical health outcomes.** The majority of children were considered, or assumed in the case of adopted children, to have good physical health outcomes (64/75 or 85% of children in relation to whom sufficient information was available). 6/75 or 8% were considered to have partially good physical health outcomes. 3/75 or 4% were considered to be physically unhealthy and had been offered but had refused support. 1 child was physically unhealthy but hadn't been offered support. 1 child had significant physical health needs that weren't improving but were being met on an ongoing basis.
- 3.43 **Sexual health outcomes.** Most (42/79) children were too young for sexual health outcomes to be relevant. Of the remaining 37 children and young people, 31 (84%) were considered to have good sexual health. 4/37 (11%) had partially good sexual health. The 2 other children were considered to be sexually unhealthy including at risk of sexual exploitation or sexually transmitted disease.
- 3.44 **Offending outcomes.** Many (39/79) children were too young for offending outcomes to be relevant. 35 of the remaining 40 children and young people (88%) weren't known to be offending at all. Of the remaining 5 children, only 1 was offending consistently including serious offences. 2 children were offending inconsistently but including at least one serious offence. 2 children were known to have committed a 'one-off' offence that wasn't serious in nature.
- 3.45 **Emotional health and wellbeing outcomes.** In 2 cases, insufficient information was available for a judgement about the emotional health and wellbeing needs of the child to be made. Of the remaining children, only 36/77 (47%) were considered or assumed in the case of adopted children to have good emotional health and wellbeing outcomes. 25/77 (32%) had partially good emotional health and wellbeing

outcomes. 15/77 (19%) were considered to be emotionally unhealthy or unstable and were receiving either specialist child and adolescent mental health (CAMHS) support (12) or other forms of therapeutic support (3). 1 child was emotionally unhealthy or unstable and was not receiving any support. Therefore, in total, 21% of the cohort could be said to be emotionally unhealthy or unstable 4-5 years after the final Care Order.

### 3.46 **Factors associated with overall positive outcomes**

3.47 The cohort of 56 children with overall positive outcomes included:

- An average (mean) age of 6.9 years at the time of the final Care Order (but an overall age range of 1-15 years).
- Slightly more girls (31 or 55%) than boys (25 or 45%).
- Children living in a range of permanent or long term placements including: adoption; long term fostering; kinship care; and placement with a parent (but not residential care).
- Most children (41/56 or 73%) with the long term placement outcomes articulated in the Care Plan having been fully met and for most other (12/56 or 21%) partially met. In only 3/56 or 5% cases had these specified placement outcomes failed to be met.

### 3.48 **Box 2: Key success factors for children not placed for adoption or at home**

3.49 For children who weren't placed for adoption or at home, the triangulated findings from case file analysis and interviews with Social Workers, Team Managers and IROs suggest that the key factor associated with more positive outcomes for the child was the quality care provided by the foster, kinship or residential placement. This appeared to be the most significant factor in over 90% cases including for those children who had experienced an earlier unsatisfactory placement and/or placement breakdown. These good or excellent placements included the following characteristics on a very consistent basis:

- Stable
- Warm and nurturing
- Committed (to this child's particular needs in the long term)
- Pro-active in support for the child's educational, social, and health needs
- Inclusive – of the child within the broader family

Other factors that were often present where there were overall positive outcomes for the child included:

- Good or excellent home/school support, including to attend and achieve
- Carer ability to facilitate beneficial contact with the child's natural including extended family
- Therapeutic support provided at an early stage of a problem arising or pro-actively 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 able to develop a good relationship with the child
- Child placed either alone or with siblings, to meet their particular needs

In some cases, the outcomes were considered to be overall positive although some issues remained for the child. Mostly, these issues related to the child's emotional health and wellbeing needs that hadn't (yet) been met. This seems significant as, in all cases, these children were about to transition either into mid to late teens (at which point they were due to take GCSE or A level examinations) or to becoming a care leaver.

### 3.50 **Box 1: Key short term success factors for children placed for adoption**

For children placed for adoption in this cohort, our analysis of Social Worker, Team Manager and IRO responses suggests that the key factors associated with the initial success of placements were:

- The (relatively young) age of the child at the time of entry into care and therefore more limited exposure to abuse or neglect
- Relatively swift care proceedings, matching and placement processes
- A good overall match with the adoptive parent(s) with reference to the child needs and parent characteristics
- The quality of support for the child to transition into the adoptive placement – provided by both foster carer(s) and Social Worker(s)
- The quality of preparation for adoptive parent(s), in particular good information about the child's characteristics and needs

### 3.51 Illustrative examples

#### Child 63

This child was the eldest of many siblings with a final Care Order made when he was aged approximately 12 years. He came into care with diagnosed attachment and emotional and behavioural (EBD) issues. The family issues precipitating the child's entry into care were the 'toxic trio' of domestic abuse, parent substance misuse and parent mental health issues combined with neglect which had been of concern for a number of years. The Placement Plan presented to the court at the final care hearing was for long term foster care.

Although an initial long term placement didn't work out for this child, a second was arranged relatively quickly thereafter and the child has been living with the same carers now for four years.

This child has done very well with his foster carers and is described as having matured significantly, both emotionally and behaviourally. His attendance at school is very high at 98% and, although he was very behind academically at the point of entry into care, looks now to be able to achieve sufficiently well at GCSE to go to college in September. In addition to a very high quality, nurturing and committed foster care placement, this child has also benefitted from a consistent, attentive Social Worker able to identify and source supports for his emotional health needs. He is now also regularly attending positive activities, e.g. The Princes Trust, whereas his emotional and behavioural needs at the point of entry into care were such that he wasn't able to join in clubs and social events.

*"He has attained much more than expected. Doing remarkably well, given his background. Really grown in confidence, (we've) seen him move on tremendously. I am proud of him and think his carers and parents are too, and he knows it"*

Social Worker

## Child 62

This girl came into care aged 9 years having experienced sexual abuse, domestic abuse, and emotional abuse. The plan was for long term foster care with a sibling. However, the placement broke down, principally because of this child's unaddressed extreme attachment difficulties, challenging behaviour and sibling relationship issues. The subsequent long term foster carers with whom she has been placed on her own, funded as a solo placement for the last 3 years, are very nurturing and experienced. The child has been helped to feel very much part of the family. The stability and quality of the placement has also been promoted by significant therapeutic support provided during the transition period into and with the current foster carers, including specialist family therapy and play therapy. There has been consistent, attentive Social Worker and school-based support. This child is now thriving in her placement, really enjoying school and beginning to form friendships, participating in school and extra-curricular clubs.

*"She has grown in self-esteem and likes to look good, feeling good about herself. Educationally, she has come on leaps and bounds and is doing really well now. She's had therapy to understand her behaviours, which has helped. Lots of achievements in school. They recognise this. (She is) reaching targets and part of school groups for example, music, choir"*

Social Worker

## Child 29

This child with a final Care Order aged 13 years had experienced, alongside siblings, chronic abuse and neglect including: physical abuse, neglect and sexual abuse. His mother has a learning disability and his father died just before he came into care. The plan was for long term foster care with a sibling.

In spite of significant emotional needs and a mild to moderate learning disability, this child has thrived in the long term foster placement which provides a stable happy foster home with committed carers who treat him as a child of the family and are committed to him in the long term, including as a care leaver. The child's school attendance is excellent, and he has been provided with support to achieve there. He clearly loves school and enjoys playing in the rugby team. He is encouraged to have other hobbies outside of school, just like any other child. There is significant 'wraparound' support from school working with the Social Services, and also the broader community.

This child has ongoing complex emotional health needs, thought to be compounded by his ASD-related disabilities as well his negative early childhood experiences.

*"The carers are clear he can be with them for as long as he wants. They include him totally in the family"*

Team Manager

Other IRO or Social Worker reflections on cases where children have had largely positive outcomes include:

*"This is a match made in heaven"* in relation to a child aged 15 years whose initial placement with kinship carers broke down and was now living with foster carers.

*"This child felt part of the foster family from the start. She says things like life is amazing, awesome"* in relation to a child aged 13 years who has remained living with the same foster carers who now have a Special Guardianship Order for her.

In relation to a young woman now aged 18 years with a mild to moderate learning difficulty whose first permanent placement broke down when carers wanted to retire: *"The second placement prepared her well for independence and encouraged new skills, moved her on to an adult placement really well. This has been a positive journey, given her situation, really good decisions and outcomes for this girl. These (second) carers were amazing, very passionate about her care. There was a*

*noticeable change in the young person when she came here, she spread her wings and grew in confidence”.*

About a young person now aged 19 years with a mild to moderate learning difficulty: *“This child achieved better than expected and went into some mainstream lessons. She opted to go to college and did work placements. She enjoyed going to the local youth club. Her emotional health and wellbeing was as positive as it could be given the chronic neglect and control she had experienced. The therapeutic support specifically commissioned for her helped enormously”.*

In relation to a young man now aged 20 years *“A life story expert was brought in to do work with the young person and siblings and was involved for over a year. Expensive but extremely helpful. This therapist also worked with the carers..has helped him to develop self-esteem and be a confident young man supported to get the most from his abilities, particularly educationally”.*

In relation to a child now aged 14 years who had experienced chronic neglect and is now placed with long term foster carers: *“The carers made this child and his sibling feel cherished”.*

### 3.52 **Factors associated with overall negative outcomes**

3.53 The cohort of 8 children considered to have overall negative outcomes were characterised by the following:

- An average (mean) age of 10 years (older than the overall positive outcomes cohort) and an age range of 1 to 15 years at the time of the final Care Order.
- More boys (6/8) than girls (2/8).
- Children who had almost all been exposed to severe and/or chronic abuse or neglect.
- A number of children with very challenging behaviour resulting from their experience of abuse, for example: sexualised behaviour, soiling or enuresis (bedwetting).
- Almost all children whose desired placement outcome at the time of the final Care Order had not been met.



- In most cases, a placement journey including several breakdowns and often a significant early placement breakdown or initial abusive or inappropriate placement that didn't meet the child's basic needs.
- Infrequent or unresponsive access to specific support for the child's presenting emotional health and wellbeing needs.
- Some children who had ongoing contact with a previously abusive parent that appeared to have been either de-stabilising or otherwise detrimental.

### 3.54 Illustrative examples

#### Child 26

In relation to a final Care Order made when he was pre-school aged, the Permanency Plan presented to the court for this child was for adoption. His emotional and behavioural needs are likely to result from sexual abuse, physical abuse and neglect which were chronic in nature in spite of this child's relatively young age. This child has not achieved a satisfactory long term placement (whether adoptive or foster care). The local authority is currently concerned about the placement that should have been only short term whilst an adoptive placement was being sought as it is unlikely to be meeting his needs. The foster carers are not thought to be supporting good emotional and educational outcomes and the concern is that they are unstable and lacking in empathy. They are thought to be caring for too many children at a time and failing to prioritise the needs of this child. Although this child is in full time education, he is not achieving and finds it very difficult to mix with other children and adults as a result of his behaviour.

*"The foster carers have no understanding of this boy's needs. As a Looked After child, (I think) we could do better for this child" IRO*

### **Child 37**

By the time this child was made subject of a final Care Order, she was teenaged and had recognisable attachment and emotional health and wellbeing / behaviour (EBD) issues. She was also running away regularly, taking drugs and at risk of sexual exploitation as well as having been excluded from school. She had experienced sexual abuse, neglect, and physical abuse as a younger child. Her natural mother had died and she was initially placed in the care of a grandparent. This placement was lacking in emotional warmth and understanding of the emotional needs of this child had broken down prior to the making of the final Care Order. Having already experienced earlier numerous foster placement breakdowns, the Permanency Plan presented to the court was for a long term therapeutic residential placement.

This child has since been cared for in numerous secure and residential placements. All of the residential placements have broken down. This child is isolated from peers, is still running away regularly and is emotionally unstable, offending regularly, and at risk of sexual exploitation.

*“It's horrific to remember this creative girl and now see her as a young adult not being able to communicate even” IRO.*

## Child 54

This child was primary aged at the time of the final Care Order. Along with siblings, he had been on the Child Protection Register for several years with concerns about neglect linked with domestic abuse and parental substance misuse. The children were placed with grandparents in accordance with the Plan presented to court at the time of the final Care Order.

The children were later removed from the grandparents' home to foster care because of physical abuse. This child had already been showing significant signs of distress (including soiling) and the grandparents thought to have refused support with parenting.

Therapeutic support for the child was offered only 4 years after the final Care Order.

The current foster care placement is deemed vulnerable, this child is now struggling in school, finding it difficult to mix with peers and adults because of his extreme behaviour. He is beginning to articulate a wish to return home to be with his mother, prompted perhaps by mother's lack of support for the foster placement.

### 3.55 Factors associated with mixed outcomes after 4-5 years

The cohort of 15 children with mixed overall outcomes included the following features:

- An average (mean) age of 7.9 years and an age range of 1 to 14 years at the time of the final Care Order.
- More girls (10/15) than boys (5/15).
- Almost equal numbers of children with their Placement Plan outcome articulated at the time of the final Care Order having been met (6/15), not met (5/15) or partially met (4/15).
- Likely exposure to chronic or extreme abuse or neglect as younger children.
- 10/14 with an initial substitute care placement that was supposed to be long term but broke down unexpectedly, affecting the child emotionally (the other 1 placement was at home with a parent).

- All 15 children more recently living with committed, nurturing carers who are attuned to their needs and able to provide a sense of belonging.
- Good support (from foster carers or school or both) to attend education and make progress, and to participate in positive activities in the community.
- In most (14/15) cases, unresolved attachment and/or early trauma issues that had begun to affect the child emotionally or behaviourally and to undermine other more positive outcomes (all of these 14 children have only partially good emotional health and wellbeing (7) or are emotionally unhealthy or unstable (7)).

### 3.56 Illustrative examples:

#### Child 4

This child came into care as part of a large sibling group and was primary aged at the time of the final Care Order. The children had experienced neglect and emotional abuse linked with domestic abuse and parental substance misuse over a number of years. The plan for this child was for long term foster care with a sibling.

The first foster Placement Planned to be long term broke down as the carers wanted to retire. This child was thought to have been very attached to the carers. However, there had been issues within the placement including the favouring of a sibling above this child. The children were also subsequently removed from a second long term placement because of inappropriate parenting.

In the current third foster placement, this child is poorly attached in spite of much better attuned care, and she is able to mix only partially well with peers and adults. She has significant emotional disturbances and regular angry outbursts. However, so far, she is attending school regularly and achieving well there.

*“Some kind of therapeutic support earlier in the care journey would have helped, including with the attachment and (difficult) sibling relationship” IRO*

## Child 46

This infant child was one of two children removed from their parents' care because of physical abuse. Mum and Dad had a violent and volatile relationship. Both parents had been on the Child Protection Register themselves as children.

The Plan presented to the court was for adoption, however an adoptive family could not be found for the children together so the Plan was changed to long term foster care and the Placement Order subsequently discharged.

The first foster placement intended to be permanent broke down because the carer became physically unwell, necessitating a move to a second long term foster placement.

The impact of the abrupt breakdown of the first foster placement on this child's emotional wellbeing was not fully recognised at the time. It is now realised that his ongoing behavioural issues at home and in school are significant and strongly related to an attachment disorder.

However, the child is now well-settled at home and in school and had begun finally to make good progress there.

*"The foster carer commitment is outstanding"* IRO

Also the school is described as a *'brilliant inclusive school'* (IRO) in terms of the support they've made available to him.

### 3.57 Child outcomes by initially planned placement achieved or not achieved

3.58 The 16 children who remained placed with the same long term foster carer(s) from the time of the final Care Order were mostly doing very well by the time of the case file analysis 4-5 years afterwards. In 14/16 cases, the outcomes for the child were considered to be overall positive and in 2/16 cases they were considered to be overall mixed (a mixture of positive and negative). The children for whom a planned permanent foster care placement wasn't initially achieved have mostly (6/9) gone on to have at least one more placement breakdown. Those with less positive outcomes tend to be those who were older, with experience of extreme or chronic abuse or neglect, and with demonstrable emotional / behavioural problems and attachment issues at the time of entry into care.

- 3.59 For the children (only 2/5) who were required to remain living at home according to the Plan presented to the court at the time of the final Care Order and who remained living at home after 4-5 years as of July-August 2017, the indications are that, for one at least, the outcomes have been overall positive. In the other case, the outcomes have been mixed and Social Services have begun to be involved again in relation to suspected neglect and emotional abuse. Of the other 3 children whose placements with parents broke down, 2 younger children have subsequently achieved overall positive outcomes in foster care whilst the other (much older) child has overall negative outcomes, spending some time with parent(s) and some in independent living.
- 3.60 Where children initially placed with kinship carers remained with them (in 10/14 cases), 90% (or 9/10) achieved overall positive outcomes and 10% (1/10) overall mixed outcomes that appear largely attributable to unmet emotional health and wellbeing needs persisting in spite of a stable, loving placement and beginning to undermine other more positive outcomes. In the 4 cases where the initial kinship care placement broke down because of further abuse by or inappropriate responses from carers, 2 of the children have overall positive outcomes and 2 overall negative outcomes.
- 3.61 Where children achieved their plan for adoption, overall positive outcomes were identified or assumed in almost every case. Most children in relation to whom the original plan for adoption was unachieved have subsequently achieved overall positive outcomes in an alternative long term foster care placement.
- 3.62 Of the 3 children with a plan for (therapeutic) residential care, only one child subsequently experienced overall negative outcomes. The other 2 children have had mixed outcomes in other residential units. All of the children have experienced at least one placement breakdown but the child with overall negative outcomes has experienced several breakdowns.
- 3.63 Un-planned placement breakdowns and the factors associated with these**
- 3.64 In total, there were 60 un-planned placement breakdowns affecting 26 of the 79 (33%) children, of whom 2 were siblings. Researchers examined carer and child

features and likely factors influencing the breakdown of placements. These were sometimes overlapping and included:

- 43 instances where child challenging behaviour appeared to be the main or one of the main causes of un-planned placement breakdown.
- 28 instances where carer or placement factors appeared to be the main or one of the main causes of un-planned placement breakdown.
- 14 instances where both carer / placement factors and child factors appeared to be significant influences on the un-planned placement breakdown.
- 14 instances where carer only factors appeared to be significant, for example where the foster carer wished to retire or stop for any other reason, and there were no significant child factors.

3.65 Carer or placement factors relating to breakdowns were varied and included:

**In relation to foster care:**

- Foster carer(s) wanted to retire (5).
- Inadequate or inappropriate foster carer parenting affecting the child (7).
- Foster carer didn't want to keep going for another reason (8).
- Allegation of child abuse against the foster carer (1).
- Foster carer suddenly diagnosed with significant illness (2).

**In relation to placements at home with parents:**

- In both (2) cases that the parent wasn't able to parent effectively.

**In relation to residential care placements:**

- Unit said to have under-estimated the resource required to care for the child and requested but was refused additional funding by the local authority (2).
- Unit closed (1).
- Unit terminated the placement for another reason (1).

3.66 Child factors relating to breakdowns were also varied and sometimes multiple, but included mostly:

- A spectrum of behaviour from slightly to very challenging – for example, aggression, going missing, arguing, highly sexualised behaviour. These behaviours were mostly considered to be the result of child abuse and neglect and attachment issues but also sometimes emergent child conditions such as Autistic Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD).

- Child ambivalence about the placement (usually because they wanted to be at home with parent(s)).
- Self-harm or other manifestations of emotional distress.

### 3.67 **Outcomes in the transition to leaving care**

3.68 Overall, 9 of the 79 cohort (11%) became care leavers during the period 4-5 years after the final Care Order and by July – August 2017. These children had been aged between 14 and 17 when the final Care Order was made and included 4 young men and 5 young women. Their overall outcomes whilst still in care had been mixed, including:

- 3 with overall positive outcomes in care.
- 3 with mixed overall outcomes in care.
- 3 with overall negative outcomes in care.

3.69 In the transition period from care to leaving care, generally young people with overall negative outcomes in care were more likely to continue to have or to experience an escalation of negative outcomes. Young people with positive or mixed outcomes in care were more likely to experience mostly positive outcomes in the transition to becoming a care leaver.

3.70 Only 1 young person had a plan to continue to live with their foster carer under 'When I Am Ready' arrangements. This carer had provided stable, high quality care for the young person as a child. The child and the placement had been supported by significant emotional health and wellbeing services to process and recover from early childhood trauma. This child was considered likely to go on to university from college, was socialising well and had good self-esteem and emotional health and wellbeing.



**3.71 Broader findings about the whole system from semi-structured interviews with Social Workers, Team Managers and Independent Reviewing Officers (IROs)**

3.72 After interviewing, where possible, each child's Social Worker (or Team Manager) and IRO about the child's progress post-final Care Order, they were also asked three further broader questions about the following:

- What is currently helpful about the local authority, court or whole system in facilitating as good outcomes as possible for children who come into care?
- What improvements could be made to the local authority, court or whole system to facilitate as good outcomes as possible for children who come into care?
- What is significant, if anything, about the role of the IRO? To what extent do they fulfil this role successfully? Do they need more power or levers to achieve this role successfully in practice?

**3.73 What is currently helpful about the local authority, court or whole system in facilitating as good outcomes as possible for children who come into care?**

3.74 The most common response to this question was the relatively recently revised Public Law Outline (PLO) and care proceedings target timescales for individual children which are thought generally to have led to a reduction in drift in decision making for children. Most interviewees perceived this as an overwhelmingly positive development in spite of some reservations in some cases (see paragraph 3.78 below).

*"Speed of court and permanency planning is really good, (particularly) for younger children"* (Social Worker)

*"26 week timeframe – gives quick procedure and decision and stops the service being involved for a long time before removing children. It encourages swift action if needed where things aren't fixable"* (Social Worker)

*"It means we don't prop up neglect as much now, we are quicker in identifying it and acting on it so children aren't exposed for lengthy periods of time"* (Team Manager)

3.75 Other common responses included:

- The quality and commitment of carers.
- Regular reviews once a child has come into care, as involving as possible of the child.
- Swift access to the resources and services that are required to support the child.
- Having good links with schools who understand the needs of looked after children.
- Agencies working together to meet individual child needs.
- Particular social work practice and service delivery models that emphasise, for example, specialist interdisciplinary working and direct work with children and carers that promote child resilience.
- Good support (for Social Workers) from managers who know the children.
- Effective transitions to leaving care or to adult services.
- Maintaining an experienced, stable workforce of Social Workers who can form positive stable relationships with the children.

3.76 **What improvements could be made to the local authority, court or whole system to facilitate as good outcomes as possible for children in care?**

The most common response to this question was more choice of placements, particularly foster placements for looked after children, primarily to enable better matching.

*“The biggest issue is about having sufficient quality placements” (IRO)*

*“We have a shortage of foster carers which doesn’t help appropriate matching” (Team Manager)*

*“Not placing children with challenging behaviours in placements that can’t meet their needs” (Team Manager)*

*“Currently, a new child may be placed with another who was relatively stable but can become unstable as a result – it can rock the placement” (Social Worker)*

*“Some placements become overloaded” (Social Worker)*

3.77 The next most common response was the 26 week target timescale for court decisions, which was thought to make some decisions rushed or overly restrictive because of the lack of flexibility for particular types of decision making.

*“One size fits all can be really restrictive, particularly for older children or for parents who are coming off drugs / alcohol”* (IRO)

*“Sometimes, we need more time to fully assess the whole situation, particularly if it’s complicated or disguised”* (IRO)

*“I remain unsure about the 26 week timetable. Short timescale for issues to be resolved by parents leads to more inclination to make final Care Orders”* (Team Manager)

*“We need to have more flexibility of court timescales to enable more intense assessments particularly for disabled children”* (Social Worker)

3.78 Other commonly reported areas for improvement included:

- The need to prioritise (more) children’s emotional health needs and to provide more therapeutic support.

*“(We need to) focus on this as the norm for children when they come into care to enable them to understand their situation”* (Social Worker)

*“We need a tailored therapeutic system that recognises and understands attachment”* (Team Manager)

*“There needs to be more awareness of the huge emotional needs of some of these children and young people. We need to focus on this rather than other targets for example to meet educational achievement”* (Social Worker)

- Reasonable caseloads for Social Workers.

*“High caseloads mean sometimes I can do little more than statutory visits”* (Social Worker)

- More and better quality direct work by Social Workers and others with children and carers.
- More specialist resources to support children and placements as early as possible, for example in relation to child sexualised behaviour.

*“A critical deciding factor in positive outcomes is the carer – we need to get that right and shouldn’t under-estimate it. The system needs to ensure carers get the right support” (IRO)*

3.79 Desired improvements suggested by fewer but more than one interviewee included: more specialist foster carers for children with challenging behaviour; foster carers to be more ‘attachment-aware’ and to be able to support children with attachment issues; better support for kinship care placements; better relationships between legal services and Social Workers; more (ongoing) consideration of the need to promote positive contact with family members.

**3.80 What is significant, if anything, about the role of the IRO? To what extent do they fulfil this role successfully? Do they need more powers or levers to achieve this role successfully in practice?**

3.81 Overwhelmingly, Social Workers and Team Managers described valuing the role and input of IROs with looked after children. Particularly valued aspects are:

- Their ability to look independently, step back and challenge decisions that have or may be made in relation to the child.

*“Good, objective view on the case – good for social workers to have somebody to look objectively and to check you’re on the right track” (Social Worker)*

- Their support to individual children to articulate their views and to advocate for them.
- Their ability sometimes to support the broader family on their rights and the processes.
- Their ability sometimes to promote or support swift(er) access to resources for a child.

Many Team Managers appreciated how the role had been strengthened through recent legislation, including in particular a greater expectation for regular contact between the IRO and children in care.

3.82 However, many Social Workers, Team Managers and even IROs themselves described how implementation of the role could still vary from one IRO to another or from one local authority to another. This could be perceived as positive, for example

in relation to meeting the requirements of individual children and circumstances, but also sometimes less so, leading some Social Workers and Team Managers to suggest that there should be more consistency in the role.

*“It’s a bit hit and miss. Some very involved, others not so. I feel there should be more guidance to ensure consistency including checking that plans are in place and following the child”* (Social Worker)

*“I can see that there are different approaches in different authorities – some are more independent. There are different statuses”* (Team Manager)

- 3.83 Many IROs believed that their role could be compromised at times by high caseloads.

*“In between reviews, we should have more role in checking progress, discussing the child with the social worker etc. but in reality we don’t have the time. We’re too busy doing the actual reviews”* (IRO)

*“We should be allowed to do our job properly i.e. focus on reviews but allowed out to do visits (in between)”* (IRO)

- 3.84 Some but not all IROs and Team Managers expressed a belief that IROs should be involved more consistently in the court process (in which the final Care Order is made) to ensure as good an understanding as possible of the circumstances leading to the final Care Order and what was agreed by way of final Care Plan.

*“If the IRO is involved at the end of proceedings, they can be sure what was said, as sometimes there’s a conflict between what the family says and what workers say about this. We should add a stage so that the IRO comes to the final hearing or receives the final transcript”* (IRO)

*“IROs very rarely see the final court Plan and I think they should. We also rarely have contact with the (child’s) Guardian but need a proper handover when court processes end”* (IRO)

- 3.85 There was a perception amongst some Team Managers and IROs that IROs couldn’t act truly independently whilst being employed within the local authority.

*“I feel that it would be better if they were independent of the local authority or have an independent view of social worker practice some other way”* (Team Manager)

In one area, the IRO service was described as having been ‘contracted out’ from the local authority and this was viewed very positively.

*“This means that the IRO can step outside of the other issues and pressures and be very objective and more focused on the child”* (Team Manager)

- 3.86 In relation to the question of the sufficiency of existing powers and levers (to raise issues or challenge the local authority decision making), most interviewees believed that there are currently clear processes for raising and resolving issues within their area. Some, but not all IROs believe more levers are required because the current ones don’t enable them always to challenge effectively. *“A lot is currently about negotiation”* (IRO)

## **4. Conclusions**

- 4.1 This study provides findings about the trajectories of and what works for children and young people in the medium term: 4 to 5 years after the making of a final Care Order.
- 4.2 It suggests that many children and young people are doing well in care, 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 the sub-sample of child educational, social, physical and sexual health outcomes achieved with the support of carers, Social Workers, schools and other support services.
- 4.3 The study also supports some key findings from earlier research about factors associated with better or worse outcomes for children and young people with a final Care Order. For example that:
- Children who come into care at a younger age generally have better outcomes (Baginsky et al., 2017).
  - The extent to which children have been exposed to chronic abuse or neglect is a strong indicator of (negative) outcomes in care (Baginsky et al., 2017). Other reported indicators of negative outcomes are: ongoing detrimental contact with a birth parent (Sinclair et al., 2004); less frequent or responsive access to support

(Wilkinson, 2017); and the failure of an early 'permanent' placement (Wilkinson, 2017).

- A key factor associated with good outcomes for children in care is the quality care provided in the foster, kinship or residential placement (The Hadley Centre and Coram Voice, 2015; Baginsky et al., 2017).
- The basic characteristics of good quality care are stability; warm and nurturing homes; committed, proactive and inclusive care; and treating the child as a child of the family (The Hadley Centre and Coram Voice, 2015). A recent evidence review conducted by Wilkinson et al., (2017) suggests that kinship (as well as foster) carers also need more than good parenting skills to offer the intensive care that some children need. They also need to be able to recognise the protective coping behaviours the child has developed and to support the child or young person to move on from these. Support to carers is considered by previous researchers to be key to enable carers to therapeutically parent children who have been maltreated (Wilkinson, 2017).
- Children with more challenging behaviours (arising mainly from their experience of abuse and related emotional and attachment difficulties) are likely to cause stress for kinship and foster carers (Randle et al., 2012). Existing research suggests that foster carers who are feeling under strain are less likely to form positive attachments with children and parent effectively (Farmer et al., 2005; Howe, 2005; Lindheim and Dozier, 2007)).
- A high risk of re-abuse or neglect and poorer outcomes for children who return home to live with parents (Sinclair et al., 2005).

4.4 The study also challenges some pre-existing assumptions, for example that only a small proportion of children in care have a disability – our study suggests that up to one third have a recognisable disability that is likely to negatively affect in particular their educational and social outcomes.

4.5 Finally, the study identifies some significant challenges for children in care in Wales, particularly in relation to:

- The likely exposure of many, if not all, children to a particularly toxic combination of early childhood trauma and disturbances in early attachment patterns that are

likely in turn to affect 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 even 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 (particularly significant given 62% of children with a final Care Order in 2012-2013 were part of a sibling group of at least 2 children), and older children and young people who are likely to have been chronically exposed to abuse or neglect and 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).

## **5. Recommendations**

- 5.1 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 in particular for example: support for looked after children in education.
- 5.2 It also suggests that further improvements may be required to ensure in particular 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 in fact 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 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.

## 6. References

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## Annex A

### Social Worker, Team Manager and IRO Qualitative Interview Schedule: Outcomes for Children with a Care Order Evaluation Wales 2017

#### BASICS

Child LA Reference Number	
Whether interview with Social Worker or IRO or Team Manager	<b>SW / IRO / TM</b>
Date of the Interview	-- / -- / --
Whether face to face or telephone (F or T)	<b>Face to Face / Telephone</b>

#### Section A: Overall Understanding

1. Briefly check joint understanding about the child history, needs and journey through care e.g. number of placements and whether adopted, when etc.	Include in here anything <u>key</u> that's different from what's already in the spreadsheet*
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## Section B: Placement Stability Factors

2. Was there at least one stable medium to long term placement?	<b>Yes / No</b>	
3. Which one feels more or most significant to discuss?	<b>The placement beginning -- / -- / --</b>  <b>Or N/A if answered no above</b>	<b>The placement beginning -- / -- / --</b>  <b>Or N/A if answered no above</b>
4. What kind of placement was this?	<b>Family and friends / foster care /</b>  <b>residential care / adoption</b>	<b>Family and friends / foster care /</b>  <b>residential care / adoption</b>
5. Are they still in this placement?	<b>Yes / No</b>	
6. What have been the factors or reasons behind the stability of this placement do you think? <ul style="list-style-type: none"> <li>■ <b>Child and family factors</b> (e.g. age, characteristics, behaviours, where siblings placed)</li> <li>■ <b>Carer / Placement Factors</b> (e.g. carer skills or experience or resilience including in relation to overall care and managing contact with child's family)</li> <li>■ <b>The availability of support services</b> (e.g. support for child emotional health and</li> </ul>		

<p>wellbeing, support for carer)</p> <ul style="list-style-type: none"> <li>■ <b>Organisational factors</b> (e.g. local authority decisions / pre-placement planning / matching / same worker involved throughout / regular reviews)</li> <li>■ <b>Court-related factors</b> (e.g. court decisions post Care Order that influenced placement journey)</li> <li>■ <b>OTHER</b> reasons or factors</li> </ul>		
7. Where more than one factor was at play, can you identify the one or two most significant factors?	<b>Yes / No</b>	<b>Yes / No</b>
8. If yes, what are these?	ONE	ONE
	TWO	TWO
	Comments	Comments
9. Was this placement a positive one overall as well as stable?  In what ways?	<b>Yes / No</b>  <b>Comment</b>	<b>Yes / No</b>  <b>Comment</b>

**C: Placement Breakdowns and Linked Factors**

10. Can you identify a main or most significant placement breakdown ( <u>defined as a placement not lasting as long as planned</u> )?	<b>Yes / No</b>	<b>Yes / No</b>
11. If Yes, which one?	<b>The placement beginning -- / -- / --</b>	<b>The placement beginning -- / -- / --</b>

	Or N/A if answered no above		Or N/A if answered no above	
<p>12. What do you think was or were the reason(s) for this breakdown?</p> <ul style="list-style-type: none"> <li>■ <b>Child and family factors</b> (e.g. child behaviours, peers, CSE, or contact with family, experienced placement breakdown before, attachment issues)</li> <li>■ <b>Carer / Placement Factors</b> (e.g. carer wanting to retire, carer not able to cope with the child)</li> <li>■ <b>The availability of support services</b> (e.g. support for child emotional health and wellbeing, support for carer)</li> <li>■ <b>Organisational factors</b> (e.g. local authority decisions, lack of social worker continuity, drift)</li> <li>■ <b>Court-related factors</b> (e.g. court decisions that influenced placement journey)</li> <li>■ <b>OTHER</b> reasons or factors</li> </ul>				
13. Where more than one factor was at play, can you identify one or two that were the more / most significant?	Yes / No		Yes / No	
14. If yes, what were these?	<b>ONE</b>		<b>ONE</b>	
	<b>TWO</b>		<b>TWO</b>	
	<b>Comments</b>		<b>Comments</b>	
<b>15. More general Comments about further / multiple placement breakdowns</b>				

## D. Child IN CARE Outcomes

<p>16. Check understanding of current (or most recent known – in which case say at what point approximately) child <b>IN CARE</b> outcomes with reference to the child's</p> <ul style="list-style-type: none"> <li>■ Home life</li> <li>■ Educational progress</li> <li>■ Social life</li> <li>■ Emotional / Mental Health</li> <li>■ Physical Health</li> <li>■ Sexual Health (or N/A if too young)</li> <li>■ Offending (or N/A if too young)</li> </ul>	<b>Outcome Type</b>	<b>Scale (with ref to the spreadsheet options)</b>	<b>Comment</b>
	Home Life		
	Educational Progress (or N/A if too young)		
	Social Life		
	Emotional / Mental Health		
	Physical Health		
	Sexual Health (or N/A if too young)		
	Offending (or N/A if too young)		
	<b>Other Outcomes</b>		
17. What do you think have been the key factors linked with good or poor outcomes overall for this child?			
18. What would or could have helped to improve outcomes (even) more?			



### E. Transition to Care Leaver Outcomes (if relevant)

19. How well was this young person doing in transition to becoming a care leaver with reference to:	<b>Outcome Type</b>	<b>Scale (with ref to the spreadsheet options)</b>	<b>Comment</b>
<ul style="list-style-type: none"> <li>■ The quality of their home life</li> <li>■ Their educational progress</li> <li>■ Their social life / ability to socialise</li> <li>■ Their emotional wellbeing / mental health</li> <li>■ Their physical health</li> <li>■ Their sexual health</li> <li>■ Whether or not they are offending</li> <li>■ Other outcomes</li> </ul>	Home Life		
	Educational Progress		
	Social Life/ability to socialise		
	Emotional / Mental Health		
	Physical Health		
	Sexual Health		
	Offending		
	<b>Other Outcomes</b>		
	20. What have been the key factors linked with good or poor outcomes overall for this young person in transition to becoming a care leaver?		
21. What would or could have helped to improve care leaver outcomes (even) more?			

### G. Other Comments about the child's journey