

Lifetime histories of out-of-home care among children in England: Analysis of administrative social care data

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Introduction

- In England, children with a history of out-of-home care are considered a vulnerable group; however, the complexity and heterogeneity of their care histories have not been well described.
- For example, national statistics related to out-of-home care focus on care placements within a year, rather than throughout childhood.

Objective of this analysis

To describe and identify sub-groups of cumulative out-of-home care histories among children in England.

Method

- A one-third sample of the national, looked after child administrative dataset from the Department for Education was analysed.
- The data extract included all episodes of care from 1st January 1992 to 31st December 2012 for children born 1992 to 1994 ($N=19,848$).
- The cumulative characteristics of children's care histories (from birth to age 18) were described, including setting, duration and stability.
- Distinct sub-groups of cumulative care histories were then identified using latent class analysis.

Results

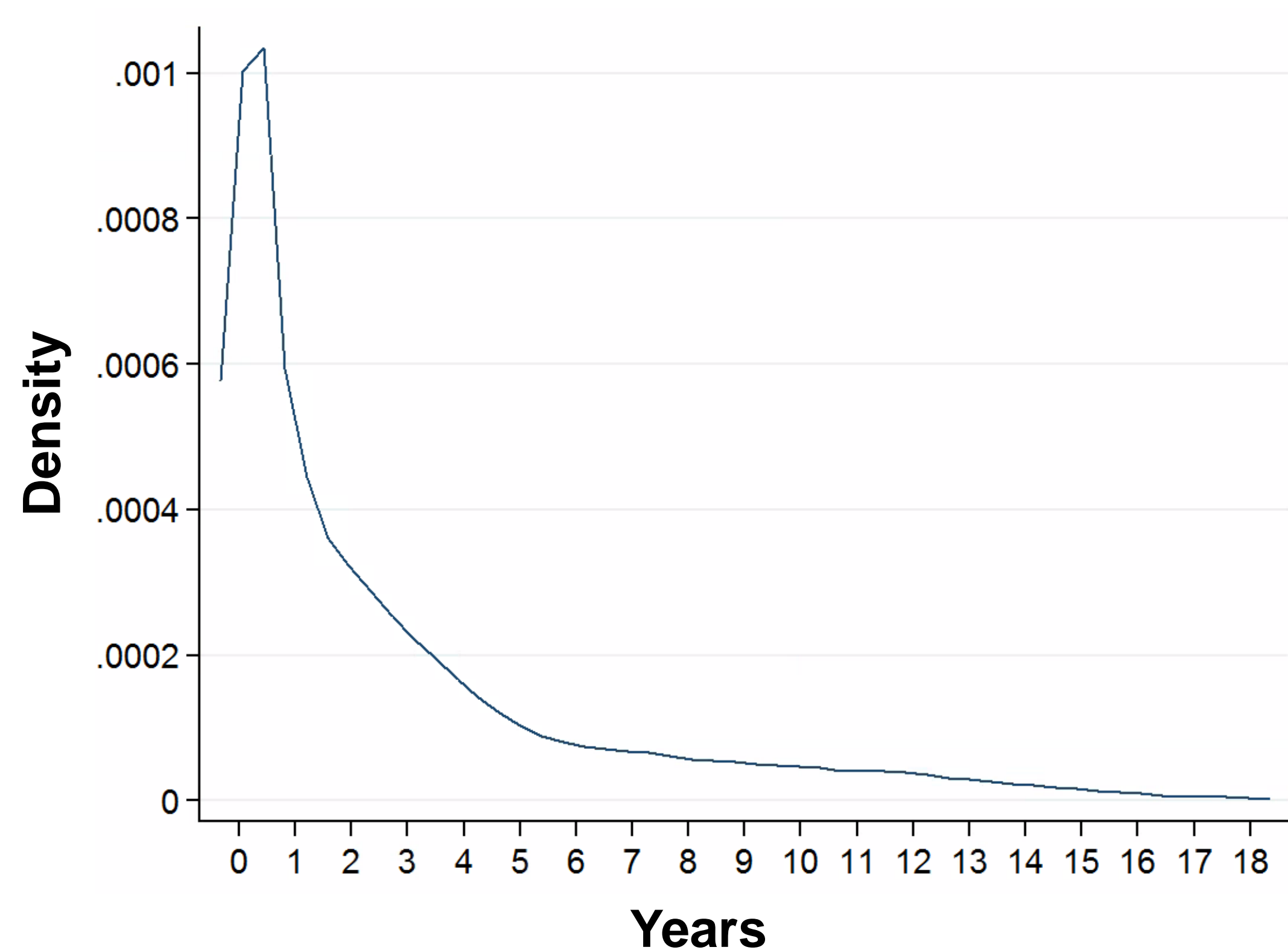
Setting of out-of-home care placements

- Accounting for all episodes of out-of-home care throughout childhood, the majority of children (76.1%) were looked after predominantly or solely in a foster care setting.
- One in four children (23.5%) were ever fostered by family or friends.
- Almost one in three children (29.3%) ever spent time in a group care setting, such as a children's home or residential school.

Duration and stability of care histories

- On average, children spent 32 months in out-of-home care throughout childhood (median = 15 months).
- However, one in five children were in care for 5+ years in total, and one in fifteen spent 10+ years in care overall (Fig. 1).

Figure 1: Distribution of total time spent in care ($N=19,848$)

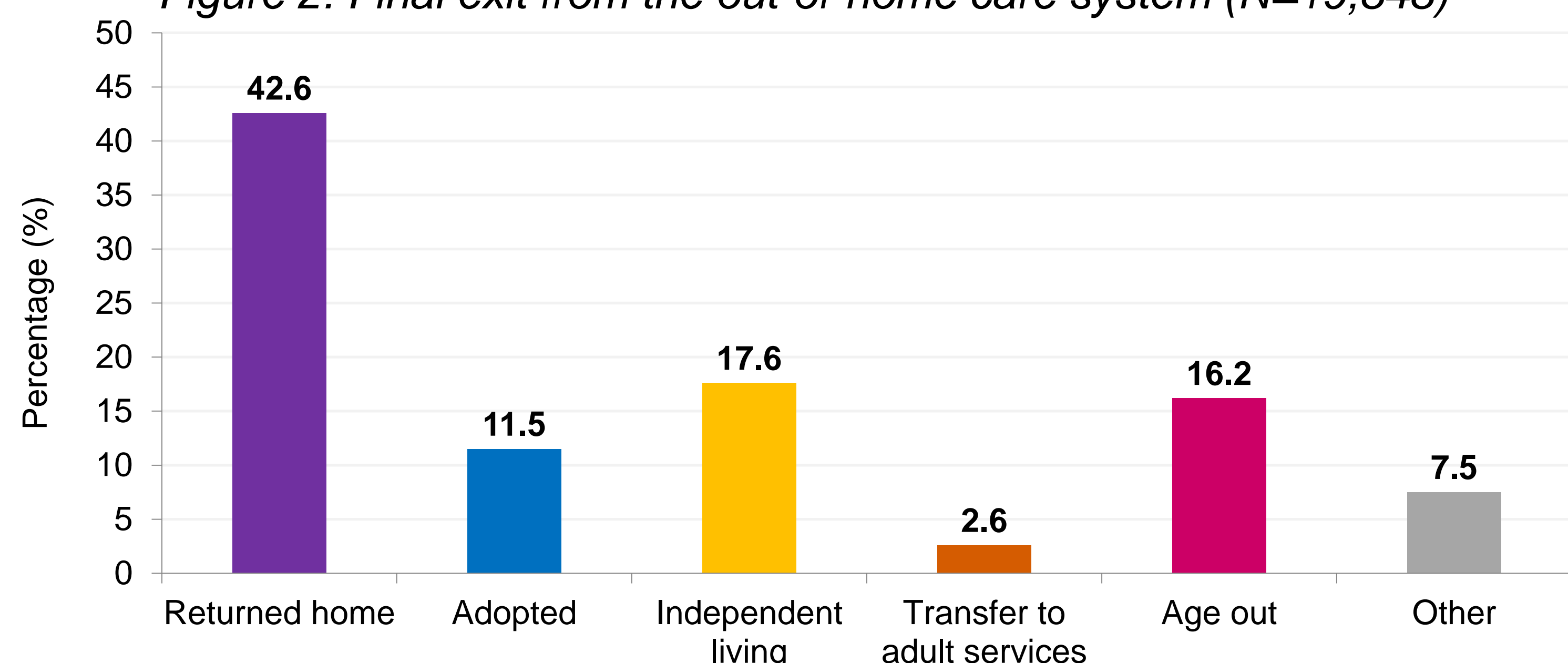


- Some children were involved with the out-of-home care system for significant periods of their childhood.
- For example, one in six children (15.8%) who first entered care aged <5 years exited for the final time aged 16+ years.
- The number of placements throughout childhood ranged from 1 to 184, but on average children had 3.6 placements (median = 2).

Final resolution of care histories

- When leaving care for the final time most children returned home.
- One in six children "aged out" of the system at age 18 (Fig. 2).

Figure 2: Final exit from the out-of-home care system ($N=19,848$)



Latent classes of out-of-home care histories

- Using latent class analysis, seven sub-groups of out-of-home care history were identified based on the legal context, setting, duration and stability of children's cumulative experiences (Table 1).
- The most common sub-group of out-of-home care history was a short, one-off, voluntary placement (40.7%).

Table 1: Latent classes of out-of-home care history ($N=19,848$)

	Voluntary care			Mandated entries		Legal transitions	
	Short, one-off	Short, repeated	Long stay	Short stay	Long stay	Stable care	Unstable care
Duration (months)	5	6	41	2	58	49	52
Placement changes	0	2	6	0	2	1	5
Repeated entries?	No	Yes	Variable	Variable	No	No	Yes
Prevalence	40.7%	10.5%	6.4%	10.0%	14.6%	2.3%	15.5%

- Final exit from care varied between these sub-groups (e.g., 73.8% children in the "mandated entry, short stay" group returned home compared to 16.2% of children in the "voluntary, long stay" group).

Conclusions

Most children become looked after voluntarily, are cared for in a foster care setting and return home when they leave care.

On average, children spent 32 months in care throughout childhood and experienced three placement changes.

Despite their heterogeneity, it was possible to identify distinct sub-groups of cumulative out-of-home care histories.

For most children, out-of-home care appeared to be used as a short-term, one-off, voluntary intervention.

Longitudinal analyses describe variation in care histories that cannot be captured by cross-sectional statistical 'snapshots'.

Understanding the sub-groups of cumulative out-of-home care histories that children experience could enable more refined evaluation of this complex social care intervention.

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