



## Factors associated with re-entry to out-of-home care among children in England



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### ABSTRACT

Exiting and re-entering out-of-home care (OHC) is considered a disruption to permanence which may have long-lasting, negative consequences for children due to a lack of stability and continuity. Each year approximately one-third of children in OHC in England exit, but information is lacking on rates of re-entries and associated factors. Using national administrative data, we calculated rates of re-entry among children exiting OHC from 2007 to 2012, identified key child and care factors associated with re-entry using Cox proportional hazards modelling, and developed a simple probability calculator to estimate which groups of children are most likely to re-enter OHC within three months. Between 2007 and 2012 re-entries to OHC in England decreased (from 23.3% to 14.4% within one year of exit,  $p < 0.001$ ), possibly due to concurrent changes in the way children exited OHC. Overall, more than one-third of children exiting OHC in 2008 re-entered within five years (35.3%,  $N = 4076$ ), but rates of re-entry varied by child and care characteristics including age, ethnicity, mode of exit, and placement stability. Based on these associated factors, we developed a calculator that can estimate the likelihood of rapid re-entry to OHC for a group of children and could be used by social care practitioners or service planners. Our findings provide insight into which groups of children are most likely to re-enter OHC, who may benefit from additional support or ongoing monitoring.

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## 1. Introduction

A central goal of England's social care system is to ensure that children have permanence (Department for Education, 2015a). This permanence (i.e. emotional, physical, and legal security, stability, and continuity (Department for Education, 2013)) helps children develop and maintain a sense of identity and belonging during childhood and beyond (Thomas, 2013). Most children in the care of the State (who are known as looked-after children) are placed in out-of-home care (OHC), such as with a foster carer or in a children's group home. OHC can provide permanence to children – through stable, long-term foster care, for example. However, current policy favours achieving permanence in a permanent family setting outside of the OHC system, with a particular focus on adoption (Department for Education, 2016a; Department of Health, 2000).

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Each year approximately one-third of children exit OHC (Department for Education, 2015b). When exiting OHC a child can either return home to their birth parents (with or without further supervision from social services), be adopted, or be placed with a guardian via a court order (Boddy, 2013). These legal orders include special guardianship and residence orders which confer differing levels of parental responsibility to a guardian but, unlike adoption orders, do not terminate the birth parents' rights (Department for Education, 2016b). A subsequent re-entry to OHC is considered a breakdown of permanence for a looked-after child, but rates of re-entry are not well-described. Case series studies among children who returned home to their birth parents have reported that almost half re-enter within two years (Farmer & Wijedasa, 2013) and two-thirds within five years (Farmer & Lutman, 2012). However, government figures (which are based on national administrative data) put the five-year re-entry rate after a return home at 30% (Department for Education, 2013). Since their introduction in 2006, two studies have explored special guardianship and residence order breakdowns using national data, and the five-year re-entry rates are estimated to be 6% and 15%, respectively (Selwyn, Wijedasa, & Meakings, 2014; Wade, Sinclair, Stuttard, & Simmonds, 2014). High rates of adoption breakdown (up to 60% in some age groups) have been reported in the media (Henderson, 2012), but a recently-conducted, large-scale academic study found that just 3.2% of adopted children had re-entered OHC within twelve years (Selwyn et al., 2014).

Re-entry to care is associated with a range of child and care characteristics; for example, one study in England found that children were more likely to re-enter OHC if a previous return home had broken down, or there was inadequate preparation and support after their exit (Farmer & Wijedasa, 2013). Similarly, a study of special guardianship orders found a significant association between breakdown and whether the guardian was the child's former foster carer or relative (Wade et al., 2014). Most recently, an association between more placement moves while in OHC and an increased likelihood of an adoption, special guardianship or residence order breaking down have been described (Selwyn et al., 2014). Studies in other countries have described associations with re-entry to OHC and the child's age at exit (Orsi, 2015; White, 2016; Yampolskaya, Armstrong, & Vargo, 2007), ethnicity (Orsi, 2015; Shaw, 2006), having behavioral or health problems (Barth, Weigensberg, Fisher, Fetrow, & Green, 2008; Liao & White, 2014; Testa, Snyder, Wu, Rolock, & Liao, 2015; White, 2016; Yampolskaya et al., 2007), a longer time spent in care (McDonald, Bryson, & Poertner, 2006; Wells & Guo, 1999), placement setting (Carnochan, Rizik-Baer, & Austin, 2013; Lee, Jonson-Reid, & Drake, 2012), and placement stability (Carnochan et al., 2013).

A lack of permanence is associated with negative outcomes for children. For example, a qualitative study of fostered and adopted children found that feelings of insecurity hindered the development of close and trusting relationships with their caregivers (Selwyn & Quinton, 2004). It is however difficult to disentangle the causes and consequences of a lack of permanence: a child's experience of abuse or neglect before entering OHC is likely to affect their feeling of security as well as relationships with caregivers, for example. Nonetheless, (the sometimes repeated cycles of) exits and re-entries to OHC represent a disruption to permanence for children. It has been suggested that improved provision of social care support to children exiting OHC and their families could potentially reduce the rate of re-entry (Holmes, 2014). In order to identify groups with a high likelihood of re-entry and allocate increasingly scarce resources more efficiently, a thorough understanding of the factors associated with re-entry to OHC is needed. However, this is currently lacking as the majority of the published literature on the topic is from the United States and not applicable to the English context, given the significant differences in population demographics, societal structures, and social care systems. In this study, we aimed to use national administrative data to identify child and care factors associated with re-entry to OHC among children in England. We also sought to develop a simple, online calculator that could be used by social care practitioners to identify groups of children who are most likely to re-enter OHC, and thus may have the greatest need for additional support when exiting care.

## 2. Method

### 2.1. Study extract

Since 1992, data related to children in care in England has been routinely collected from local authorities (local government bodies responsible for delivering children's social care services) by the Department for Education (DfE) using the Children Looked After return (CLA). This longitudinal, individual-level dataset contains information on child characteristics and episodes of care, including: date of birth, ethnicity, reason a child was looked after, placement type, and reason each episode of care ceased. Children's care histories are linked over time via a unique identifier; however, complete care histories are only available for one-third of children (namely, those whose day of birth is divisible by three as data was not collected for other children between 1998 and 2003). For further details of the CLA dataset see (Mc Grath-Lone, Harron, Dearden, Nasim, & Gilbert, 2016).

For this study, we derived a CLA extract of children who were placed in OHC for non-respite reasons. We did not include children in voluntary, short-term respite placements as their re-entry to OHC is often planned, at regular intervals (e.g., every weekend) and for respite care for serious chronic health conditions. As such, the initial study extract contained all episodes of care from January 1, 1992 to December 31, 2013 for one-third of children born on or after January 1, 1992 who were placed in OHC for non-respite reasons ( $N=95,369$ ). Ethical approval was not required for this study as it was a secondary analysis of de-identified administrative data; however, all applications for CLA data are reviewed by an advisory panel at DfE before access to the data is granted.

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