# Factors that predict re-entry to out-of-home care in England: Analysis of national administrative data from 1992-2012

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#### Introduction

#### Repeated exits and re-entries to out-of-home care can have longlasting negative consequences for children due to a lack of stability.

- Approximately 15,000 children in England exit out-of-home care each year, but information on rates of re-entry is lacking.
- Factors associated with re-entry to care are also poorly described.

#### **Objectives**

Identify child and care characteristics associated with re-entry to care and develop a practical online tool to predict re-entry

- This study analysed a one-third sample of national administrative social care data collected by the Department for Education.
- Our data extract contained complete out-of-home care records for children who exited in 2008 aged <16 years (N=4,076).
- We explored re-entries to care within five years (including variation by child and care characteristics) using survival analysis methods.
- Finally, we developed and validated a model to predict rapid  $\bullet$ re-entry to care and created and published an online predictive tool.

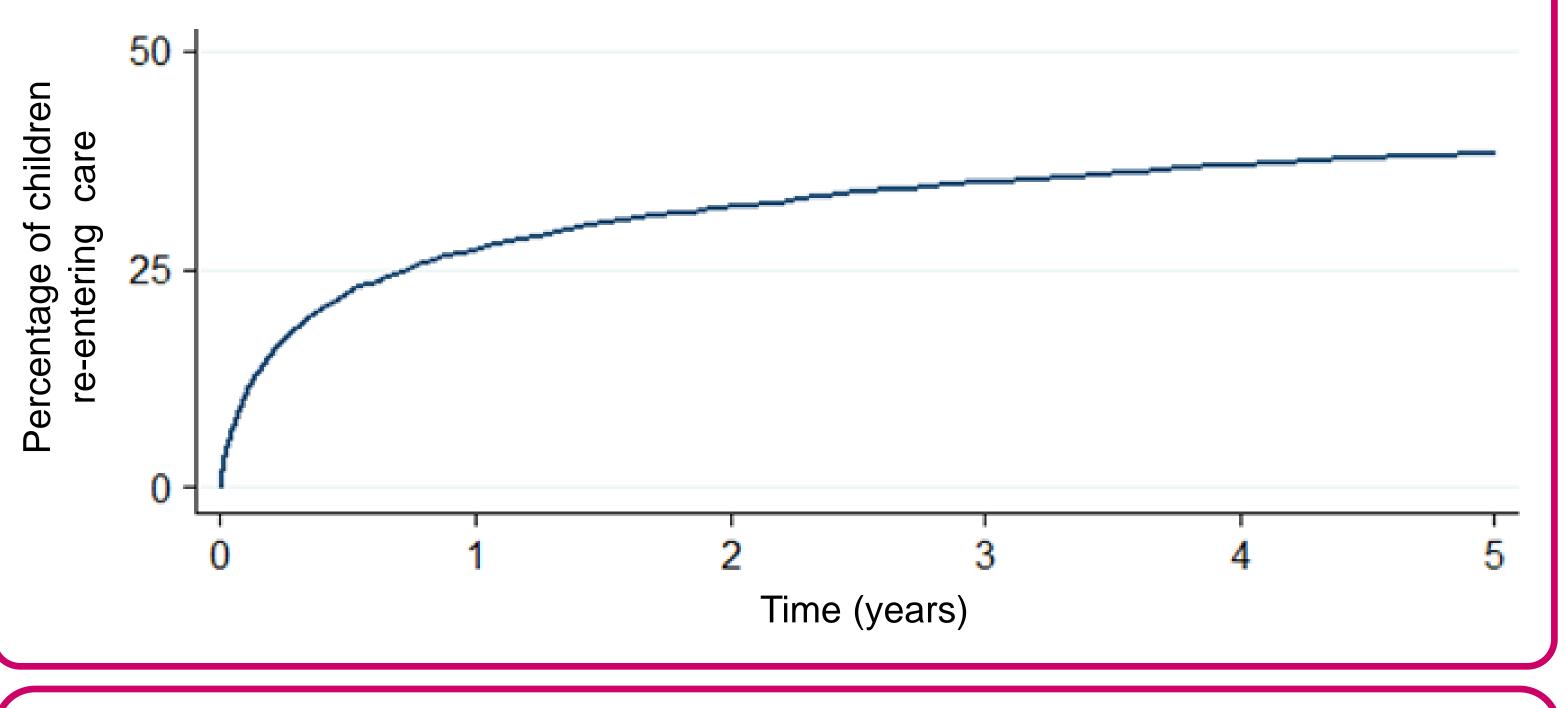
#### Method

#### Results

## What proportion of children re-enter out-of-home care?

- Overall, more than one-third of children (35.3%, *n*=1,438) re-entered out-of-home care within five years.
- On average re-entry occurred within one year (mean = 324 days); however, almost 40% of re-entries (*n*=541) occurred within just three months of exit.

Figure 1: Kaplan-Meier curve of re-entries to care within five years, among children aged <16 years exiting care in 2008



## **Can re-entry to care be predicted?**

- Based on the factors associated with re-entry to care, we developed a model to predict rapid re-entries to care (i.e. within three months).
- We validated this model by applying it to a dataset of children who exited out-of-home care in 2012 (N=4,650).
- There was very good agreement between the percentage predicted by our model and the actual (observed) percentage of children who re-entered care within three months in our three risk groups (Fig. 3).

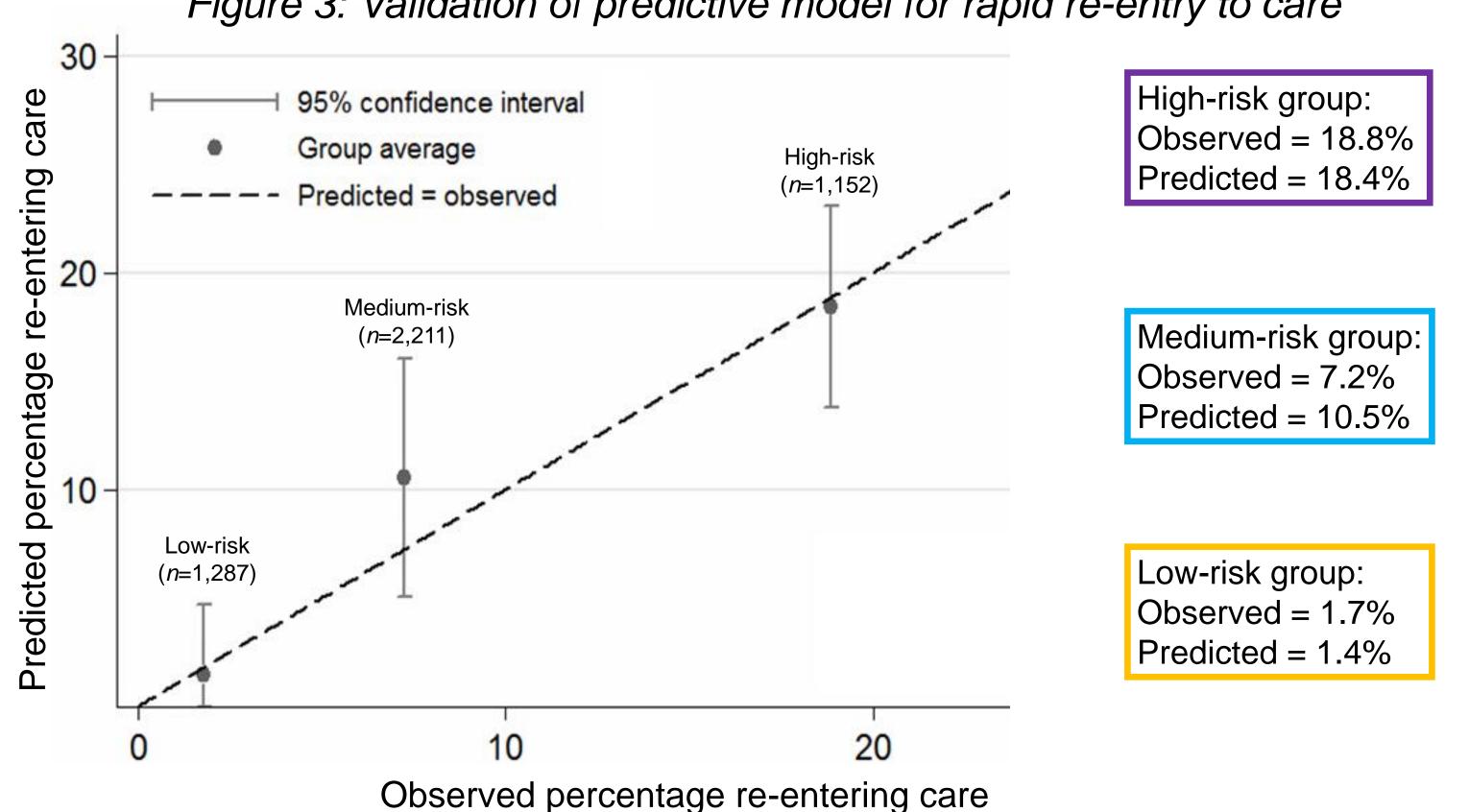


Figure 3: Validation of predictive model for rapid re-entry to care

## What factors are associated with re-entry to care?

- Factors related to child demographics, entry to care, experiences of care and characteristics of exits from care were significantly associated with re-entry within five years (Fig. 2).
- For example, children of White or Mixed were 50% more likely to re-enter care within five years compared to children of Black, Asian or Other ethnicity (HR<sub>adi</sub>:1.50; 95% CI:1.27-1.76, p<0.001).
- Children who exited care through a special guardianship order were less likely to re-enter care than children who returned home to their parents (HR<sub>adi</sub>:0.26; 95% CI:0.13-0.51, p<0.001).

Figure 2: Factors associated with re-entry to out-of-home care



Of White or Mixed ethnicity Aged 11+ years In care due to disability

**Online tool here:** 

- Children who re-enter care in just three months may require additional support or closer monitoring from social workers.
- Based on our validated model, we created a simple online tool to calculate how likely different groups of children are to rapidly re-enter care.

#### Conclusions

One-third of children in England re-entered out-of-home care within five years of exit.

Children of White or Mixed ethnicity and teenagers were

In care due to family stress or dysfunction Shorter average placement length (i.e. <3 months) More placement changes (i.e. 5+ changes) In care voluntarily Exiting care by returning home to parents



Of Black, Asian or Other ethnicity Aged <11 years Longer average placement length Fewer placement changes In court-mandated care Exiting care via a special guardianship order Exiting care via a residence order

significantly more likely to re-enter care than other children.

Care characteristics (such as shorter, more unstable placements) were also associated with re-entering care.

The probability of re-entering care can be predicted based on child and care characteristics.

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