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## KEEPING THEM IN THE FAMILY: OUTCOMES FOR ABUSED AND NEGLECTED CHILDREN PLACED WITH FAMILY OR FRIENDS CARERS THROUGH CARE PROCEEDINGS

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### The study

This project followed up a cohort of 113 children, removed from their parents' care by the courts because of child protection concerns, who were then placed with members of their extended families or social networks. This form of care is known as *family and friends* or *kinship care*. The placements were all those known to be made in the course of care proceedings, brought by two local authorities, which completed between 1995 and 2001. The cases were followed up during 2004/5.

The study was part of a research programme linked to the government's Quality Protects initiative and the outcomes assessed were derived from Objective 1 of that programme: 'secure attachment to safe and effective carers for the duration of childhood'. We also examined the factors associated with better or poorer outcomes, the decision-making processes, the perspective of carers and children, placement support and contact issues.

The data was drawn from 113 *case files* held by Social Services Departments; 37 *interviews with kinship carers*, including the completion of standardised measures of well-being for adults and children (in 24 cases the child's teacher also completed the measure); 24 interviews with *social workers* in active or recently closed cases; interviews with 12 children and two young people and two interviews with *parents*.

File data only was also collected for a small **comparison group** of 31 children aged under five years old who had been the subject of care proceedings brought by the same local authorities during 1995-1998 but whose care plans were for placement in *unrelated care* (either fostering or adoption). This comparison group is referred to as the 'stranger sample'.

### Outcomes

#### *Placement stability*

72% of placements were either continuing at the point of data collection or had ended having lasted as long as needed. 28% had ended prematurely and 16% were continuing but vulnerable to disruption. A comparison of under-five children placed with kin with the stranger sample showed slightly higher disruption rates for kin-placed children (11% compared to 7%).

When compared with other studies of foster-care and adoption, our disruption figures for children under five appear higher than adoption outcomes but considerably lower than for long-term foster care. For children aged 5-12 years our disruption figures are higher than that suggested by research into both adoption and long-term foster care outcomes.

While these figures are, on the face of it, somewhat disappointing, a number of mitigating factors have to be taken into account: for example our follow up period was much longer than most disruption studies and our children were at the 'heavy end' in terms of adverse life experiences. Moreover from the children's viewpoint half of these placements could not really be considered clear disruptions since many wanted to move. It should also be noted that more than half went either to a parent or to another relative and the original carers often retained a positive relationship with the child. Combined with the fact that these children had not usually been subject to multiple placements before moving into the sample placement we think the placement stability data gives a fairly positive picture

### **Placement quality**

36% of placements were assessed as problem-free, 44% had some problems and 20% major concerns.

The kin-placed under fives children scored somewhat poorer on most measures than did the stranger sample children. However kinship care was more likely to meet the child's emotional needs and there was little difference in the ability to manage the child's behaviour. This was despite the assessed parenting capacity of the stranger sample carers being slightly higher than that of the kinship carers.

Most poor quality placements ended and there was little evidence that there was a widespread problem of local authorities allowing such placements to continue.

### **Relationship quality**

24% of children had some problems in their relationship with their carer. There was little difference between the kin and stranger under fives groups with regard to relationship quality.

### **Child well-being**

Prior to placement the children had been exposed to many adversities. Indeed the kin-placed under five year olds had experienced rather *more* pre-placement adversities than had the stranger-placed children. More than half of all the kin-placed children were already manifesting emotional or behavioural difficulties.

At follow-up 47% of children were functioning well but at the other end of the spectrum, 20% of children had difficulties in three or more child functioning domains. Children most commonly had difficulties in emotional and behavioural development and schooling.

## **Overall outcomes**

The four individual outcome measures were combined to give an overall measure. Taking the most pessimistic view of the data (*the worst case scenario*) only 23% placements scored positively on each measure (i.e. placement continuing and stable/lasted as long as needed and no concerns about placement quality, relationships or child well-being). 17% did not score positively on any. On a more generous interpretation (placement did not disrupt prematurely, no major concerns about placement quality and concerns about child functioning in less than three areas) 58% of placements had positive scores on all measures and only 5% on none.

## **Explaining outcomes**

A range of possible explanatory factors was tested against each outcome, using the *worst case scenario* data. 11 factors, listed below, proved to have a statistically significant association (i.e. one which is unlikely to have arisen by chance) with one or more of the individual outcomes or the overall outcome.

## Factors associated with better outcomes

	Outcome measure	
	Statistically significant relationship	Trend
<i>Protective factors:</i>		
Younger children	Placement stability Relationship quality Child well-being Overall outcome	
Placement with a grandparent	Placement stability	
Previous full time care by index carer	Placement stability	Relationship quality
Child's acceptance of care	Placement stability	
No non-sibling children in household	Placement quality	
Carer assessment pre-placement	Placement quality Overall outcome	
Favourable assessment of parenting capacity at time of proceedings	Placement quality	
Disagreement or conflict about the placement during proceedings	Placement quality	Overall outcome
Single carer placement	Relationship quality	Overall outcome
Carer instigator of placement	Relationship quality	Placement stability Placement quality
Fewer difficulties prior to placement	Child well-being	

Only the *age* of the child at the end of the proceedings had an explanatory value across more than one outcome. Older child age was itself significantly associated with other variables which had no explanatory power on their own. These associations included: high level of pre-placement adversity exposure, pre-existing emotional/behavioural difficulties and lengthy Social Services involvement prior to placement.

However there were cases of older children doing well. These cases highlighted the importance of pre-existing intense contact between kinship carer and child: children doing well had substantial staying experience with their kinship carer while children in unsuccessful placements usually did not know their carer well.

No statistical link was found between any outcome and the other factors tested, viz: child's gender or ethnicity; carer age; which parent the carer was related to; siblings in placement; other adults in the household; length of Social Services involvement prior to proceedings; order type; assessment type; whether the child went straight from home to the kinship carer; whether the child was in placement prior to proceedings; and whether concerns were expressed about the placement during proceedings.

In-depth analysis of the placements which did not score positively on any of our outcome measures revealed a pattern of usually older, very difficult children, damaged by exposure to multiple and severe adversities, placed with loving and often fairly competent kinship carers, who then

struggled to handle the child's difficulties. Often the carer became exasperated in their handling of the child and this could result in a negative spiral and usually eventual breakdown of the placement. It was not unusual for children with poor outcomes to have siblings with them who fared better in the same placement.

It is difficult for any carer to repair a child's early adverse experiences, particularly if these include poor attachment, neglect and drugs or alcohol exposure *in utero*. A high level of care and understanding is needed on the part of carers if the child is going to have an opportunity to become secure. The majority of our poor outcome children would struggle in any care situation.

In contrast, the children who had good outcomes on all measures would probably have done well in any type of placement, being typically young and presenting few problems from the start. Indeed our kinship under fives children were slightly more likely to have all good outcomes than those in the stranger sample.

## Making decisions about kinship care

### *Local authorities*

There was evidence to suggest that some social workers are insufficiently pro-active in exploring the potential for care in the extended family. In 55% of the cases where children were placed with strangers there was no indication that a kinship option had been sought or considered.

A degree of ambivalence among social workers towards kinship care may help to explain why social workers are not always as proactive as they might be in identifying possible carers and making early placements.

However wide the net might be cast, the data showed that in many families there does not appear to be a 'bottomless pit' of relatives willing and available to care. More positive encouragement for and support of those relatives who actively show a wish to care for the child may be the best way of improving the numbers of children who are able to stay within families.

### **Carers**

Carers were often motivated by pre-existing affectional bonds with the child as well as a sense of familial obligation. The decision to care was typically instinctive rather than carefully weighed up. Potential carers need to think through the implications of care for themselves and their family. However few carers expressed any regret about their decision, even where placements had broken down. It appeared that kinship carers would benefit from independent written information about the advantages and disadvantages of various orders to be able to take a more informed view as to the best legal way forward.

Carers typically had a high level of involvement with the children pre-proceedings and many had demonstrated their ability to put the children first by reporting their concerns to the local authority. However there was little evidence of any contribution by the relatives to formal local authority decision-making and family group conferences were rare. Carers were more likely to be involved in the court process with nearly half being parties to the proceedings. Where no legal aid was available kinship carers had to raise substantial amounts to cover any legal representation.

It was rare for a full **assessment** to be made before children were placed. The majority of carers accepted the need for assessment but some criticised the way the assessment was done and/or reported finding the experience unduly stressful.

### **Court decision-making**

In 19% of cases there was disagreement from some quarter, at some point, to making the kinship placement. Resistance usually ceased in advance of the final hearing. No kinship placements were made without the support of the guardian.

Professionals raised concerns about likely future problems in a number of cases when final orders were made. In general we found such predictions were rarely accurate: most of the specific concerns identified in the care proceedings did not materialise and most of the issues which subsequently arose in placement had not been spotted. 'Crystal-ball gazing' therefore seemed to have a high margin of error. It is salutary to think that in other cases outside our study, decisions not to support kinship placements might also have contained similar levels of error.

Practitioners were more accurate in predicting the future parenting capacity of kinship carers.

### **Carer perspectives**

Our 37 interviews with kinship carers provided qualitative data on the challenges and rewards of caring. 75% of the children these carers looked after had had emotional, behavioural or learning difficulties on arrival. Although these problems diminished over time, a substantial number of children presented problems years later. 35% of children in continuing placements had abnormal scores on a standardised test of child well-being (the expected proportion in the general population is 10%).

Although the rewards of caring typically provided compensation for the challenges and difficulties tensions and strains were evident. In 27% of continuing placements the carer had felt like giving up at some point; in 45% a carer had an abnormal or borderline score on a standardised test of well-being, more than twice that expected in the general population.

Carers highlighted how taking on care affected them in many dimensions, including life plans and expectations, freedom to pursue outside interest/maintain peer group relationships, and loss of the expected 'grandparent' relationship with the child. Although most enjoyed some support from their family this was typically emotional rather than practical and occasional rather than regular.

### **Sustaining kinship care**

Finance was an issue for many carers, with only just over a third having managed without any difficulty and several suffering financial strain. Carers with children on residence orders were more vulnerable to such difficulties. Carers also had inconsistent experiences, with the luckier ones receiving grants for start-up costs, house extensions and special expenses.

In 47% of cases, Social Services involvement ceased while the placement was still on-going. Cases rarely re-opened and usually did so because of the need for a court report rather than because of problems in the placement. A few carers in these closed cases needed more sustained Social Services support and had mixed experiences when they did seek help. There is a need to identify readily accessible alternative sources of help for carers, who may be reluctant to contact Social Services.

While the case was open, 34% of placements were judged to have been well-supported, 46% to have had some support and 20% little or no support. Placements that did not last as long as needed were more likely to remain open throughout their duration but support was insufficient to maintain the placement: care order children were at times unallocated or infrequently visited and carers were not able to access the same range of services as unrelated foster carers. Carers living out of authority were more likely to be isolated from help and more attention needs to be paid to supporting such placements.

37% of carers made no negative comments about social workers but a quarter had nothing positive to say at all. The frequency with which social workers changed was a source of difficulty. A constructive relationship was more difficult where the Social Services had opposed the kinship placement, again suggesting that alternative sources of help may need to be identified.

About a third of kinship carers had had an allocated link worker at some point and overwhelmingly those carers saw this as beneficial. Carers were rarely involved in support groups or training even where difficulties persisted with the child's behaviour or contact. Respite care was rarely provided. In about a quarter of cases such help would have been welcome and in four cases it had been desperately needed. All these issues should be more actively considered in post-placement support plans.

Over a third of children were receiving specialist help usually from mental health services in respect of emotional/behavioural difficulties. There was evidence of unmet need in a few cases.

Our research provides some grounds for thinking that better service provision might have improved outcomes. Fifteen of the 31 premature terminations might have been prevented while stress, and therefore also the risk of disruption, might have been reduced in nine of the 18 vulnerable but continuing placements.

Most kinship carers were comfortable with the current legal order. The eight adopted children – the majority very young when placed – were doing notably well. However, most (32) of the carers interviewed did not want to pursue such an order although five had been put off adoption either by the cost or the desire not to upset the parents. Most carers were not aware of the arrival of special guardianship orders and few were interested in changing the legal status quo.

Eighteen children in continuing placements were still subject to care orders. Typically these involved older children and in most cases social workers considered the order was still appropriate because there were issues about parental contact, the child had emotional/behavioural difficulties or carers were elderly. However, in six cases social workers considered care orders continued largely because of the kinship carers' concerns about loss of financial remuneration. If adequate financial support was available for child on residence or special guardianship orders, more care orders could probably have been discharged.

### **Children's perspectives**

The 12 interviewed children tended to be those who were doing fairly well and as such cannot be considered representative of the whole cohort. They were all fairly optimistic about how they were managing and none had abnormal self-reported scores on the Strengths and Difficulties Questionnaire.

Nonetheless it was striking that they all exhibited an overwhelming sense of safety in the placement and reliance and trust in their carer and almost all had a real sense of permanence about the placement.

The girls particularly described positive relationships and a sense of belonging. They all recounted a sense of ordinariness about their situation and had normal expectations about their adult lives.

Children living with older carers did not appear to be bothered about this; what was more important was whether the carer was interested in and involved with them.

The network of relationships and friendships that the kinship children identified appeared smaller when compared with children with a parent, especially if placed with a sole grandparent.

Most children retained good links with mothers and any siblings living with her. The children seemed able to embrace the two sets of relationships. The two young adults interviewed spoke

positively of their restored relationships with mothers who were now more competent parents.

Fathers appear at risk of being lost, whether the child was placed with maternal or paternal family, and the children regretted this.

Social workers appeared very peripheral in the children's lives even for the four remaining on care orders.

The children on the whole displayed no sense of anger or dissatisfaction that they lived within the extended family or about what had happened. Where a sense of difference existed, it related more to the existence of care order/social services involvement rather than the fact the child is with a kinship carer. This seemed more difficult to explain to friends.

### **Maintaining family links**

At the end of the proceedings most children were expected to have face to face contact with at least one parent. It was rare for contact to be legally terminated, but many children had already lost contact with a parent, typically a father, by the time the proceedings ended.

At least one parent did stay in touch in most cases where contact was envisaged. However very few children had contact with both parents and fathers were less likely to be in contact than mothers even where contact had been expected. All children retained contact with at least one sibling with whom they had previously lived. Many children were also in touch with members of their extended families outside the care household. However this was typically on the carer's side of the family; it was unusual for children to have contact with both sides of their family.

Parental contact tended to diminish over time, and even where it continued could become sporadic or less frequent. Such negative trajectories affected both maternal and paternal contact though it was more common in the latter. Positive contact trajectories were rare.

Parental contact was more likely when children were placed with maternal relatives. A parent was more likely to stay in touch when the child was placed with their side of the family.

There was little evidence that parental contact was putting children at risk and none that they had actually been physically harmed.

Problematic contact, however, was common and in a substantial minority of cases contact

appeared to be entirely negative for the child. Maternal contact tended to be more difficult than paternal, particularly where children were placed with the paternal side of the family. In most cases where difficulties were evident contact, particularly the mother's, continued.

At the time of the care proceedings, difficulties over contact had been anticipated in many cases. However in general these predictions did not prove particularly accurate. *Anticipated contact difficulties* were associated at follow up with contact cessation or a negative maternal contact trajectory. In those cases where parental contact problems were accurately predicted there tended to be difficulties relating primarily to *adult relationships*. There appeared to be no link between contact problems and whether parents had accepted the placement and/or the contact arrangements.

Only a minority of families went back to court to try to resolve difficulties over contact.

Fathers who lost contact seem to have just drifted out of the children's lives, often after they had separated from the mother. While this also applied to some mothers, it was more usual for contact to have been terminated -by the carer, the child, or the court. There was little evidence that children were overtly suffering from the loss of contact.

While some carers were clearly making great efforts to facilitate contact, many seemed to be quite passive, leaving it up to the child or the parent. Active hostility, however, was quite unusual.

Less than half the cases where face to face parental contact was envisaged appear to have had any form of assistance with contact. However, very few carers indicated that they would have welcomed such help.

### **Six key findings with implications for policy and practice**

***Finding 1: There is scope for a more systematic exploration of the kinship option for all children prior to proceedings. This could lead to more/earlier placements for some children.***

#### ***Policy and practice implications:***

- Active pre-proceedings 'mapping' of significant relatives to explore kinship care at an early stage, backed by legislation to empower the local authority to seek out relatives even when parents refuse.

- Clear recording on files of efforts made to secure a kinship placement and reasons for not pursuing this option.
- Social worker training on the effect that values, attitudes and belief systems have on kinship care practice decisions.
- Early decision making processes need to be further researched to understand better how critical decisions are made.

***Finding 2: Kinship care can deliver Quality Protects Objective 1 for many children but it does not work for all.***

***Policy and practice implication:***

- Kinship care is a viable option which should be promoted; its endorsement in the White Paper, *Care Matters: Time for Change* (DfES, 2007) is welcome.
- It is not a panacea: even on our best case scenario only 58% of placements met each element in QP Objective 1 and there was a core group of children (between 5% and 17%) whose placements did not score positively on any measure.
- Careful assessment of carers and the support needs of children and carers is needed in view of the level of difficulties many of the children display.

***Finding 3: Better or poorer outcomes are not solely dependent on individual circumstances.***

***Policy and practice implication:***

- The importance of assessment was emphasised by its statistical association with good outcomes on two of our measures.
- The remaining risk and protective factors could help to highlight vulnerable placements which are likely to need more support. The significance of the age of the child at placement means that placements of children over 5 should be regarded *prima facie* as in need of more support.
- Systematic screening for the child's level of difficulties using a tool such as the Strengths and Difficulties questionnaire could assist in the identification of children who are struggling.
- Disruption meetings should routinely be convened where kinship placements have terminated so that lessons can be learned from breakdowns.

***Finding 4: Pre-placement assessment is important but problematic***

***Policy and practice implication:***

- A balance has to be struck between making a pre-placement assessment and early placement with kin. Early and rapid viability assessments could precede the decision to place the child. This would have considerable resource implications. Subsequent exploration with the carer of the wider issues of caring could then follow. Besides enabling early placement of children, this may minimise what is a stressful process for the carer.
- The centrality of the assessment of parenting capacity in kinship care needs to mesh with the professional consensus that assessing kinship carers is different from assessing unrelated carers. This underlines the need for specialist kinship workers to carry out this work.
- Work should continue on developing appropriate assessment and training tools for kinship care.
- Experienced kinship carers could usefully act as mentors/supporters to potential carers in thinking through the wider implications of caring.
- Decisions not to approve kinship carer need to be evidence-based given the relative inaccuracy of professional's predictions about specific concerns.
- Better assessment may not lead to more kinship carers being accepted or rejected but it should lead to better identification of their support and training needs.

***Finding 5: The support needs of kinship placements need to be more adequately addressed.***

***Policy and practice implication:***

- Financing kinship care through a national carer's benefit, available as of right, should be seriously considered.
- Local authority support to kinship placements needs to be improved, and could include the contracting out of such work.
- Where cases are closed carers should have a named person within the agency to be contacted in case of difficulty.
- Out of authority placements would benefit from the placing authority being able to spot-purchase support and training packages for their benefit.

***Finding 6: Kinship care facilitates the maintenance of some family links and contact is usually safe but it is often difficult.***

***Policy and practice implications:***

- More focus on contact planning at the assessment stage is needed and some cases would benefit from formal written agreements.
- Access to sources of support (perhaps independent from the local authority) is needed if contact difficulties do arise.
- More control (including termination) of contact that is actively damaging to the child is needed.

**Conclusions**

Our conclusions can be simply stated: kinship care can be a positive option for many abused and neglected children but it is not straightforward and requires careful assessment and adequate support. Therefore, if the full potential of kinship care is to be realised, there must be clear central and local policies, appropriate infrastructures and adequate resourcing. These are not new conclusions and were highlighted by, amongst others, Hunt herself in the Scoping Paper for the Department of Health in 2001. Since then, some progress has been made and there is now stronger research evidence on some aspects of the subject. It is to be hoped that the inclusion of kinship care in the White Paper *Care Matters: Time for Change* (DfES, 2007), brief as it is, may result, at last, in this form of care getting the more concentrated attention it so clearly deserves.

**Additional Information**

*The full report will be published by the British Association for Adoption and Fostering in the Summer of 2008.*

*All DCSF Research Briefs and Research Reports can be accessed at [www.dcsf.gov.uk/research/](http://www.dcsf.gov.uk/research/)*

*Further information about this research can be obtained from Isabella Craig, 6S23, DCSF, Sanctuary Buildings, Great Smith Street, London SW1P 3BT.*

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