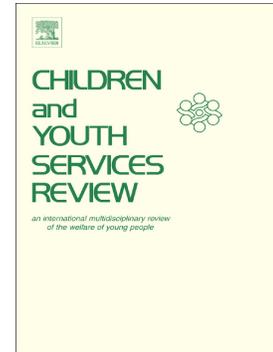


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Children in care: where do children entering care at different ages end up? An analysis of  
local authority administrative data

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## Abstract

Local authorities in England are required to routinely collect administrative data on children in care and cross-sectional analyses of national data are published by central government. This paper explores the usefulness of undertaking a longitudinal analysis of these data at local authority level to determine the care pathways for children entering care, differentiating by age at entry. The sample consisted of 2,208 children who entered care in one English local authority over a six-year period, and who were followed up for at least 2 years. A logistic regression model was fitted to explore factors associated with children staying long term in care. Age at entry was a key determinant of where children ended up (return to a parent, special guardianship or residence order, adoption or staying long term in care). Only a minority of entrants (mainly those entering care in their middle years) remained in longer term care. For the vast majority of children, the 'pre-care family context' remains important as children will either return to parents or relatives or stay in touch with them. The findings are used to urge service planners to make full use of data on care entrants, especially age at entry, when deciding on the balance between the different placement options needed, and the social work service delivery models.

*Key words: Children in care; foster care; adoption; kin-care; reunification; service planning.*

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## 1. Introduction

In England, central government collects data annually from local authorities on every child they ‘looked after’ any point during the year in a dataset known as the SSDA903. ‘Looked after’ children are essentially children in voluntary care and children for whom the local authority holds a care or protection order. The purpose of the dataset is for central government “to evaluate the outcome of policy initiatives and to monitor objectives on looked after children, both during their time in care and on reaching adulthood” (Department for Education (DfE) 2018, p. 8). The DfE publishes summary statistics each year. These provide annual snapshots of the care system and the means by which to assess trends over time. For example, the rising numbers and rates of children in care, and entering care on care or emergency protection orders, is a major current concern (Thomas, 2018). The data also allow for monitoring about the settings where children may achieve ‘permanence’ (“safe, stable and nurturing relationships”, DfE, 2016, p. 61), if not with their parents then through adoption, foster care, family and friends care or residential care (DfE, 2016, p. 61). Cross-sectional statistics are published about the settings in which children are placed and where they go on leaving care. The central government does not publish any longitudinal analysis of children’s pathways over the years from care entry to exit (or staying in care), although this is possible using the unique identifier for each child within the SSDA903 dataset.

This paper analyses the SSDA903 data longitudinally for a complete sample of 2,208 entrants to public care in a large English local authority between 2009 and 2015. Our aims are to understand who comes into care, how age at entry affects where children end up, and to identify factors predicting which children will stay long-term in care. Local authorities devote their scarce resources to complying with the requirements to collect SSDA903 for the DfE, but the potential for further analysis of ‘big data’ such as this to inform local service planning and provision is under-exploited (Malomo & Sena, 2016). Analysing care data at a local level is likely to be of value as there are strong variations between local authorities in terms of who enters care and where children go (Bywaters et al, 2015; Dickens, Howell, Thoburn & Schofield, 2005; Sinclair, Baker, Lee & Gibbs, 2007; Schofield, Howell, Thoburn & Dickens, 2005; Thomas, 2018).

Our focus on children likely to stay long-term in care is prompted by the increasing profile in England of long-term foster care as a permanency option. For many years a proportion of children entering care in England have grown up with the same foster family, but it was only in 2015 that ‘long-term foster care’ was legally defined (DfE 2015). For the majority of long stayers, a foster home is likely to offer their best chance of permanency. When long term foster placements are carefully planned and managed, and where high-quality caregiving is offered, they can provide stability, family belonging and a sense of permanence for children (Biehal, Ellison, Baker & Sinclair, 2010; Fratter, Rowe, Sapsford & Thoburn, 1991; Schofield, Beek, Sargent & Thoburn, 2000; Sebba et al, 2015). Understanding how many and which children who enter care will need a long term foster family placement is therefore important information for local authorities and central government.

### **1.1. An overview of research on children’s routes through care**

There is a long tradition amongst scholars and policy makers in the USA of analyzing large-scale data sets to provide knowledge about the end trajectories of children in care. Of particular relevance are studies that follow a complete sample of entrants to care over time. This is because cross-sectional studies of those in care on a given date tend to overestimate length of stay as children who remain for brief periods are under-reported (Wulczyn, 1996). Some of the American studies use administrative data to identify sub-samples for more detailed analysis (see for example Barth and Lloyd (2010) on adoption and the Wulczyn (2004) summary of research on reunification from care). Some researchers have used large data sets and ‘competing hazards’ models to report on all exit routes simultaneously, an approach that enables identification of how different factors (such as age, ethnicity, reason for entry) affect different exit pathways (e.g. Akin, 2011; Barth, 1996; Connell, Katz, Saunders & Tebes, 2006; Courtney & Wong, 1996; McDonald, Poertner & Jennings, 2008; McMurty and Lie, 1992; Wulczyn, Hislop & Goerge, 2001). These studies have tended to focus on legal permanency, these options being reunification with parents, adoption, relative custody, or legal guardianship (Akin, 2011). ‘Running away’ as an exit route has also been studied (Connell et al., 2006; Courtney & Wong, 1996). Researchers have tended not to explore the ‘risks’ associated with long-term foster care as this is not considered a form of legal permanency in the USA. However over a quarter of children do end up staying in care for two years or longer (US Department of Health and Human Services, 2018; Vogel, 1999).

At least some of these will achieve 'relational permanency' with foster family members (Salazar et al, 2018).

US studies have explored a range of factors that can affect children's pathways. Most studies consider the effect of age on where children go or on length of stay in care (e.g. Benedict & White, 1991; Vogel, 1999). Age at entry has been examined alongside other child factors such as ethnicity, disability, and emotional or behavioral issues. Placement factors such as numbers and type of placement (e.g. kin or nonkin; group or family care) and family factors such as the reason for entry into care, issues of parental incapacity and family poverty have also been studied (Akin, 2011). Akin (2011) reviews the research evidence about these factors as follows. In the majority of studies, age at entry is linked to placement pathways. Very young care entrants are most likely of all ages to be adopted and least likely to be reunified. Adolescent entrants are least likely to achieve legal permanency. Most studies find that race is significant with African American children being less likely to be adopted or reunified than white children (though Akin herself did not find this pattern with reunification). Children with health or mental health difficulties were least likely to leave care in almost all studies. Very few studies found any differences relating to gender. Whilst the US research is helpful, especially in terms of pioneering methods in analyzing administrative data, the US and UK systems are not entirely comparable in terms of the thresholds for care entry and use of different placement types (Thoburn, 2007).

Research studies using administrative data have also been carried out in Europe, Canada, and Australia, but the relevance of these studies to the UK is also limited. This is because again there are different thresholds for entry into care, different conceptions of how to achieve permanence, and notable differences in the use of adoption (Thoburn, 2007). Adoption without parental consent is a feature of the UK and US systems but not of most systems in Europe (Fenton-Glynn, 2016) or Australia (Ross & Cashmore, 2016). Consequently in countries other than the USA and UK longer stays in foster care or residential care are more usual. Examples of the non US/UK research include studies from Norway (Christiansen & Anderssen, 2010), Australia (Delfabbro, Fernandez, McCormick & Ketter, 2015), Quebec (Esposito, Trocmé, Chabot, Collin-Vézina, Shlonsky, & Sinha, 2014), Denmark (Ubbesen, Petersen, Mortensen & Kristensen, 2012) and Sweden (Vinnerljung & Sallnas, 2008).

Turning to research in England, several studies have used the SSDA903 dataset to explore the characteristics of children in care and to look at their different pathways. Sinclair

et al (2007) analyzed the data on 7,399 children in the care of 13 English local authorities at any point during a single year. Supplementary data were collected through surveys. Dickens et al (2005) and Schofield et al (2005) used administrative data and social-worker completed questionnaires to follow for 4 years a sample of just over 5,000 children who entered the care of 24 English local authorities. Of particular relevance is the administrative data-based research by McGrath-Lone, Dearden, Nasim, Harron & Gilbert (2016). These researchers used SSDA903 data to analyze the care careers of a one-third sample of all children who entered care in England between 1992 and 2012 (n=92,190 children). Trajectories through care were analyzed for a two-year period for 13,700 of the children. Further analysis focused specifically on those who left and re-entered care at least once (McGrath-Lone, Dearden, Nasim, Harron & Gilbert, 2017).

A number of key findings emerge from these English studies as follows. The care population is not a homogenous group but consists of several distinct sub groups of children who have different trajectories (Sinclair et al, 2007; McGrath-Lone, Harron, Dearden & Gilbert, 2018). As with the US studies, permanence options are strongly linked to the child's age at entry and in the UK adoption is effectively only used as an exit route for very young care entrants. Sinclair et al (2007) reported that only 23 of over 4,500 children in care had been adopted after entering care aged 6 or older. Leaving care to return to parents is the most common route out of care for children across all age ranges, but the chances of going home diminish after the first six months in care (Sinclair et al, 2007). About one-third of children leaving care re-enter within 5 years. Those older at exit, white or mixed ethnicity children, those returning to parents, and children who had shorter placements are more at risk of re-entry (McGrath-Lone et al, 2017). Links between higher levels of social deprivation and care entry are apparent (Bywaters et al, 2015; McGrath-Lone et al, 2016). Although the previous studies in the UK are useful, given concerns about the rising numbers of children entering care research on more recent samples is needed (Thomas, 2018).

There has been little UK research exploring factors associated with long stays in care, a notable exception being the study by Schofield et al (2005) who explored who stayed for over 4 years. They found the mean age at entry of the long-stay population was 4.5 years. Somewhat more boys ended up staying long-term compared to girls. Black children stayed longer in care compared to white or mixed ethnicity children. In terms of what "long-stay care" looked like there were many different patterns. Most frequently observed were: children who achieved early stability, those who moved around before becoming settled, and

those who did not appear to have found a settled placement. This echoes concerns raised in other studies about the lack of stability of placements for children remaining long term in care (McGrath-Lone et al., 2018; Sinclair et al., 2007; Biehal et al, 2010).

Our research aims to address the gaps in the UK literature by linking administrative data longitudinally for a sample of more recent care entrants. We examine children's placements at the end of the study period for children entering at different ages. The underexplored question of what demographic factors predict children staying long term in care is also addressed. We also aim to demonstrate the usefulness to local authorities of analyzing their administrative data, not only on children who enter and those who leave care but also on those who remain for substantial periods of their childhoods. This demonstration project was carried out by the [name of center]. This center, funded by the [name of funder], aimed to help small enterprises and local authorities make better use of their data.

Our research questions were:

1. Who were the children who became looked after and how long did they stay in care?
2. What were the different end trajectories for children entering care at different ages?
3. Which factors were associated with children staying long term in care (two years or more)?

## 2. Methods

### 2.1. The dataset and sample population

The dataset was derived from the administrative records (the SSDA903 dataset) of one large local authority in England (see DfE, 2018 for the latest data collection guide). This dataset contains information about children's ages, gender, and the postcode of their home address. The reason they entered care is recorded but there is no other information about their backgrounds. Once in care, the local authority must record each change in the child's situation whether this is a change in their legal status or placement, each change being described as new 'episode'. The sibling status of children is not recorded and siblings within the dataset cannot be linked.

The data return includes a local authority unique identifier for each child. This was used to link care records of the same child across years, allowing for longitudinal data

analyses following children from entering care to leaving care (and possibly re-entering care). With re-entry to care, data were not available on two groups of children: those who left and came back into the care of a different local authority and those who left care via an adoption order who, if they re-entered care, would have had a different name and identifier.

The study population consisted of all children who started to be looked after during the 6 years from the 1<sup>st</sup> of April 2009 to 31<sup>st</sup> of March 2015. Children on an agreed series of short-term breaks or who came into care solely because they had or were alleged to have committed a crime were excluded from the study. The children were followed up until the 31<sup>st</sup> of March 2017, resulting in a minimum follow-up of two years and a maximum of eight years. The study received ethical approval from the [redacted] Research Ethics Committee on 27-01-2016.

The data were provided directly by the local authority and were validated against the summary statistics published by the DfE. There were several data issues including inconsistent demographic and episode information. As a result of inconsistent recording, 9% of children were excluded from the analyses. This resulted in a sample size of 2,208 children with 2,543 periods of care.

## 2.2. Variables included in the analysis

All variables in the dataset that related to children's demographic details and their placement pathways were selected for the analysis and coded for the statistical analysis as follows:

**Age at entry** was recoded into four groups: 0-2, 3-6, 7-11, and 12-17. These age groups were based on a preliminary inspection of the end trajectories of children for each age at entry year group. Furthermore, with four age groups, small numbers were avoided resulting in more confidence in the trends of end trajectories of these children.

**Gender** was grouped as boy or girl.

**Ethnicity** was grouped as 'white' and 'non-white'. This grouping was selected as the study population was mainly white (90%).

**The main reason for entering care** was grouped as 'abuse or neglect' and 'other'. Eight possible reasons are available as to why a child may need care, but numbers in any category other than 'abuse or neglect' were too small for useful grouping. A limitation of the data is that Local Authorities can enter only one reason and are directed to an ordinal scale with

‘abuse and neglect’ heading the list of options. Since there is frequently an element of abuse or neglect amongst the reasons for concern, this resulted in the under-recording of other issues such as behavioral problems of older children, disability of parents or children, or family poverty and material deprivation.

**Legal status at entry and subsequent episodes of care** were grouped as ‘accommodated under Section 20’ (‘voluntary care’) and ‘(interim) care or emergency protection order’.

**Placement type at entry and at subsequent episodes of care** were grouped as ‘foster care’ (the most common placement, including children in care placed with kinship foster carers) and ‘other’, this latter category containing a wide variety of options including placement for adoption, placement with parents, and children’s homes.

**Placement changes** were defined as the number of moves between carers (i.e. one move equals two placements). Remaining at the home address whilst ‘in care’ was not included as a change in placement. Moving to prospective adopters was included.

**Deprivation of the home address** was grouped in terms of quintiles of the Index of Multiple Deprivation (IMD) 2015 (Smith, Noble, Noble, Wright, McLennan & Plunkett, 2015). The IMD is a widely used measure of relative deprivation for small areas (technically known as Lower Super Output Areas or LSOA) in England. The child’s home postcode was linked to these LSOA and subsequently to IMD quintiles. A category of ‘missing information’ was added as postcode information was often missing particularly for the three years 2012-2014 when these data were not collected by the DfE. Missing postcodes did not differ by gender but did differ by year at entry to care, age group (more missing among 0-2 and 12-17-year-olds at entry), ethnic groups (more missing among non-whites) and reason entering care (more missing among children entering due to abuse or neglect). Approximately half of the missing postcodes could be obtained from care records of other years, assuming the home address had not changed. This resulted in a reduction of the prevalence of missing postcodes to 42% (range of 30-57% by financial year).

**Year of entry** was defined by financial year at entry and grouped as 2009/11, 2011/13, and 2013/15.

**Care status at end of period in care** (end trajectory) was based on where the child had gone on exiting care, the categories being: ‘return to a parent’, ‘the making of an Adoption Order’, ‘leaving care to independent living’, ‘leaving care following the making of a Special Guardianship or Residence Order (SGO or RO)’ or ‘other’ reason for leaving care. An

additional category was added: 'still in care' at the last observation. Regarding those leaving via an SGO or RO, most SGOs are made with respect to kinship carers but a small number are with respect to foster carers with whom the child lived when in care. During the period of the study most ROs were made with respect to kinship carers but in some of these cases the child will have left care to live with a parent. It is a weakness of the data that this is not clear. We may have slightly over-estimated numbers leaving care to live with kin and underestimated numbers reunited with a parent.

**Long-term care** was defined as being looked after for a minimum of two and up to eight years and not placed with prospective adopters or adopted. Because children entering age 16 or older would 'age out' of care before two years had elapsed, only those entering age 0-15 were included in the statistical analysis.

### 2.3. Statistical analyses

By means of contingency tables, the different end trajectories for each care entrant were explored by age at entry and the respective profiles of the different age groups were explored (research questions 1 and 2). Using Kaplan-Meier estimators, the median length in care for the different characteristics of children entering care and their end trajectories were obtained.

To explore factors associated with staying long term in care (research question 3) logistic regression models were fitted. The unadjusted odds (the crude effect of one characteristic associated with being in care long-term) and adjusted odds (where effects of one factor are adjusted for all other characteristics in the regression model) of staying in long term care associated with children's characteristics were estimated. In the regression analysis, deprivation of home address was excluded as it would otherwise substantially reduce the sample size and bias the results towards children who had been in care longer. The regression models included a random effect on the child to adjust for the interdependence between periods in care of the same child. The regression model assumptions were checked and assessed on overall performance (Nagelkerke's  $R^2$ ) and discrimination (specificity, sensitivity, and overall accuracy).

## 3. Results

### 3.1. Who were the children who became looked after and how long did they stay in care?

Of the 2,208 children who entered care between 2009 and 2015, 239 left and returned to care, some multiple times, resulting in 2,543 periods of care (a period is when a child is continuously looked after by a local authority; this may or may not consist of multiple episodes such as changes of legal status or placement). Table 1 presents the characteristics of entrants who started to be looked after and their median time in care (in years). This is based on the 2,543 periods in care rather than unique children. The 95% confidence interval (CI) of the median years in care indicates whether subgroups of children significantly differ in their time in care; when the confidence intervals do not overlap, there is a significant difference.

**Table 1. Characteristics of children at entry to care and median time in care. Children could have multiple periods of care (n=2,543).**

Characteristic at entry	Category	Care entrants (%)	Median years in care (95% CI)
Age	0-2yr	761 (30%)	1.08 (0.92-1.18)
	3-6yr	368 (14%)	1.11 (0.76-1.78)
	7-11yr	436 (17%)	5.89 (3.52-6.83)
	12-17yr	978 (38%)	0.57 (0.46-0.73)
Gender	Boy	1,325 (52%)	1.01 (0.88-1.13)
	Girl	1,218 (48%)	0.91 (0.81-1.07)
Ethnicity	White	2,300 (90%)	1.00 (0.90-1.11)
	Non-white	243 (10%)	0.58 (0.41-0.83)
Reason in care	Abuse/neglect	1,425 (56%)	1.14 (1.01-1.27)
	Other	1,118 (44%)	0.74 (0.58-0.87)
Legal status	Accommodated S20	1,729 (68%)	0.84 (0.74-0.94)
	Care/protection order	814 (32%)	1.26 (1.11-1.40)
Deprivation	1 Most deprived	669 (26%)	2.23 (2.05-2.47)
	2	359 (14%)	2.22 (2.03-2.56)
	3	215 (8%)	1.91 (1.69-2.26)
	4	177 (7%)	2.49 (1.98-3.33)
	5 Most affluent	57 (2%)	1.94 (1.18-3.09)
	Unknown	1,066 (42%)	0.27 (0.24-0.32)
Placement type	Foster care	1,879 (74%)	1.16 (1.02-1.26)

	Other	664 (26%)	0.67 (0.56-0.81)
Year of entry	2009/11	699 (27%)	0.89 (0.66-1.13)
	2011/13	918 (36%)	0.93 (0.81-1.11)
	2013/15	926 (36%)	1.00 (0.88-1.16)
<b>Total</b>		<b>2,543 (100%)</b>	<b>0.95 (0.87-1.07)</b>

As shown in Table 1, the largest group of care entrants was children aged 12-17 at entry (38%), followed by those aged 0-2 (30%), aged 7-11 (17%), and aged 3-6 (14%). There were slightly more boys than girls (52% and 48%, respectively). Most children (90%) were from a white ethnic background. For 56% of the children the main reason for entering care was recorded as 'abuse or neglect'. The majority (68%) entered care under a Section 20 (voluntary) arrangement. The numbers coming into care decreased with decreasing deprivation quintiles with 45% from the most deprived areas to 4% from the most affluent areas (percentages ignored missing values). Most children (74%) were initially placed in foster family care (including those in formal kinship foster care) with the rest in other types of placement (this including a small minority (3%) who remained with parents or relatives during care proceedings). Finally, and in line with most other English local authorities, an increasing proportion of the study children entered care in the last four financial years (36% in the latter two year periods compared to 27% of the sample entering in 2009/11).

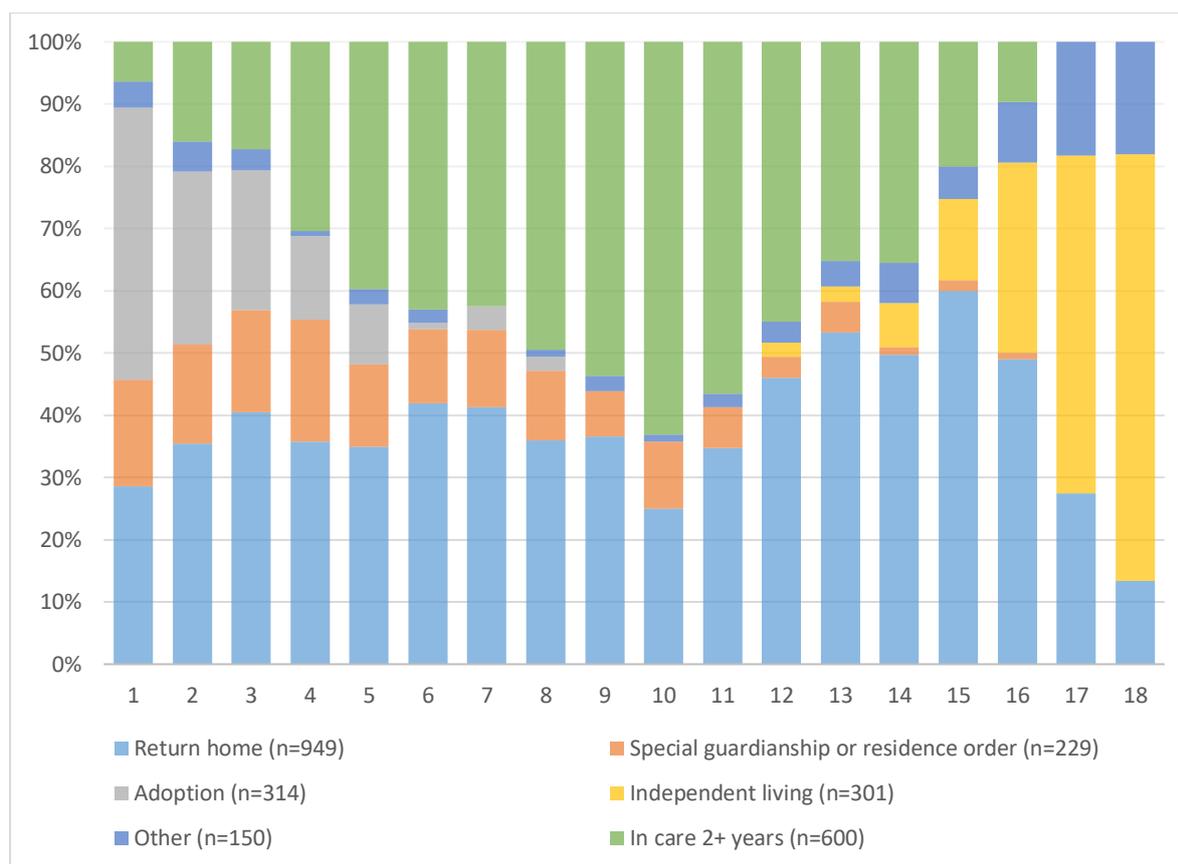
The median time in care during the eight-year study period was about one year (0.95 years). However, at the end of the study 17% of all care entrants had been continuously looked after for five years, and 12% for eight years. The median time in care differed significantly by age group at entry, ethnicity, reason in care, legal status at entry, and placement type at entry, but not by gender, deprivation, or financial year at entry. Differences in median time in care by age at entry were very striking. Children aged 7-11 at entry were on average looked after the longest (median of almost 6 years), followed by children aged 3-6 (13 months), children aged 0-4 (13 months), and children aged 12-17 (7 months). Children from a white ethnic background stayed on average longer than those from a non-white background (12 and 7 months, respectively). Children for whom abuse or neglect was recorded as the main reason for care entry stayed in care longer on average than children with other reasons for entering (14 versus 9 months, respectively). Children initially accommodated under Section 20 stayed on average for a shorter period than children who came into care on a care or emergency protection order (10 and 15 months, respectively).

Children with a first placement in foster care stayed on average longer in care than children who had a different first placement type (on average 14 and 8 months, respectively). Even though there was no trend in time in care by deprivation, children with missing postcodes stayed on average for the shortest periods (3 months). In later financial years, children stayed on average slightly longer in care, although these differences were not significant.

### **3.2. What were the different end trajectories for children entering care at different ages?**

Figure 1 presents the different care status/placements for children after two years in care, broken down by age at entry. By two years after entering care, 76% of periods in care had ended with the child leaving care, and for 24% of entrances the child remained in care. The most frequent route out of care was return to a parent (37%), followed by adoption (12%), independent living (12%), SGO or RO (9%), and other reasons (6%). The shortest median time in care by end trajectory was 1.5 months for children who returned to parents, followed by 6 months for those leaving on an SGO or RO, 18 months for independent living, 20 months for adoption, and remaining in care (long-term looked after for 2 or more years) with a median stay of 6.5 years.

**Figure 1. Placement at two years after entry stratified by age (in years) at entry. Children could have multiple periods of care (n=2,543).**



Based on Figure 1, four age profiles were identified within which placement patterns and end trajectories were broadly similar. These age profiles were: 0-2, 3-6, 7-11, 12+ at entry. These were used in preference to the age categories normally reported by the DfE (<1, 1-4, 5-9, 10-15, 16+) to better reflect the similarities in children's end trajectories within this local authority. Table 2 gives information about the characteristics of time in care by end care status within each of the four age groups. This table is based on the information available about the child across the whole study period. Further data is reported in the sections 3.2.1-3.2.4.

**Table 2. Characteristics of time in care by age at entry and care status at end of period of care. Children could have multiple periods of care (n=2,543).**

Age at entry	Care status at end of period of care	Number (% subtotal)	Median months in care (95%CI)	Average number of placement changes (sd)
0-2yr	In care	44 (6%)	24.7 (NA)	2.0 (1.0)
	Return home	242 (32%)	2.5 (1.7-3.7)	1.3 (0.7)
	SGO or RO	128 (17%)	7.1 (6.4-8.1)	1.4 (0.7)
	Adoption	315 (41%)	21.4 (20.0-22.1)	2.3 (0.8)

	Other*	32 (4%)		
	Subtotal	761 (100%)		
3-6yr	In care	137 (37%)	58.1 (NA)	2.4 (1.5)
	Return home	141 (38%)	0.7 (0.5-2.0)	1.1 (0.5)
	SGO or RO	54 (15%)	6.1 (5.5-8.4)	1.2 (0.6)
	Adoption	31 (8%)	24.8 (23.1-29.0)	2.2 (0.8)
	Other*	5 (1%)		
	Subtotal	368 (100%)		
7-11yr	In care	223 (51%)	54.7 (NA)	2.7 (2.1)
	Return home	161 (37%)	1.2 (0.9-3.0)	1.4 (0.8)
	SGO or RO	34 (8%)	6.1 (5.7-8.4)	1.1 (0.8)
	Other*	18 (4%)		
	Subtotal	436 (100%)		
12-17yr	In care	60 (6%)	39.2 (NA)	3.3 (2.7)
	Return home	422 (43%)	1.4 (1.1-2.0)	1.6 (1.3)
	SGO or RO	14 (1%)	6.6 (5.2-34.3)	1.0 (1.2)
	Independent living	371 (38%)	18.1 (16.1-21.8)	2.9 (2.6)
	Other*	111 (11%)		
	Subtotal	978 (100%)		

\*Due to the mix of children in the 'other group', the median time in care and average number of placement changes were not provided as these would not be meaningful.

### 3.2.1 Profile of periods of care for children entering care aged 0-2.

There were 761 care entrants (714 unique children) in this age group. For these very young entrants, the main reason for entering care was abuse or neglect (n=551, 72%). Just over half (n=402, 53%) entered care under voluntary arrangements, but for 47% of these a care order was subsequently made. By the end of the study period:

- The largest proportion was adopted (41%), followed by a third who returned to a parent (32%) and just under one in five (17%) who left on an SGO or RO.
- 7% (n=55) of care leavers had returned to care.
- Rates of returning to care were much higher for children who went home to parents than for those who left on an SGO or RO (based on unique children 19% vs 5%).
- Only 6% remained in care. On average they had experienced two placement changes and had been looked after for two years.

### 3.2.2. Profile of periods of care for children entering care aged 3-6.

There were 368 care entrants (335 unique children) in this age group. The main reason for entering care was again abuse or neglect (n=273, 74%) and over half (n=206, 56%) entered care under voluntary arrangements. By the end of the study period:

- Most had either returned to a parent (35% of unique children) or remained in care (37%). The remaining care entrants had left on an SGO or RO (15%) or adoption order (8%).
- Overall 11% (n=42) of leavers had returned to care. Rates of return were again much higher among children who returned to a parent (32%) compared to those leaving on an SGO or RO (7%).
- Those who remained in care had been looked after on average for almost five years - the longest compared to those entering at other ages who remained in care.

### **3.2.3. Profile of periods of care for children entering care aged 7-11.**

There were 436 care entrants (412 unique children) in this age group. Although abuse or neglect was still the main reason for entering care (63%), a larger proportion of them entered care for other reasons compared to younger entrants. By the end of the study period:

- Half (51%) remained in care. Nearly 40% returned at least once to a parent, a similar prevalence to the 3-6 age group, and 8% left on an SGO or RO. The 'other' places the children ended up included very small numbers who were adopted or who left to independent living.
- 8% (n=34) of leavers had come back into care. Almost all of these had been returned to parents, the rate of unsuccessful reunification being 21% in this age group.
- Those still in care had a similar time in care as the 3-6 age group but had on average more placement changes with one in five having four or more placement changes.

### **3.2.4. Profile of periods of care for children entering care aged 12-17.**

There were 978 care entrants (774 unique children) in this age group. For only a third was abuse or neglect the main reason for entering care. For the other two-thirds of entrants, reasons for entry were spread across the range of categories, the next most prevalent reason being 'family dysfunction' (29%). By the end of the study period:

- Most entrants had either returned to a parent (43%) or left care to move to independent living (38%). There were 14 SGOs and no period of care ended with an adoption order.

- 20% (n=184) of the 918 who had left had returned to care. Rates of retry after reunification with parents were the highest across all age groups (50% of unique children). Of those who left to live independently, 5% re-entered care when still under the age of 18.
- Those remaining in care had shorter stays but the most placement changes compared to the younger age groups. One in three had four or more placement changes.

### **3.3. Which factors were associated with children staying long term in care (two years or more)?**

Of the 2,205 children aged 0-15 at entry, 31% (n=685) were looked after for two or more years and were not adopted or placed with adoptive parents. This prevalence of being looked after long-term differed greatly by age group, where 5% of 0-2-year-olds (n=39), 37% of 3-6-year-olds (n=137), 57% of 7-11-year-olds (n=250), and 40% of 12-15-year-olds (n=259) were long stayers. The prevalence of being looked after long-term differed by less than five percentage points between genders, ethnicities, reason for coming into care, legal status at entry, placement at entry, and financial year at entry.

Children who were looked after for less than two years had a median time in care of 5.5 months, whereas children who were looked after for the long-term (>2 years) had a median time in care of 6.5 years. At the end of the study, 66% (n=451) of children who were looked after for two or more years remained in care; 8% of these were accommodated under Section 20 and 92% were on a care order. With respect to placements at the end of the study, 53% of the 685 'long-stayers' were in foster homes; 9% were placed in secure units, children's homes or hostels; 4% were placed with parents (legally still 'looked after' but permitted to reside with parents); 23% had left care to 'independent living', 7% had left to live with parents (no longer 'looked after'), 1% had left on an SGO or RO and 3% left for other reasons.

Table 3 presents the unadjusted and adjusted odds of being looked after long-term associated with the children's characteristics at entry. In the unadjusted models, age at entry and the reason for care entry were significantly associated with the odds of being looked after long-term. However, when adjusting for all other characteristics at entry, the reason for entry was no longer significantly associated with the odds of being looked after long-term. This can be explained by the confounding effect of age group, older children being more likely to enter care for reasons other than abuse and neglect. In the fully adjusted model, the only children's

characteristics found to be significantly associated with being looked after long-term were age group at entry and year of entry. Children aged 3-6 at entry were 13 (95% CI 9-20) times more likely to be long-term looked after than those aged 0-2 at entry. For children aged 7-11 or 12-15 at entry, this was respectively 33 (95% CI 22-50) and 17 (95% CI 12-25) times more likely than for the youngest entrants. Children entering in later financial years were more likely to be looked after long-term. Age group at entry was the strongest predictor of being looked after long-term, accounting for 98% of the predictability of the fully adjusted model.

**Table 3. Unadjusted and adjusted odds of being long-term looked after (n=2,205 children aged 0-15 at entry of whom 685 (31%) were long-term looked after).**

Characteristic at entry	Category	Unadjusted OR (95%CI)	Adjusted OR (95%CI)
Age	0-2yr		
	3-6yr	12.75 (8.49-19.72)*	12.95 (8.61-19.92)*
	7-11yr	30.94 (20.47-48.79) *	32.53 (22.35-49.89)*
	12-15yr	15.25 (10.34-23.30)*	16.84 (11.65-24.83)*
Gender	Boy		
	Girl	1.00 (0.82-1.21)	1.00 (0.82-1.25)
Ethnicity	White		
	Non-white	0.86 (0.61-1.20)	0.73 (0.52-1.11)
Reason in care	Abuse/neglect		
	Other	1.24 (1.03-1.51)*	0.96 (0.79-1.24)
Legal status	Accommodated S20		
	Care/protection order	0.86 (0.71-1.05)	1.16 (0.93-1.48)
Placement type	Foster care		
	Other	1.26 (0.99-1.61)	1.02 (0.79-1.30)
Financial year	2009/11		
	2011/13	1.10 (0.87-1.41)	1.34 (1.02-1.69)*
	2013/15	1.13 (0.89-1.44)	1.40 (1.07-1.80)*

OR (Odds Ratio) =1: characteristic not associated with outcome; OR<1: characteristic associated with lower odds of outcome; OR>1: characteristic associated with higher odds of outcome; all regression models included random effect on child; adjusted regression models included additionally all listed factors in the table; \*significant (95% Confidence Interval excludes OR of 1.00).

## 4. Discussion

### 4.1. Patterns of leaving and remaining in care for children entering at different ages

This study used routinely collected local authority data to explore the pathways of a complete sample of 2,208 children who entered care between 2009 and 2015 in one local

authority. The results largely confirm the message of many other researchers that children entering care are not a homogenous group and that age at entry has a strong effect on whether children stay long term in care, and if they leave, where they go.

When broken down into four groups based on age at entry, the differences in the end trajectories of children were striking. Whilst overall just 12% of the care entrants were adopted, for children aged 0-2 on entry 41% had this exit route. For children age 3-6, return home, guardianship, adoption and staying in care were all possibilities. However for those entering age 7-11, the chances of being adopted had all but disappeared, and numbers leaving on SGOs or ROs were low. For this group, therefore, their most likely outcome was that they would stay long term in care. Finally, for the adolescent entrants, none were adopted and only 1% were subject to SGOs or ROs. Thus their options were reduced to going home or staying in care. Compared to all the younger age groups they were most likely to return home, but also most likely to return to care after reunification.

Over a third of children (37%) had returned to parents – the most common exit route overall. Sinclair et al (2007) reported that for all age groups return home was the most likely option, including for their youngest age group (0-5). By separating out those aged (0-2) we have shown that these very young entrants were more likely to be adopted than to go home. The very short median length of time in care for those returning home fits with the identification in earlier studies of ‘the leaving care curve’ showing that chances of returning to parents diminish rapidly over time (Bullock, Gooch & Little, 1998; Sinclair et al., 2007).

Overall just under one third (31%) of care entrants ended up staying long term in care. Some may have found permanence in care, but the fact that one in five entrants age 7-11, and one in three age 12-17 experienced four or more placements is a matter of significant concern.

Age at entry predicted almost all of the variance in whether or not children stayed long term in care. The year of entry made a statistically significant but small difference, with children entering in later years being more likely to stay long term. The DfE national statistics offer no obvious explanation. They report that numbers of children leaving care to adoption started to fall from 2015, but at the same time numbers of SGOs rose. Overall numbers of children in England exiting care rose during our study period, at least until 2017 (DfE, 2017). This is therefore a finding that the local authority themselves could look further into.

We did not find children's ethnicity to be related to whether or not they stayed long term in care. However, because of our sample size, it was only possible for us to use two categories for ethnicity. This may have masked differences between ethnic minority groups. Schofield et al, (2005) found mixed ethnicity children (who in our study were in the non-white group) were more similar to white children than Black and Asian children (who tended to stay longer in care). Neither did we find that the child's reason for entering care predicted staying long term. This may be because we only used two categories (abuse and neglect/other) and/or because the use of the ordinal scale obscured other issues affecting the child and family. Of particular relevance may be the child's disability or behavior problems, both of which have been found in other studies to be linked to lower chances of exiting care (Akin, 2011).

#### **4.2. Strengths and limitations of the research**

The strength of this study is the descriptive and statistical analyses of care histories of over 2,000 children entering care within the last 10 years. The focus on all care entrants avoids the drawbacks of some other cross-sectional studies which can exclude children who enter and leave care in a short space of time. By linking children's data across multiple years a clearer picture of children's end trajectories emerges, adding to the year by year 'snapshots' that are published by the Department for Education.

Rates entering care in the local authority were within the average range for England, though slightly on the high side. The rise noted in this local authority in numbers entering care in recent years, and especially in the older and youngest age groups, is to be found in the majority of English local authorities. Also, although rates entering care differ across local authorities, qualitative and some mixed methods studies point to very similar issues and problems leading to the need for care (Thomas, 2018). Our results can be considered to have relevance for England as a whole, as the studied local authority was of considerable size with a mixed urban and rural population, and with pockets of severe deprivation. Our findings on ethnicity are unrepresentative however of those metropolitan authorities with large proportions of Black, Asian and minority ethnic citizens.

Our study replicates in the English context what has long been known from USA research about different end trajectories depending on age at entry to care. It should be of interest too in those advanced European countries where reliable administrative data on all entrants to care is still not collected and/or analyzed (Thoburn, 2007). The age groups

emerging from the initial descriptive analysis were based on the real-world placement patterns of local authority children's services departments. In addition, the regression model on the odds of being looked after long-term showed how strongly age at entry predicts the trajectory through care. In focusing not only on routes out of care but also on those remaining in care our study contributes to the knowledge-base and debates about how 'permanence' and belonging can best be achieved for those who need a long-term care service.

In terms of limitations, the data came from only one local authority. Because of variations in the child in care population between local authorities the results cannot be assumed to reflect the situation in other individual Local Authorities. Whether the child entered care with a sibling was not recorded in the dataset so we have been unable to adjust for sibling groups. The ordinal scale format of 'main reason for entering care' does not give a complete picture of the range of difficulties that resulted in a child entering care. In particular, we have been unable to include as a variable the difficulties of the children themselves which may have contributed to the need for care. The home postcode was often missing meaning the effect of deprivation associated with different end trajectories could not be tested. Additionally, the prevalence of re-entry to care will have been slightly underestimated since small numbers will have come back into the care of different authorities or with different identifiers as adopted children.

The study design meant that there was left censoring, where it was unknown for any child whether they had been in care before, creating a mixed population of first and multiple entries. Right censoring occurred because of children leaving care at different times during the study period and due to the fixed end date of the study period. However, this was appropriately dealt with Kaplan-Meier estimates and by limiting the regression analyses to children who could be followed up for at least two years, by which time it was clear which trajectory a child would most likely be on.

### **4.3. Implications for policy, practice and research.**

**4.3.1. Messages for service planners.** What then does this analysis point to in terms of models of service delivery and resource/social work time allocation? Our findings suggest that services for children in care must encompass work with children's families and communities. We argue this because over one-third of children returned home after entering care. When those leaving via SGOs and ROs are added on, this is almost half of the children returning to their kinship networks. One-third of children stayed in care long term but most of

these will have remained in contact with their family networks and/or will reconnect with family after leaving care. Even for those who are adopted, some form of post-adoption contact is usual, albeit this is mostly not face-to-face (Neil, 2018). Parents and wider kin, whether living with previously looked after children or staying in touch with them, will need at least episodic social work services. Given this high proportion of cases in which there is continuing birth family involvement, we argue that our findings do not support the separation of practitioners often found between the community-based child and family social work service and a service-focused specifically on children in care.

**4.3.2. Messages for placement planning and recruitment.** The findings of this project demonstrate the value of local authorities using information about the ages of children entering care in planning the resources required to meet children's needs.

A similar-sized local authority with around 450 children entering care each year will need to have available a large number of 'short term/task-centered' foster carers offering flexibility around duration, age, role, and skills. Allowing for a small number of children who never leave the family home, a small number of foster-adopt placements and a small number in residential care, we estimate that around 400 individual children or sibling groups will need this sort of foster care placement annually. These will be spread across the age groups and carers will be needed who have the skills to help them go back to parents, move to relatives or adopters or move into independent living. The annual 'recruitment' requirement for these families is much less since the average placement duration is around two years. Some of these carers will be lost to the 'temporary' foster family pool and become permanent foster carers for the children initially placed with them on a temporary basis.

In terms of the need for adoptive homes, if current child welfare policies and placement patterns continue, a local authority of a similar size will need to arrange placements with between 50 and 60 adoptive families each year. This will be mainly for children entering care up to the age of 2, and allowing for some sibling placements.

For children who cannot return home or leave via other legal routes, it is vital to ensure they can benefit from "safe, stable and nurturing relationships" (DfE, 2016, p. 61) within the care system. This requires a focus of attention on recruiting foster families who can provide long term 'part of the family' foster care, whilst at the same time facilitating appropriate meaningful links with members of the birth family. These foster carers have children living with them for anything from 3 to 15+ years (beyond under 'staying put

arrangements<sup>1</sup>). Hence we estimate that a similar-sized local authority with similar placement policies will need to recruit around 80 such families each year. Local authorities have to constantly recruit new families to take on this role for children across the age range.

Our data also indicate that around 50 children entering care each year in a similar-sized authority will leave care to be placed with (mainly) relatives under the provisions of a Special Guardianship Order (SGO) or Residence Order (RO). Our research alongside that of McGrath-Lone and colleagues (2016) points to increased use of placements with family members. Our findings lend support to the generally positive results from across jurisdictions with respect to placement stability of kinship placements (e.g. Berrick, Barth & Needell, 1994). However recent studies evidence that many kinship carers need ongoing assistance to negotiate 'shared parental responsibility' and appropriate contact arrangements (Farmer, 2010; Harwin, Alrouh, Golding, McQuarrie, Broadhurst & Cusworth, 2019; Wade, Sinclair, Stuttard & Simmonds, 2014; Welland, Meakings, Farmer & Hunt, 2017).

With respect to those who leave care to return to a parent (up to 200 each year in an authority of a similar size), our findings add to those of others who have argued that attention needs to be paid to how to keep parents involved in meaningful ways with their children whilst in care (Boddy, Statham, Danielsen, Geurts, Join-Lambert, & Euillet, 2014). When a return home is planned, research points to the range of support, educative, therapy and protective services that need to be available before, during and after care in order to avoid the unacceptable re-entry to care rates which this and other studies have pointed up (most recently, Farmer & Patsios, 2016).

**4.3.3. Messages for research.** This study has generated findings of interest to the data owners, which could be used to anticipate the resources needed for children in care by taking account of the age profiles of care entrants. It also highlights further questions it would be useful for local authority data analysts to explore using other data held or knowledge of local policy or practice changes. For example, why were children entering care in later years more likely to stay long term? What more can be learned about the one in three adolescent entrants who had four or more placement changes? The SSDA903 data set is only one aspect of data local authorities hold about children in care and the linking of this data with other sources such as data on Children in Need (children referred to children's social care services), families receiving 'early help', case records and education data would allow for a more in-depth understanding of local trends and outcomes (Moloma & Sena, 2016; Sebba et al., 2015), particularly where data analysis is driven by compelling local policy considerations

(Durrant, Barnett & Rempel, 2018). Researchers placed within local authorities are in a good position to address some of the limitations of this dataset for example through checking backwards to identify children in care before the study period, addressing inconsistencies in the data, and adding in missing data (especially postcode data). They would also be well placed to feedback results and data problems to those responsible for recording the data.

There is also scope for making much more use of the national data sets though this type of longitudinal analysis. Larger sample sizes would allow more subgroups to be examined, for example, groups based on reasons for care entry, ethnicity or different types of foster care (kin/non-kin). Consistently collecting postcode data and making this available to researchers either directly, or after linking to LSOA codes, would allow for the links between social deprivation and care pathways to be studied more effectively. Linking to other data sets would enable a wider range of factors to be examined. The Children in Need data set held by DfE contains information about child disability and family problems that could usefully be examined, for example.

The importance of ongoing family connections for children in care is underlined in this study. There is a need for more research (moving beyond a focus on family contact or reunification) that can inform strategies for involving parents and wider kin with children in care, especially to support the child/young person through important life transitions (Boddy et al, 2014).

#### **4.4. Conclusion.**

Two key points emerge from this study. Firstly, child welfare agencies can benefit considerably from using their own data to understand the children and families who may need an out-of-home care service and plan appropriate services. Secondly, our findings on the continuing role that birth parents and extended family members play for all but a small minority of care entrants, point strongly to the importance of child and family social work teams recognizing that parents continue to need a service (for their own wellbeing as well as that of their children). This will often involve retaining a professional social work relationship with birth parents who are no longer full-time parents, whichever route through care their child takes.

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**Highlights:**

- After two years in care over one third of children (37%) returned to their parents.
- Just under one third of children (31%) stayed at least two years in care.
- Age at entry was a very strong predictor of where children ended up.
- Children age 0-2 were more likely to be adopted than any other outcome.
- More than half (51%) of children entering care age 7-11 stayed long term in care.

Declaration of interests: none.

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<sup>i</sup> The Children and Families Act 2014 introduced a new duty on local authorities in England to support young people in foster care to stay with their foster families when they reach 18.

ACCEPTED MANUSCRIPT

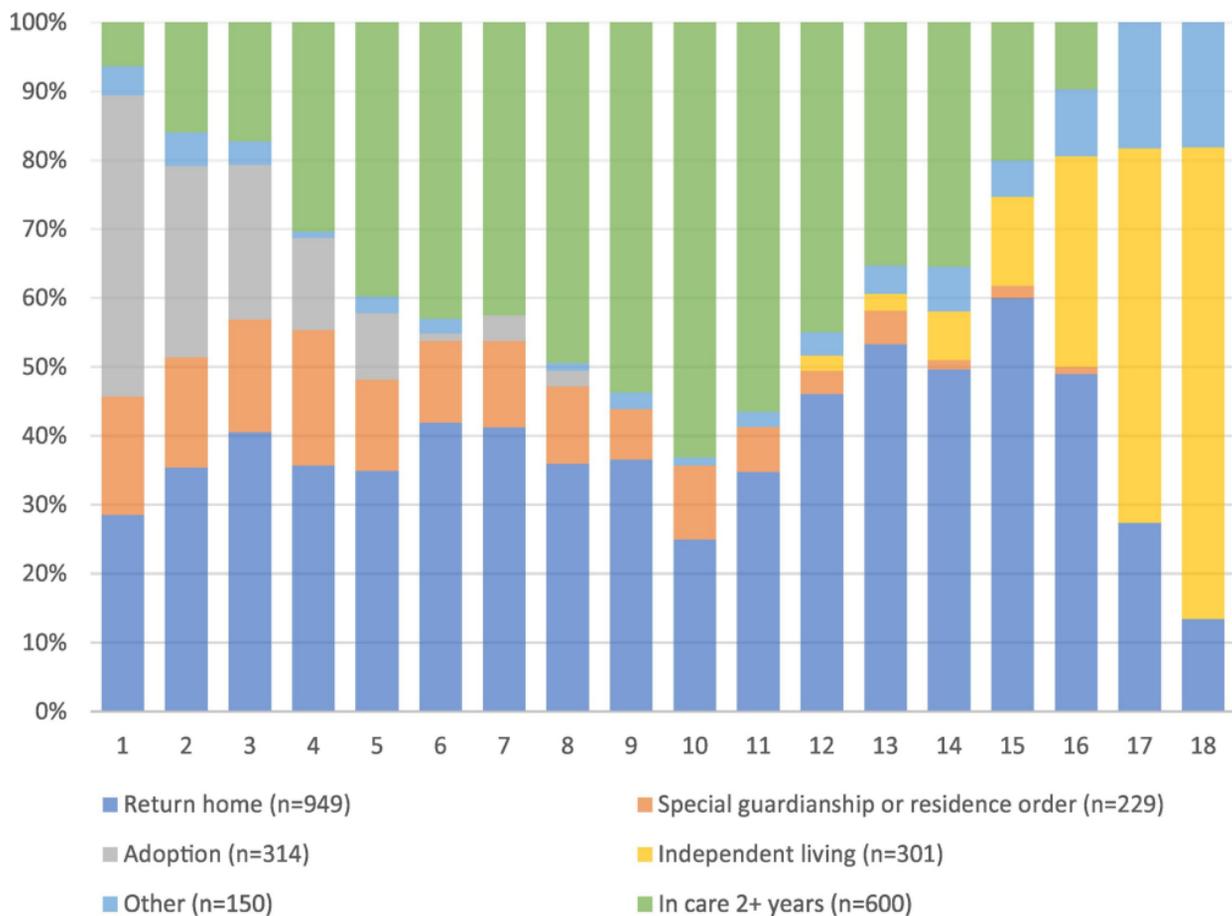


Figure 1