Queen's University Belfast

The Care Pathways and Outcomes Study: The Children's Perspective: Summary Report

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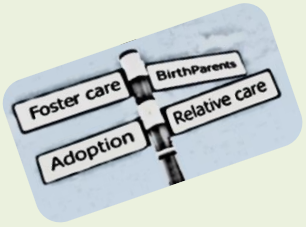
HSC Public Health Agency



The Care Pathways and Outcomes Study: The children's perspective

Summary report

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We also want to thank all those professionals across the five Health and Social Care (HSC) Trusts in Northern Ireland, and the Northern Ireland Guardian Ad Litem Agency (NIGALA) for the support provided in tracking the children's placements.

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Dominic McSherry
Montserrat Fargas Malet
Kerrylee Weatherall

Introduction

This report is written for (adoptive and birth) parents and foster/kinship carers, professionals and practitioners working with families, academics and policy-makers, as well as young people with experience of the care system.

It provides a summary of findings from a research study called *Care Pathways and Outcomes*, which followed all the children under five who were in care in Northern Ireland on 31st March 2000. The study aimed to find out what type of placements they ended up living in, and how they were doing in their placements.

We wanted to find out the views of children in foster and kinship care, children subject to a residence order, children who were adopted, and children who went home to their birth parents. We also wanted to find out parents' / carers' views on how these children were getting on. If you want to know about the way the study was carried out, you can find out more at the back of the report.

This report is divided into three sections: Part One contains figures regarding the children's placements; Part Two contains information gathered through interviews with the children and their parents or carers. In the final pages, you can find a description on how the study was conducted (Part Three).

You can find out more about the study in our book[1] or @ http://www.qub.ac.uk/cpo

[1] McSherry, D., Fargas Malet, M. & Weatherall, K. (2013). *Comparing long-term placements for young children in care. The Care Pathways and Outcomes Study – Northern Ireland.* London: BAAF

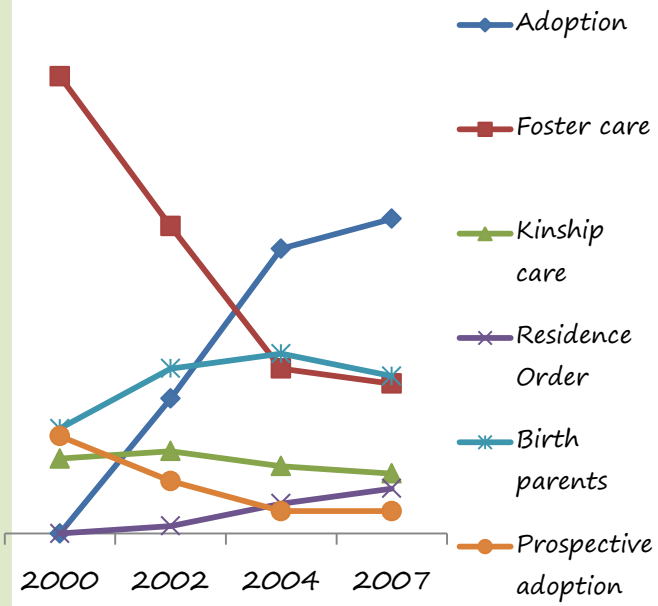
Part One

WHAT DO THE FIGURES TELL US ABOUT THE CHILDREN'S PLACEMENTS?

The children and their placements

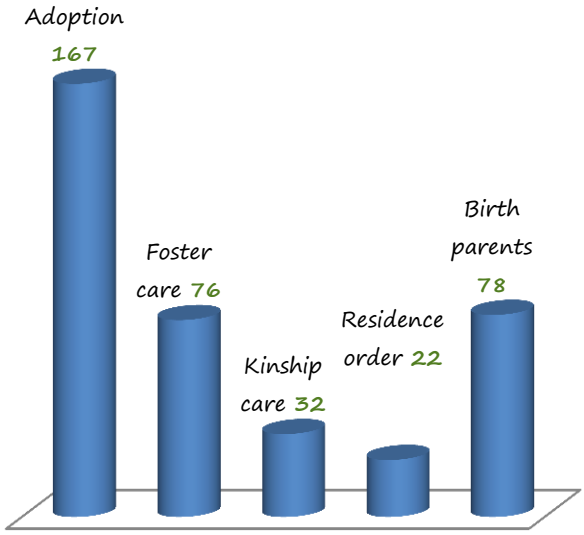
There were 374 children who were under 5 years of age and in care in Northern Ireland on the 31st March 2000.

Chart 1: Children's placements (%)



In terms of placements (**see Chart 1**), there was a major decline in the percentage of young children in foster care between 2000 (61%) and 2007 (20%); a major rise in the proportion of children adopted, from 0 to 42 per cent; a steady increase in the proportion of children living with birth parents between 2000 (14%) and 2002 (22%), levelling out between 2002 and 2007 (at around 20%). Finally, there was a relatively small, but steady, proportion of children living in kinship care (10% in 2000 and 9% in 2007), and a lesser proportion of children placed on a residence order, with a small increase between 2000 (0) and 2007 (6%).

Chart 2: Where children were living in 2007

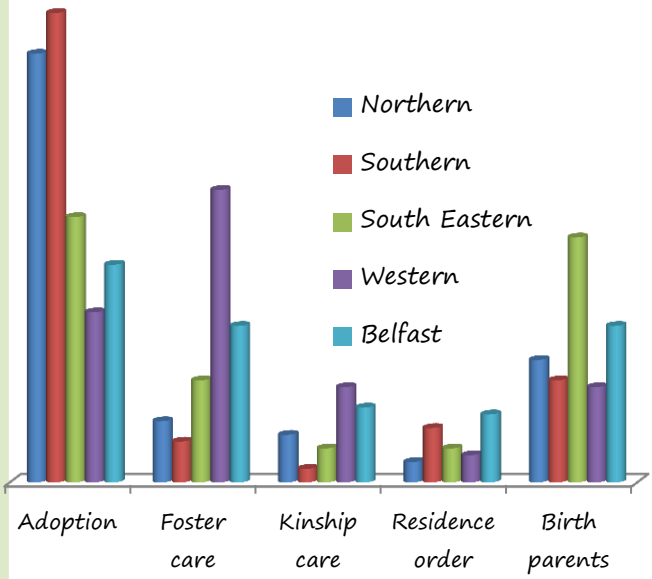


The findings suggest that **adoption has now become a common placement for young children in care in Northern Ireland**. **Chart 2** shows the number of children in each placement in 2007.

Regional variations

The findings suggested that where children lived made a difference to whether they were adopted, remained in foster or kinship care, or returned to live with their birth parents (see Chart 3).

Chart 3: Where children were living in 2007 by Health and Social Services Trusts (%)



While the rate of adoption for all children in 2007 was 45 per cent, the Northern (63%) and Southern HSC Trusts (69%) had much higher levels; and the South Eastern (39%), Belfast (33%), and Western (25%) HSC Trusts had considerably lower levels. In terms of foster care, there was also huge variations among the Trusts, from 43 per cent in the Western HSC Trust to nine per cent in the Northern and six per cent in the Southern HSC Trusts. The proportion of children living with birth parents in each HSC Trust also varied, ranging from 36 per cent in the South Eastern to 14 per cent in the Western.

Thus, this study highlights a key question: if the needs of the child are central to deciding on a long-term placement, and the children across the five HSC Trusts were similar in their backgrounds and needs, why were regional variations found in professional decision-making regarding long-term placements for these children?

Age at entry to care

Most children who were adopted (69%) or subject to a residence order (67%) were less than one year old when they entered care; while the majority of children in foster care, kinship care or living with birth parents were older.

Length of time in care

The findings showed that the longer children stayed in care, the less likely it was that they would return to their birth parents. Thus, 60 per cent of children who were living with birth parents in 2007 had been in care for less than one year when the study started.

Placement stability

The children in this study experienced **a high level of stability** between 2002 and 2007: 91 per cent of children living with birth parents and subject to a residence order were in the same placement at the two time intervals; that was also the case for 89 per cent of adopted children, 78 per cent of children in kinship care, and 69 per cent of children in foster care.

The high levels of stability for adoptive placements could be expected, but this research particularly highlighted the high level of stability for children living with birth parents.

Children were early adolescents in 2007. The next phase of this study is hoping to reflect on the impact that the middle and late adolescent phase may have on placement stability.

Part Two

WHAT DID THE CHILDREN AND THEIR PARENTS OR CARERS TELL US?

The families interviewed

A sample of children (aged 9-14 years old) and their parents and carers took part in the interviews between March 2009 and January 2010. They represented the five types of care placements: **adoption** (18; nine adopted by previous foster carers and nine adopted by strangers), **foster care** (19), **kinship care** (13), **residence order** (15), and living **with birth parents** (12).

As these were selected on the basis of their placement on 31/03/2007, some children had moved placements between then and 2009. Placements had broken down for three children in foster care, and in 2009, they were in new foster placements. In one case, it was not possible to interview the child in the new placement, but the previous foster carers were interviewed; whereas in the two other cases, the child and the new carers were interviewed.

One child, who was in kinship care in 2007, was living with birth parent in 2009. It was not possible to interview the child and birth parent, but the previous kinship carers were interviewed.

Children's attachment to their parents/carers and peers

The children who took part in the study completed a questionnaire that looked at their relationship and attachment to their parents/carers and to their peers.

The majority of children felt attached to their parents or carers, regardless of the type of placement they were living in; and more children had insecure attachments with their peers than with their parents or carers.

So, the length of placement appeared to be more important than the type of placement, in terms of providing security for the children. Most of these children had remained in these placements from a very young age, and had formed new and lasting attachments to their current parents or carers.

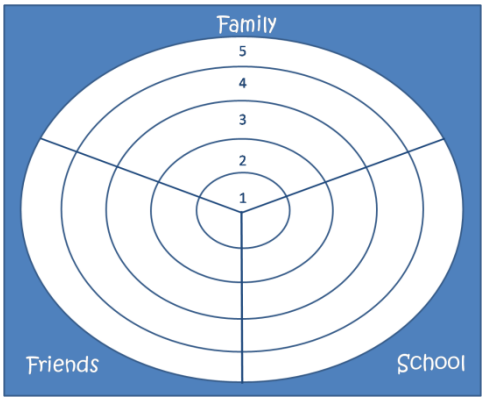
Children's sense of belonging to a family or families

In our interviews with children, we asked them who they considered to be in their family, who they considered closest to them, and with who they wanted to live with when they were 16 years old or older.

Children (who were not living with their birth parents) included or excluded birth family members into what they considered their family, depending on their type of placement. For example, while children who had been adopted by strangers did not include birth parents/siblings to be part of their family, most children who had been adopted by previous foster carers, were living in foster care, in kinship care, and subject to a residence order did consider birth family members to be part of their family; although they identified their current carers as the most important and closest people to them.

For children in foster and kinship care, the inclusion of birth family members in their family tended to be restricted to birth siblings, with birth parents being explicitly excluded.

While only a small minority of adopted children wanted to be living with their adoptive parents when they were 16 years old, most children in all the other placement types hoped to still be living with their current carers.



Care Pathways and Outcomes Study

Parents/carers views on children settling in

According to the majority of carers and parents, children had no problems settling in their new homes. However, nearly half of the birth parents and a few of the other parents and carers talked about some difficulties.

Carers and parents felt that being placed at a young age helped children settling in. In addition, some identified the presence of other siblings in the home; existing familial relationships; presence of other children in the home; prior contact leading up to the placement; and being placed in the same geographical area as things that also helped. On the other hand, some parents and carers thought that continuing contact with birth parents or previous foster carers, and the child's excessive placement moves made settling in more difficult for their child.

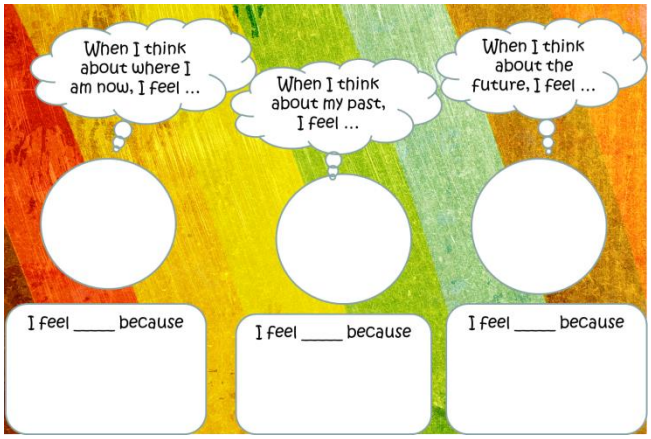
All the parents/carers except for a few (that is four birth parents and one kinship carer) described their child as feeling secure in his or her home. The latter five described their child as displaying more signs of anxiety and concern for their parents.

A high proportion of birth parents, and some kinship carers described a lack of displays of affection from their child, while none of the other parents and carers in the other groups did.

The majority of parents and carers felt that their children basically enjoyed positive/good relationships with their extended family.

Children's self-esteem and happiness

The children who took part in the study completed a questionnaire that looked at their self-concept, that is how they viewed themselves in terms of their behaviour, their school abilities, physical appearance, negative emotions (worry, sadness, nervousness), popularity, and happiness and contentment . They were also asked how they felt about their present, past and future.



Most children appeared to have a positive general view of themselves, and there were no significant differences between children in the various placement types. However, a higher proportion of children living with relatives (i.e. in kinship care) seemed to have a positive view than children in other placement types.

Almost all children explained that they felt happy about their present, but many expressed negative emotions, such as sadness and anger, about their past, and a few said that they were nervous about their future.

Children's behaviour

The parents and carers who took part in this study completed a questionnaire looking at how helpful the children were, but also about behavioural and emotional problems that they could have.

The majority of parents and carers in all the placement types thought their children were considerate of others, helpful and kind. However, conduct problems and hyperactivity seemed to affect many children in all the range of placements, especially children living with birth parents and in foster care, while a bigger proportion of adoptive children seemed to have problems with peer relationships.

In general, higher proportions of children living with birth parents and in foster care had behavioural difficulties than those in the other placement types; while lower proportions of children living with relatives or subject to a residence order did.

When asked about their child's behaviour in an interview, a considerable number of parents/carers believed their child had behavioural or/and discipline problems, and most of these were foster carers and adoptive parents who had previously fostered the child. Children in the different placements had a range of conditions, such as Attention Deficit and Hyperactivity Disorder (ADHD), Foetal Alcohol Syndrome (FAS) and mild Asperger's (most of these were adopted children); as well as other difficulties such as hyperactivity, poor concentration, insecurity, anxiety, impulsivity, lack of social skills, and risk-taking behaviours.

Despite some children having behavioural and/or discipline problems, their parents and carers explained they did not have any major behavioural concerns about them, because they knew how to manage and deal with the child's behaviour; and many parents/carers highlighted the strengths of their children and their positive behaviours.

Children's education

The children who took part in the study completed a vocabulary test in order to measure their educational abilities. Many children in the study had poor results in this test. A higher proportion of children who had been adopted by previous carers and of those subject to a residence order did better in the test, while over three quarters of children living with birth parents and half of the children in the other placement types had low scores.

The majority of children adopted by foster carers and nearly half of those in foster care were receiving some additional supports at school (e.g. classroom assistant). However, the birth parent group had the lowest percentage of children receiving supports, despite needing it most.

A few children appeared to do very well at school and had passed the Eleven Plus test, but according to parents/carers, teachers and social services had low expectations for these children.

Although the majority of parents/carers in the study believed their children were coping very well or "alright" at school (considering their limitations), a few identified problems, such as bullying and behavioural problems.

The subjects/aspects children most liked about school across placements were: active (e.g. P.E) and practical subjects (e.g. technology), social aspects (e.g. meeting friends), and creative subjects (e.g. Art). Academic subjects (e.g. Maths, English) were the least liked, especially by children in foster care, living with birth parent/s and adopted by previous foster carers.

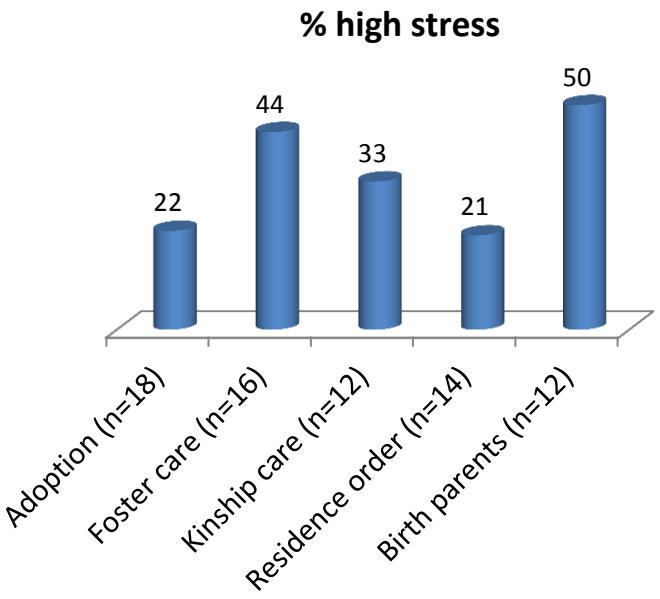
Teachers appeared as crucial people for children liking or disliking particular subjects, and also as people important in the children's lives, in terms of providing them with support.

The majority of children across placement types appeared to have formed friendships at school, despite a few children claiming to have none or only a few friends, and being bullied by others.

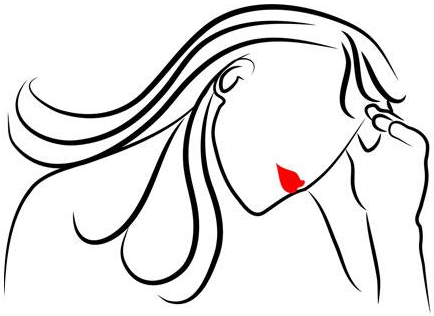
Parent/carer stress

The parents and carers who took part in this study completed a questionnaire that aims to measure parental stress.

It was found that large proportions of parents/carers in the different placement types were experiencing high levels of parental stress: half of the birth parents, 44 per cent of the foster carers, a third of the kinship carers, just over a fifth of the residence order carers and 21 per cent of the adoptive parents.



There were changes in the levels of parental stress in the sub sample of those parents/carers from the adoption and foster carer groups from the period of 2004 to 2009. Over this period, the majority of adoptive parents' parental stress increased, whilst the majority of foster carers' parental stress decreased.



Contact with birth families

Only a small number of children had no form of contact with their birth family, most of whom were adopted (stranger adoption). Children in foster and kinship care, on a residence order, or living with birth parents had more regular face-to-face contact with birth parents and siblings, while this was rare for stranger adopted children, who were more likely to have post-box or phone contact.

Contact arrangements changed over time, often reducing or stopping altogether, across placement types. Sometimes, change occurred as a result of the child or/and parent/carer being listened to, but other times, it occurred due to the circumstances of the placement or of the birth family.

Although many children enjoyed contact then, when children were younger, a considerable number used to be upset, angry or disappointed and not wanting to go to visits, especially children in foster care and kinship care. Some children had to deal with their family's alcohol abuse or mental health problems when visiting them. Some children were happy with the level of contact, while others longed for more contact with their birth family members or even wished to live with them. These differences did not depend on placement type.

The majority of parents/carers of children who had face-to-face contact with birth family members reported having no problems in relation to contact, although where tensions existed, they tended to occur within kinship care.

Family communication

Most parents and carers in the different placements described communication with their child as easy, and believed that they would disclose their feelings and any problems/worries to them, either immediately or after some encouragement on their part; although some acknowledged that their children would sometimes rather talk with somebody else in the family about certain issues.

A minority (that is 15) described some communication problems with their children, such as being extremely reserved about feelings/worries and rarely talking.

Some children across the different placement types mentioned talking with their parents/carers.

Some parents and carers claimed that they had shared all the information they had about the birth families or the child's past in care with their children. However, some adoptive parents had actively concealed some facts that they deemed to be potentially distressing for the child or too hard to understand; and some adoptive parents and a few kinship carers had offered a simplified or romanticised version of the child's past and the birth family.

According to their parents/carers, not all children were curious, talked about or asked questions about their birth families, their past in care or being adopted/fostered, and in fact some never did, while others had done so in the past but not recently. Some did ask questions and talked about the birth family/past, but not often. The majority of children living with birth parents did not talk about their past in care, whereas most adopted children were asking questions or used to ask in the past.

A few contradictions between the parents' and the children's accounts were found regarding this issue, as a few children were curious about their birth family but their parents/carers appeared unaware of this.

Social services' involvement

Birth parents reported the most and, conversely, residence order carers described the least involvement with social services. Birth parents were the most critical of the support provided by social services, and talked about feeling marginalised, undermined and distrusted by social services.

Some adoptive parents who had previously fostered the child advocated for a continued role of social services, although one that was essentially 'hands-off' and reactive. Some stranger adoptive parents felt a sense of 'abandonment' by social services post-adoption. They described a sense of being 'on their own', without access to support. They suggested that it should be possible for adoptive parents to contact social services at any time should anything arise in relation to the care/welfare of their child, about which they required guidance. To a much lesser degree, the same issue was evident for the residence order carers.

Some adoptive parents expressed awareness of being deliberately misinformed about aspects of their child's (birth) history/circumstances, leaving them feeling less equipped to deal with issues arising.

Others felt undermined in their now legal role as parents when social services insisted on organising certain aspects of their child's lives, for example, in making contact arrangements, or in their treatment of them as somehow different from/less than "normal" or "real" (birth) parents.

Some kinship carers experienced a sense of disregard and concomitant lack of support regarding them taking on the care of a family child; and felt less valued/supported by social services precisely because they were relatives.

Some residence order carers viewed the granting of the residence order as an effective way of disengaging from involvement with social services. Such disengagement was seen as a way of furthering their ability to lead a normal family life. In contrast, other residence order carers advocated a continued role for social services in the lives of their children, specifically in terms of the provision of financial support. There was some inconsistency in payment to residence order carers, with some receiving some form of financial help, and others receiving nothing.

Social support

The most important source of support provided for the parents and carers in the study was their family.

Birth parents had the least extensive network of support, in relation to both family and friends.

On the other hand, both foster carers and residence order carers had access to the most extensive/comprehensive family support networks. The accounts offered by these carers suggest that their extended family were closely involved in the lives of their children. Support from extended family was also provided on an extensive basis for the majority of adoptive parents.

New to Adoption?
How to adopt
Provides resources for prospective adoptive parents including
the home study process, adoption choices, characteristics of children waiting for
financial assistance, contacts with birth parents, and legal considerations
Who can adopt a child
You may be able to adopt a child
age limit) and either:
single
married
in a civil
The Adoption Contact Register
If you were adopted or if you're
add yourself to the Adoption C
family
Parenting after adoption
Includes resources for adoptive families that
disruption and dissolution.
If you were adopted - finding birth relati
You can add yourself to the Adoption Contact Register if you're
your birth or adoption was registered with the General Regis
you need.
your original birth name
your date of birth
the full name(s) of your birth mother (and birth father if kr
the guidance notes before completing the
Do you have a loving home which you could offer a child in need of adoption
We appreciate that choosing to adopt
think about adoption for a long time be
you with the information you need, ex
feel more informed and ready to take
HILLWEST
ORPHANAGE
LITTER
HILLWEST

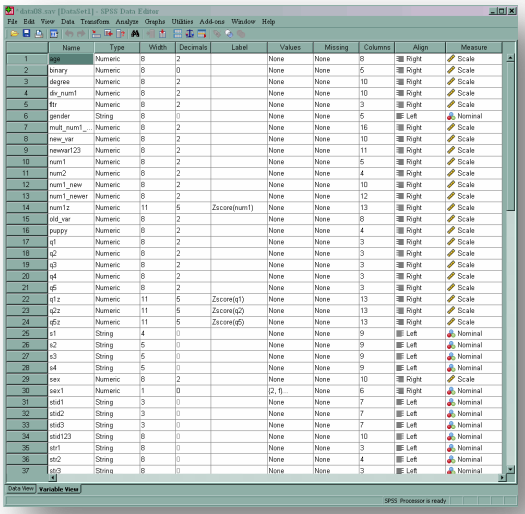
Part Three

HOW WAS THE STUDY CARRIED OUT?

Where did the 374 children live?

In order to find out that, data were provided for the full population on 31st March 2007, which supplemented information obtained on 31st March 2000, 31st March 2002, and 31st March 2004. This data was SOSCARE (Social Services Client Administration and Retrieval Environment) data, and it provided general information such as date of birth and gender, and also a detailed account of each child's placement history since they entered care until 31st March 2002. The 11 former Health and Social Service Trusts provided information regarding where all the children were living at 31st March 2004, and the five HSC Trusts also did on 31st March 2007. Details on adoptive placements were clarified with NIGALA.

In addition, the case files of each child were examined after 31st March 2000, to cover the period up to that point, and after 31st March 2002, to cover the two-year period. They provided information on factors, such as reason(s) for entry into care, child and family background and characteristics, details regarding child health or behaviour problems.



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11	num2	Numeric	8	2		None	None	4	Right	Scale
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13	num1_newer	Numeric	8	2		None	None	12	Right	Scale
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The visits to the families

The SOSCARE data obtained for 31st March 2007 helped us specify the subsample of families for the five placement types (i.e. adoption, foster care, kinship care, with birth parents and residence order) to be interviewed. We tried to recruit as many of the families that took part in the previous phase of the study as possible, as well as other families that we had not interviewed before.

We visited the families that agreed to take part in their own homes **twice**.

On the **first visit**, the parents/carers and children were introduced to the study, and we also sought informed consent from both to participate. On that visit, parents/carers and children completed questionnaires at the same time in separate rooms. The parents and carers completed **the Strengths and Difficulties Questionnaire** (SDQ) (Goodman, 1997) and **the Parenting Stress Index- Short Form** (PSI/SF) (Abidin, 1990), as well as a short background questionnaire on the placement. Meanwhile, children completed the **Piers-Harris Self-Concept Scale 2** (Piers and Hertzberg, 2002), using a post-box activity, **the Inventory of Parent and Peer Attachment – revised (IPPA-R) for children** (Gullone and Robinson, 2005), through an activity involving a poster and stickers, and the **British Picture Vocabulary Scale – Second Edition** (Dunn *et al*, 1997).

On the **second visit**, we **interviewed** the parents and carers and the children at the same time in separate rooms. The children's interview was centred on a booklet covering key aspects of their lives, called the 'me-book'.

Quantitative instruments

As mentioned in the previous page, children completed three questionnaires: the Inventory of Parent and Peer Attachment – Revised version for children (IPPA-R), the Piers-Harris Children's Self-Concept Scale 2 (PH-2), and the British Picture Vocabulary Scale (BPVS-II).

The IPPA-R measures trust, communication and alienation of adolescents' relationships with their parents and close friends. The IPPA-R is used with youth aged between 9 and 11 years. In order to complete it, we asked each child to place green (indicating an "always true" response), blue (indicating a "sometimes true" response) or red (indicating a "never true" response) stickers for each of the statements read out by the researcher, on numbered circles on a large poster, with each circle representing a question on the measure.

The PH-2 examines self-concept in young people aged 7-18. It is based on the child's own perceptions about themselves rather than the observations of parents or teachers. In order to complete it, we asked children to put the statements written on cards into either a 'yes' box or a 'no' box.

The BPVS-II is a test designed to assess receptive vocabulary in children aged 3-16, and shows the extent of their English vocabulary acquisition. The scale may be viewed as a screening test of scholastic aptitude (verbal ability or verbal intelligence). Children are presented with four illustrations on a page and the task is to select the picture considered to best illustrate the meaning of the word that is read out by the researcher.

Parents and carers completed a short questionnaire about the placement, the child and themselves, and two quantitative measures, which had also been used in the previous phase of the study: the Strengths and Difficulties Questionnaire (SDQ), which assesses behavioural difficulties in children and adolescents, and the Parent Stress Index – Short Form (PSI/SF), which measures stress in the parent-child relationship.

Qualitative interviews

Both parents/carers and the children took part in a semi-structured interview. Interviews were audio-recorded and transcribed, with the permission of the participants.

We created the children's 'me-book' to structure the interview with the child. It was a tool that allowed children to express their own views, according to their level of ability. Each page referred to a particular topic and involved an activity, such as drawing, using stickers or circling pictures. The 'me-book' addressed a range of issues: family membership; closeness to individual family members; important people in the child's live; family activities; hobbies and spare time; school; expectations for the future; feelings and wishes; life satisfaction; and health.

We interviewed one or two parents/carers together. The interview focused on: how the placement had progressed; attachment and bonding; child's behaviour; contact with birth family or previous carers; supports; involvement with social services; the child's relationship with other family members; family activities; school and the child's peer relationships; the child's health; communication with the child; and feelings and expectations regarding the child's future.

The children's perspective

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Summary report