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Reunifying abused or neglected children: decision-making and outcomes

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Perhaps the most critical decisions that social workers have to take are whether to remove abused and neglected children from their parents and whether to return them home. These decisions have to balance the risks to children against the desire to keep them within their families whenever possible. They are also informed by concerns that children in public care are likely to experience poor outcomes. Studies have highlighted poor educational achievement (Biehal, Clayden, Stein, & Wade, 1995; Heath, Colton, & Aldgate, 1994), high rates of mental health problems in care and after (Cheung & Buchanan, 1997; Ford, Vostanis, Meltzer, & Goodman, 2007; Meltzer, Gatward, Corbin, Goodman, & Ford, 2003; Viner & Taylor, 2005; Vinnerljung & Sallnas, 2008); disproportionate involvement in substance abuse and crime (Department for Education, 2010), and the over-representation of young adults who have transitioned from care among the unemployed, homeless and prison populations (Dixon, Wade, Byford, Weatherly, & Lee, 2006; M. Stein, 2012; Viner & Taylor, 2005; Vinnerljung & Sallnas, 2008; Wade & Dixon, 2006).

As this research suggests, outcomes for children who have been in care are often poor. However, most studies have compared children in public care to the wider population of children, rather than to those who share similar background risks for poor outcomes. When outcomes for children in care are compared to those for similar children – for example, those who return home from care - a different picture emerges and this has important implications for decisions about taking children into care and returning them home.

Research on reunifying children with their families has shown that breakdowns are not uncommon, risks are substantial and outcomes often disappointing. Rates of re-entry to care are difficult to compare, as samples vary in terms of age, reasons for admission to care, time in care and length of follow-up. Studies from the USA have reported rates of re-entry ranging from 13-28%, (Barth, Weigensberg, Fisher, Fetrow, & Green, 2008; Courtney, 1995;

Festinger, 1996; Goodman, 1997; Shaw, 2006; Wells & Guo, 1999; Wulczyn, 1991, 2004). In Scandinavia, a Danish study found a re-entry rate of 22% within two years of reunification and cited a rate of 25% in Sweden over the same period (Ubbesen, Petersen, Mortensen, & Kristensen, 2012; Vinnerlung, Oman, & Gunnarson, 2004). The few available English studies of reunification have typically reported higher rates, ranging from 37% over three years (Sinclair, Baker, Wilson, & Gibbs, 2005) to 47% over two years (Farmer & Wijedasa, 2013). There is evidence that re-entry is often prompted by recurring maltreatment. Studies in the USA have reporting rates of re-abuse and neglect following reunification ranging from 14-30% , with variation linked to length of follow-up and whether or not children had previously been investigated for maltreatment (Connell et al., 2009; P. Hess & G. Folaron, 1991; Hess, Folaron, & Jefferson, 1992; Jones, 1998; Jonson-Reid, 2003; Terling, 1999). In England, a study of 180 children found that 46% were re-abused within two years of reunification (Farmer, 2014) while a study of 595 fostered children reported that 42% of those who were reunified were re-abused within three years (Sinclair et al., 2005).

Developmental outcomes for children who return home from care would seem to be a key factor to consider when decisions about reunification are made, but there has been only limited attention to this issue (Biehal, 2006, 2007). Studies in the UK have typically found that children who return home tend to fare worse than those who remain in care. Very young children returned home were found to be more likely to experience 'failure to thrive' (King & Taitz, 1985) and to display poor emotional well-being or disturbance than those who remained in care (Hensey, Williams, & Rosenbloom, 1983). Other UK studies, of children in a wider age range, have reported that those who were reunified had significantly more emotional problems and self-harming and risk behaviours than those who remained in care (Sinclair et al., 2005), while those who spent longer in public care appeared less likely to become involved in delinquency (Minty, 1987; Zimmerman, 1982).

Studies in the USA which have compared reunified children to those who remained in care have come to contradictory conclusions. A six-year follow-up of 149 children who entered care when they were 7-12 years old reported that those who remained in care were significantly less likely to display emotional or behavioural problems, including substance misuse, self-destructive behaviours and delinquency, than those who were reunified (Taussig, Clyman, & Landsverk, 2001). In contrast, a study of 353 children placed in care when aged 12 months or under, following investigation for maltreatment, concluded that outcomes at 66-month follow-up were better for children who were living with their parents at that point than for those in foster care (Lloyd & Barth, 2011). However, the study's conclusions appear overstated. The main differences favouring home as against foster care were in cognitive and language skills, but foster children scored better than reunified children on a measure of adaptive behaviour and there were no group differences in child mental health. Moreover, defining groups by their final placement may have led to selection effects. Children in foster care at follow-up would include those who had experienced failed reunifications, often as a result of abuse or neglect, which are known to be linked to developmental outcomes. Data on moves within the follow-up period were not available to the researchers so they were unable to investigate these issues.

This study is nevertheless a salutary warning that the evidence on these issues is not clear cut and that we need to take account of the kind of outcome considered, the pathways to getting there and the reasons for the decisions taken. However, research on decision-making in family reunification is limited and most of the relevant studies were conducted over 20 years ago. The few available studies have highlighted a tendency for planning drift, with returns often occurring through happenstance, but have also pointed to more positive aspects of reunification practice (Farmer, 2014; Farmer, Sturgess, O'Neill, & Wijedasa, 2011; Farmer &

Wijedasa, 2013; Fisher, Marsh, & Phillips, 1986; Millham, Bullock, Hosie, & Little, 1986; Rowe & Lambert, 1973; Sinclair et al., 2005; T. Stein & Gambrill, 1977).

Since the goal of decision-making is to achieve the best possible outcomes for children, it is important to consider the counterfactual: what are the outcomes for similar children for whom an alternative decision is made? There are therefore a number of key questions: what are the drivers of decisions to reunify children and what are the consequences of these decisions for children's lives? Importantly, how do these outcomes compare to those for children from similarly adverse backgrounds for whom an alternative decision is made? This article addresses these questions, drawing on data from a wider study of reunification funded by the English government's Department for Children, Schools and Families (Wade, Biehal, Farrelly, & Sinclair, 2011).

Study aims, design and methods

Phase 1 of the study aimed to compare the pathways through public care for children admitted due to maltreatment to those for children admitted for other reasons, drawing on a census of administrative data on all children in seven English local authorities who were in public care, or admitted, at any time during the year 2003-2004 (the *census sample*, n=3,872). These anonymised data, which had been collected for a previous study (Sinclair, Baker, Lee, & Gibbs, 2007), were supplemented by data for two subsequent years, providing a two-three year follow-up period.

This article focuses principally on Phase 2 of the study, which compared decision-making and outcomes for a *survey sample* of 149 maltreated children for whom a decision was made that they should either be reunified with parents or remain in care. Outcomes for the *survey sample* were assessed six months after this 'effective decision' and at final follow-up, an average of four years after the decision (range 3-6 years). Data from case files were used to investigate children's histories and circumstances at baseline, the decision-making process

and outcomes at six-month follow-up. A survey of social workers investigated child well-being at final follow-up. Questionnaires to teachers gathered data on educational progress relative to peers, school adjustment and emotional and behavioural difficulties (Goodman, 1997). The study also included qualitative interviews with parents and children which, like the census study, are beyond the scope of this article.

Sampling

The *census sample* included all children in seven local authorities who had been in public care for any reason during the census year. The *survey sample* for Phase 2 was drawn from those in the *census sample* who had been admitted due to maltreatment. Stratified random sampling was used to select a sampling frame of 270 children. Random sampling was stratified by whether children had been reunified/not reunified and by agency, to ensure roughly equal proportions of children reunified or remaining in public care and the inclusion of children from all seven agencies.

The agencies would not allow the collection of anonymised data directly from social workers or case files without parental consent, and would not allow a direct approach to parents to request this consent. In consequence, all materials for parents (including consent forms) were routed through the local authorities so we relied heavily on the co-operation of social workers. A *survey sample* of 149 maltreated children was eventually achieved. Given the difficulties in gaining access to data on these children, sampling bias was less of a problem than anticipated. The only significant difference between the intended and achieved survey samples was the greater likelihood of previous entries to care before the relevant admission for the achieved survey sample. All the children in the *survey sample* had been admitted to public care due to concerns about maltreatment. Just over half (52%) were male and all were 0-12 years old at the time of the relevant admission. At final follow-up only 2% were under five years old, 30% were age 5-9 years, 35% were age 10-13 years and 33% were age 14-17

years (mean age 11.7 years). Nearly three-quarters were white, 14% were of Black African/Caribbean and 10 % were of mixed heritage. Just under one quarter (23%) of those who remained in care at follow-up, were in kinship placements.

The vast majority (89%) had experienced two or more forms of maltreatment, most commonly emotional abuse and neglect. Half had experienced three or more forms, with physical and emotional abuse and neglect most commonly co-occurring. For most of the children (83%), the maltreatment had persisted for at least two years prior to admission to care. They came from homes marked by multiple parental problems which made a strong contribution to the decision to admit the child, including substance misuse (46%), domestic violence (36%), mental illness (25%), and involvement in crime (12%).

Measures

This study followed up children for whom the decision on reunification had been taken several years earlier, so it was not possible to administer a measure of outcome at baseline and again at follow-up. Our analysis nevertheless required an assessment of child well-being which would act as our primary outcome measure. Conceptually we wanted a measure which captured the outcomes framework set out in 'Every Child Matters', which provided the policy framework for UK child welfare at the time of the study (Department for Education and Skills, 2004). Also, since our data on outcomes were collected through surveys of the children's social workers and teachers, we needed an instrument which drew on both perspectives. These considerations led us to develop our own global measure of child well-being at follow-up based on teacher and social worker ratings, as follows:

- Risky behaviour Score – based on social worker ratings of risky behaviours including offending, risky sexual behaviour, misuse of alcohol and drugs, and running away
- Every Child Matters Score – Social worker ratings of five dimensions of well-being (being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being)

- Combined Emotional and Behavioural Development Score – the average of two four point ratings of child emotional and behavioural development, one by a teacher and one by a social worker
- Teacher-rated Well-being Score – The average of 12 four point ratings covering the child’s emotional well-being, social skills and behaviour in school
- Teacher rated school adjustment score - based on whether children enjoyed school, attended regularly and whether they had been excluded from school.

These scores were transformed to have a mean of 0 and a standard deviation of one. The child’s overall score was their average across the scores (a procedure adopted to deal with a small number of missing scores). The resulting global well-being measure was normally distributed and internally reliable (Cronbach’s alpha=.79). All the components were significantly correlated with each other ($P<.02$) and correlated with the overall outcome measure at levels varying between .809 (emotional and behavioural development score) and .714 (school adjustment score). The score also correlated significantly with independent ratings of behaviour and adjustment made by the reviewers of the case files and based on records of the child’s behaviour and adjustment at an earlier point ($r=.35$ (mental well-being), $r=.39$ (doing well at school) to $r=-.47$ (behaviour problems). We were therefore confident that the measure had good psychometric properties and face validity.

Analysis

Given the small size of the *survey sample* ($n=149$), descriptive data were analysed using non-parametric exact tests of significance (e.g. Chi-Square, Mann Whitney U, Kruskal-Wallis, Kendal’s tau-b), but some parametric tests were used where this was appropriate and where there was no non-parametric equivalent. A test result of $p=.05$ was considered significant and actual values are included in the text. Factor and reliability analysis (Cronbach’s alpha) were employed in the construction of scale and ordinal measures. Logistic and linear regression were used to predict factors associated with returning home and the stability and well-being of children over the follow-up period.

Results

The effective decision

For 68 children in the *survey sample*, the ‘effective decision’ was made that they should be reunified with parents (*home group*), while for 81 others the decision was that they should remain in public care (*care group*). At the time of this decision the children had been in public care for periods ranging from a few days to three years, but for 79% this decision had been made within one year of admission. There was no significant group difference in the time from the relevant admission to the decision.

There were no significant differences between the two groups in terms of age or sex distribution, the specific types of abuse experienced or in the nature of parental problems that had contributed to the admission. The only differences were that strong evidence of neglect prior to admission was reported for 59% of the *care group* compared to 41% of the *home group* ($p=0.008$) and that children who were reported to have a learning disability were less likely to have been reunified than other children ($p=0.012$).

The number of types of maltreatment and parental problems at admission were summed to give a cumulative adversity score. Those who were subsequently reunified with parents had a significantly lower score, with a mean of five adversities compared to nine for those who remained in public care. Drawing on evidence from case files, a rating was made of whether, and to what degree, the parental problems that had led to the admission had shown signs of improvement by the time the effective decision was made. In one third of cases there was evidence of some, or substantial, improvement in these problems; in just over half of the cases there was no evidence of change and for the remaining 15% problems had worsened. For two-thirds of the home group there was some evidence that parental problems had improved, but for a further third this had not been the case. They were going home to family difficulties that were largely unchanged.

Family preservation services had been provided to most parents (79%) but had failed to prevent separation. In some instances, this was due to parents failing to engage with professionals, withdrawing from services or being assessed, ultimately, as incapable of making sufficient changes to meet the needs of the child. In other instances, however, there was evidence of services being provided only intermittently or of children being left in damaging situations without decisive action by children's services (or the courts), despite repeated reports from neighbours, police or other agencies. In particular, cases of emotional abuse and neglect frequently lack a clear trigger for decisive intervention. Previous studies have similarly noted the under-recognition of these forms of maltreatment and a failure to provide timely and adequate services (Iwaniec, 2003; McSherry, 2007; Stevenson, 1996).

Decision-making and planning for reunion

The survey of case files provided information on planning and decision making for reunion. A schedule comprising ratings of planning and decision-making across nine dimensions was developed for the analysis of case files, informed by evidence on planning from previous studies (Biehal, 2006; Farmer et al., 2011). These included assessments of the degree to which social work planning appeared purposeful, the risks for the child were assessed, children and families were included in planning, there were clear timescales and expectations for change, account was taken of other professional opinion and of the resources that would be available to support reunion, and whether alternative placement plans had been considered.

Overall, there was evidence of a good degree of social work planning for two-thirds of the children (67%) and in relation to inclusion of birth families (73%). Other dimensions were more variable, especially in relation to multi-agency involvement, although all were considered to some degree in the majority of cases. In most cases the core decision had been taken by local authority children's services, often supplemented by reports from external

agencies. While external professionals appeared to have a central role in decision-making in less than one-third of these cases (27%), written reports by these professionals did appear to carry influence.

Patterns of assessment and planning varied between local authorities. Although the differences between local authorities did not reach significance for every dimension of planning, the pattern of variation was evident in all areas. Those that were significant included purposeful social work planning (ranging from 50-82% of cases, $p=.03$), inclusion of children (27-74%, $p=.01$) and of birth families (56-100%, $p<.001$) and, most worryingly, documented evidence concerning potential risk of harm to the child and how it might be ameliorated (35-93%, $p<.01$). Similar variations were also evident in the sources of evidence that were relied upon when making the effective decision with, for example, reliance on observations of child-parent interactions by professionals external to the local authority ranging from 11-69% of cases ($p<.001$) and on observations by social workers from 46-96% ($p<.001$). These findings shed light on the ways in which differences in case management, assessment and planning vary between authorities when key decisions are being made.

These findings are consistent with the patterns observed in our census study. The pathways of the large and representative *census sample* varied significantly by local authority. Children's chances of returning home, remaining in care or being adopted were strongly influenced by where they lived, even when account was taken of their characteristics and reasons for entry to care. The census study also found that care pathways varied significantly not only by local authority but also by social work team, even once account had been taken of the characteristics of children. Irrespective of the difficulties of the children and their families, the local authority was the strongest predictor of children's future pathways.

Factors predicting decisions for reunion

Within the parameters set by local policy and resources, other factors also influenced decisions for reunion. Data from the case file survey were used to predict which children were more likely to go home. These findings refer to the rate at which children return home within a specific follow-up period, rather than predicting who will go home in some final sense. A wide range of potential predictive factors were considered, including the characteristics of children, the types of maltreatment experienced, past involvement of families with social work agencies, children's circumstances and parent problems that were of concern at the time of the decision and key features of the assessment and planning process. Each of these six clusters included a number of variables. For example, child characteristics included age, gender, ethnic origin, physical and learning disability. The analysis proceeded by identifying those factors in each cluster associated with the return decision, utilising bivariate and regression techniques (where more than one factor in a cluster proved to be significant). The analysis generated a final list of five factors which showed that children were less likely to go home where:

- They had experienced sustained neglect ($p=.005$, $n=149$)
- They had a learning disability ($p=.01$, $n=135$)
- Contact with birth mothers was less frequent ($p<.001$, $n=149$)
- The risks to the safety of the child if returned were considered unacceptably high ($p=.01$, $n=148$)
- Parental problems that had led to the child's admission were not considered to have improved by the time of the decision ($p<.001$, $n=149$).

These findings are consistent with those of prior research on reunification, which has found that children are likely to remain in care longer if they have been neglected (Courtney, Piliavin, & Wright, 1997; Harris & Courtney, 2003; Webster, Shlonsky, Shaw, & Brookhart,

2005) or have learning disabilities (Berridge & Cleaver, 1987; Davis, Landsverk, & Newton, 1997). Regular contact with birth parents was a predictor of return, although the contact in itself is less likely to be predictive than other factors associated with contact, such as the quality of parent-child relationships. Other studies have found that parent and child motivation may increase the likelihood of reunification but evidence on motivation was not consistently available on the case files so could not be taken into account in our analyses (Farmer & Parker, 1991; P. Hess & G. Folaron, 1991; Pierce & Geremia, 1999; Sinclair et al., 2005; Thoburn, 1980). In this study children’s motivation to return home was associated with decision-making, but the extent of missing data meant that this variable could not be included in the final analysis.

These five variables were entered into a regression equation (using the forward stepwise conditional method) to generate a final model of the predictors of reunification for this sample of maltreated children. The two key factors identified were the perceived risk to the safety of the child and whether parent problems were considered to have improved by the time the decision was taken, as shown in Table 1.

Table 1 Predictors of return

| | B | SE | df | Sig | Exp(B) |
|--|------|-------|----|-------|--------|
| Risks to the safety of the child if returned | 3.09 | 0.549 | 1 | <.001 | 21.87 |
| Whether parent problems had improved | 2.25 | 0.615 | 1 | <.001 | 9.44 |

This final model indicated that social work decision-making was strongly influenced by assessments of change in parental problems and in the level of risk to the child, in other words, by an assessment of parent behaviour.

Child safety and quality of care at six months

The consequences of returning home or remaining in care were assessed at two follow-up points. An initial assessment of children’s safety was made six months after the reunion (for

the *home group*) or after the decision *not* to return the child was made (*care group*). Not surprisingly, concerns about child safety were significantly more likely to be reported regarding the *home group*, but there were also some concerns regarding the *care group*.

Clear patterns were evident within six months of the return. By this point concerns about child safety had been recorded for 52% of the *home group* compared to 16% of the *care group* ($p < .001$), slightly higher than the re-abuse rate of 46% over two years in Farmer and her colleagues' recent English study of reunification (Farmer, 2014). The pattern was similar in relation to the quality of caregiving, with concern recorded for 63% of the *home group* compared to just 19% of the *care group* ($p < .001$).

For the children in the *home group*, there was evidence of the recurrence of neglect and of physical, emotional and sexual abuse. Concerns were also noted regarding the re-emergence of parental drug or alcohol problems, parents' failure to comply with treatment programmes and the reintroduction of violent partners into the household. However, concerns about safety and the quality of care were significantly less likely for children who had been returned to a different parent ($p = 0.014$).

Concerns about child safety were rather different for the *care group*, as there was no evidence that they had experienced maltreatment by their caregivers. For this group, the recorded concerns related to their safety during contact with parents and their own risky behaviour, including running away, truancy and self-harm. Concerns about the quality of placements were noted in relation to just under one-fifth (15) of the *care group*. These included concerns about the carers' ability to manage children's challenging behaviour, their marital problems and, for some kinship carers, their ability to protect children during contact with their parents. However, there is growing evidence that a small number of children may experience poor quality care or abuse in foster and residential placements (Biehal, 2014; Biehal, Cusworth, & Wade, 2014).

Stability

Patterns of stability and change for the *survey sample* were also investigated, covering the point of return, the first six months after the effective decision and the period to final follow-up, an average of four years after the effective decision. Research in the UK has shown that considerable changes in family structure often occur while children are placed away from home (Bullock, Little, & Millham, 1993; Farmer & Parker, 1991; Farmer & Wijedasa, 2013). Nearly half (45%) of the *home group* were returned to a different parent, or to a household with different constituent members. Once reunified, many in the *home group* experienced further change.

Six months after the effective decision, the *care group* was more likely to be rated as being settled than the *home group*. Although similar proportions in each group had moved during this period (37% of the *home group* and 31% of the *care group*), the reasons for these moves were quite different. Moves by the *care group* were typically planned moves and were often made for broadly positive reasons once assessments had been completed, for example, moves from short- to long-term placements or from stranger to kinship placements. In contrast, virtually all moves by children in the *home group* in the initial six months after reunification resulted from the breakdown of their placement at home. Over one-third (35 per cent) had re-entered care within six months. In some cases this was due to re-abuse or neglect, while in others parents had felt unable to cope and had requested the child's re-admission. For around one in five of the *home group* there was evidence that they had never settled at home, moving instead between relatives or family friends before eventually returning to care.

For the *home group* the stability of the return was not associated with children's personal characteristics, the types of maltreatment experienced or the reasons for their admission. Stability was, however, associated with aspects of assessment and planning undertaken prior to reunion. Reunified children were more likely to still be living with a parent six months

after the return if planning for reunion had been purposeful and proactive ($p=.003$), they had gone home more slowly ($p<.001$), family-focused social work interventions had been provided ($p<.01$) and parents had accessed more services ($p=.01$). Reunification was also more likely to have remained stable where the problems that had led to the child's admission to public care had improved ($p= 0.006$).

These factors continued to have resonance for the stability of the *home group* at final follow-up four years, on average, after the effective decision (although not all were sufficiently strong to remain statistically significant). At this stage, data on where the children were currently living were available for 60 (88%) of the *home group* and 75 (93%) of the *care group*. In terms of the stability of children's pathways, the *home group* now comprised two sub-groups: a *stable reunification* group and an *unstable reunification* group. There were therefore three groups at follow-up:

- *Stable reunification* n=22 Returned to parents and stayed
- *Unstable reunification* n=38 Reunified and returned to care at least once
- *Care group* n=75 Most still in care (5 returned to parents/other relatives)

By final follow-up, only 37% of the *home group* had experienced a stable reunification, remaining continuously with a birth parent since the decision to reunify them. In contrast, 63% had experienced unstable reunification, involving a return to care at some point.

Evidence of further maltreatment, exposure to inadequate parenting or failure to manage children's own risky behaviour accounted for most of the returns to care. Fourteen (23%) of the children in the *home group* had been reunified at least twice and were back with parents at follow-up.

In contrast, the children in the *care group* continued to be more settled. By final follow-up the majority had been settled in their current placement for two or more years. Five had been

returned to parents or other relatives by this point and another three (excluded from our analyses of outcome) had been adopted.

Child well-being

At final follow-up, data from the surveys of social workers and teachers were used to assess child well-being across a number of dimensions. Social workers were asked to rate five aspects of child well-being on a four-point scale taken from the former government’s *Every Child Matters* outcomes framework, (Department for Education and Skills, 2004). Scores were significantly more positive for the *care group* in relation to staying safe, being healthy, education and positive leisure activities and pro-social behaviour ($p=0.001$). Another four-point scale was used to assess children’s social relationships (Ward, 1995). Having positive adult ties was significantly more likely to be reported for the *care group* ($p=0.001$). However, responses to questions on children’s behaviour in social situations, whether they had at least one close friend, bullied others or were themselves bullied revealed no significant differences between the *home* and *care* groups.

Social worker reports indicated that the *home group* were more likely to be involved in crime and to have problems of alcohol and drug misuse, as shown in Table 2.

Table 2 Behaviour problems by *home* and *care* group at follow-up n=133 n (per cent)

| | Home group | Care group | Sig. p |
|---------------------|------------|------------|--------|
| Committing offences | 14 (24) | 6 (8) | 0.014 |
| Alcohol misuse | 13 (14) | 4 (4) | 0.004 |
| Drug misuse | 10 (22) | 3 (5) | 0.016 |

Consistent with evidence from previous research on the sequelae of abuse and neglect, involvement in crime was generally more common for those with a history of physical abuse

(Cicchetti & Toth, 1995; Manly, Cicchetti, & Barnett, 1994; Widom & Ames, 1994).

However, this did not explain the greater likelihood for the *home group* to be involved in offending as there was no group difference in the proportions with histories of physical abuse. Reports of physical aggression were also more common for children with histories of physical abuse, as shown in Table 3.

Table 3 Physical abuse by behaviour at follow-up n=133 n (per cent)

| | Evidence of physical abuse | No evidence of physical abuse | Sig. p |
|-----------------------|----------------------------|-------------------------------|--------|
| Committing offences | 17 (22) | 3 (6) | 0.012 |
| Physically aggressive | 36 (46) | 13 (24) | 0.010 |

What explained outcomes at follow-up?

Following the above bivariate analyses, a composite measure of child well-being was constructed in order to investigate the predictors of global child outcomes at final follow-up (as described above). This global measure of outcome was used as the dependent variable in a series of regression analyses, all of which included the binary ‘home or care group’ variable as an independent variable.

We first explored whether children’s characteristics and reasons for admission predicted outcome. Bivariate tests showed that the background factors associated with the global outcome score were physical abuse ($p=0.002$), parental offending ($p=0.012$), living with a stepfather pre-admission ($p=0.026$) and whether the child’s behaviour contributed to admission ($p=0.026$). However linear regression showed that, even after these key background factors were taken into account, remaining in care rather than returning home predicted a better outcome score ($p=0.011$).

A similar analysis drew on information available at the time of the effective decision.

Significant binary associations were found between the global outcome score and child well-

being at the time of the decision: how well they were doing at school, the absence of behaviour problems after admission and whether the child had settled in care (all were significant at $p=0.001$). Children with positive ratings on these measures at the time of the decision had significantly higher scores for well-being at follow-up. The best of these predictors of outcome were the contribution of the child's behaviour to admission and their behaviour at the time of the decision. However, linear regression showed that, even after taking these predictive factors into account, the children in the *care group* were doing significantly better at follow-up than those who had been reunified (child behaviour pre-admission $p=0.021$, at decision $p=<0.001$), *home or care group* $p=<0.001$).

We also investigated whether change in the household to which reunified children returned was associated with their global outcome scores. Children living with their mothers pre-admission who were returned to live with their fathers, and those previously living with both parents but who returned to a lone mother had significantly more positive scores than those who returned to an unchanged household ($p=0.027$). However, further analysis revealed that although this was significant for children for whom there was strong evidence of physical abuse ($p=0.037$) and, marginally, strong evidence of emotional abuse ($p=0.051$), this was not the case for neglected children.

We then explored the relationship between the global outcome score and the type of maltreatment experienced. This was not straightforward, as many children had experienced multiple forms of maltreatment. Poly-victimisation of this kind has previously been found to be associated with worse outcomes (Finkelhor, Ormrod, & Turner, 2007; Lau et al., 2005). To reduce overlap, cases were included in these analyses only if there was 'strong evidence' rather than 'some evidence' of neglect, physical abuse or emotional abuse (it was not possible to investigate sexual abuse due to the low number with this experience in the *home group*).

Mean outcome scores were more positive for children in the *care group* for whom there was strong evidence of neglect than for neglected children in the *home group* (10.9 compared to 7.63, $p=0.003$) and this finding was not explained by differences in children's behaviour at the time of the effective decision. Within the *home group*, those who had been neglected had significantly worse global outcome scores than those for whom there was no strong evidence of neglect. Furthermore, among children who had been neglected, there was virtually no difference in well-being outcome scores between those who experienced a stable or unstable reunification. Even when the reunification of neglected children was stable, therefore, their well-being was no better than for neglected children who had experienced an unstable reunion.

Where there was strong evidence of emotional abuse, global outcome scores were significantly worse for reunified children than for those who remained in care, even after taking account of child behaviour at the time of the decision ($p=0.002$). However, outcome scores did not vary significantly between the *home* and *care* groups in relation to strong evidence of physical abuse: there was no evidence that either going home or remaining in public care was more likely to lead to positive outcomes for these children. This may be related to the higher likelihood of externalising behaviour for children with a history of physical abuse, noted above, so that behavioural difficulties were displayed both at home and in care.

Discussion

This study found that outcomes were more positive for maltreated children who remained in care than for those reunified with their families. The multiple adversities experienced by maltreated children are known to have implications for their psycho-social development (Rutter, 2000). A key task for the care system, therefore, is to compensate for prior disadvantage. Evidence from this study suggests that placement in care can indeed result in

improved well-being for maltreated children, relative to others with a history of similarly adverse experiences. These findings are consistent with the few studies which have compared outcomes for children in care to those for similar groups of children (for example, Bernard, Butzin-Dozier, Rittenhouse, & Dozier, 2010; Forrester & Harwin, 2007; Taussig et al., 2001). Placement stability was associated with more positive well-being, but even where reunification was stable, the well-being scores of reunified children were significantly lower than those for children who had remained in care. However, although this study shows that placement in care can lead to more positive well-being relative to that of children with similarly troubled histories, efforts to narrow the gap between outcomes for children in care and those for the wider population must nevertheless remain a priority.

As might be expected, remaining in care was also associated with improved child safety. Many of the reunified children in this study were re-abused, a finding consistent with previous studies of reunification mentioned earlier, whereas those who remained in care were less likely to experience harm. Concerns about the safety of children in the *care group* mainly centred on the children's own risky behaviour or, in a few cases, abuse during contact with parents, rather than abuse by caregivers. Although abuse in care remains a continuing problem, evidence from a recent UK-wide incidence study indicates that the number of children who experience this is extremely small (Biehal et al., 2014).

There were also some differences in relation to placement stability. Although similar proportions of the *home* and *care* groups had moved following the effective decision, moves for the home group were typically planned and made for positive reasons, for example moves to long-term placements. Moves for the reunified children were usually made for less positive reasons: 63% returned to care on one or more occasions, in most cases due to concerns about their safety and well-being. While it is certainly true that placement instability remains a problem for the care system, many maltreated children may nevertheless experience greater

stability while they are in care than after they have left it. Further research is nevertheless needed to understand the drivers of placement instability, including investigation both of the decisions that lead to planned moves and of the complex interplay of placement quality and support (or lack of these), child emotional and behavioural difficulties and child and parent actions that may contribute to placement disruption (Biehal, Ellison, Baker, & Sinclair, 2010).

These findings have important consequences for decision-making, as they indicate that decisions to reunify maltreated children with their families may carry considerable risks to children's safety, stability and developmental progress. Getting these decisions right is therefore crucial. In this study, it was encouraging to find that the assessed risks to the safety of the child and evidence of improvement in parental problems were the two most important predictors of decisions about returning children to their families. Some children were more likely to be returned home than others. Reunification was less likely if they had experienced neglect, had learning disabilities, did not want to return or where contact with birth parents was infrequent, although the frequency of contact is likely to be a proxy for other factors such as parent motivation and the quality of the parent-child relationship (Biehal, 2007; Quinton, Rushton, Dance, & Mayes, 1997).

Some previous studies have highlighted a lack of purposeful planning for return, with returns frequently occurring through happenstance, the direct actions of children or parents or through placement breakdown (Farmer & Parker, 1991; T. Stein & Gambrill, 1977; Walton, Fraser, Lewis, & Pecora, 1993). It was therefore encouraging that this study found evidence of a good degree of social work planning in two-thirds of cases. However, such planning is not always achieved. One-third of the *home group* had been returned, despite persisting concerns, to environments in which family problems were unchanged or had even worsened. In view of the risks involved and the high rate of re-entry to care, decisions to reunify

maltreated children should be informed by a thorough assessment of change in parenting capacity and of the risk of re-abuse or further neglect. Reunification should also be accompanied by appropriate monitoring and support after the return to ensure children's safety and well-being.

Important aspects of decision-making and planning appeared to have consequences for the subsequent safety and stability of children over the follow-up period. For children who were reunified, home placements were more likely to be durable where children had gone home more slowly, where reunion planning had been purposeful and inclusive, where family problems had improved prior to return and where sufficient services had been provided to families to enable changes to be made. Going home more slowly allows time for well managed planning and proper consultation. Evidence of change, support to achieve it within an appropriate timescale and provision of services to support return appear important to the ensuring the stability of reunification.

Problems in the early stages of reunion predicted poor well-being at follow-up. Serious child behaviour problems or serious social worker concerns about the placement within the first six months of the reunion predicted significantly worse child well-being an average of four years later. This has important implications for social work practice, highlighting the importance of careful monitoring in the early months after reunification to identify and respond to any emerging difficulties. For some families, structured intervention programmes may be needed. Given the known difficulties of engaging parents in treatment programmes, especially in relation to substance misuse, these may need to be enforced through written agreements (specifying goals, timescales and consequences) perhaps supported by court involvement and agreed sanctions.

Decision-making varied considerably between local authorities. For the 3,872 children in the *census* sample, there were strong local authority and team-level effects in relation to whether

children were reunified, remained in care or were adopted. These variations held even when account was taken of children's characteristics and histories. Studies in both the UK and the USA have similarly found local variation in patterns of reunification (Dickens, Howell, Thoburn, & Schofield, 2007; Wulczyn, 1991; Wulczyn, Chen, & Courtney, 2011). This study also identified local differences at the micro-level of case management, assessment and planning, which were likely to be shaped by higher order differences in local authority policy. These micro-level differences may help to explain the local variation in children's care pathways observed by this study and others. Since these effects appear to be quite profound, further investigation of the policy levers available to local authorities is needed if we are to make children's opportunities to achieve a permanent placement more equitable .

Child well-being scores varied according to the different forms of maltreatment for which there was strong evidence. The clearest findings concerned children who had experienced neglect prior to admission, who were reportedly less likely to want to go home and more likely to be settled in foster care. These children did best if they remained in care. If they returned to parents their well-being was poor, irrespective of whether the reunification was stable or unstable, and they tended to do worse than other reunified children even after the factors that predicted their well-being were taken into account. Children with experience of sustained emotional abuse also tended to fare worse if they were returned home than did children with similar experiences who had stayed in care.

Most families had received family preservation services prior to the children's admission to care and, for neglected and emotionally abused children, these had often been provided for a lengthy period. Our evidence suggests that, where family preservation services for emotionally abused or neglected children had not brought sufficient change in parenting and where these forms of maltreatment were ultimately viewed as sufficiently serious to warrant the removal of the child, the prognosis for reunification may be poor. In these circumstances,

therefore, considerable caution is needed when considering reunification. The poor developmental outcomes for neglected and emotionally abused children who returned to their families suggest that changes in parenting capacity prior to the return were either insufficient or were not sustained. Sharper assessments prior to reunification and monitoring and support after the return are likely to be needed to ensure that decisions for return are based on clear evidence of change and that any positive changes are sustained.

For some of the children for whom reunification was stable, positive change was achieved because they were returned to a changed family environment, moving either to a different parent or to a household which a father or stepfather had left. Reunified children who had experienced physical or emotional abuse while living with one parent had better well-being scores if they were returned to live with a different parent. Similarly, those previously living with both their mother and father/stepfather did better if they returned to a lone mother (after the abusive father/stepfather had left). However, returning to a different household did not appear to benefit neglected children, whose well-being was poor irrespective of any change in the household to which they were returned. This suggests that a change of environment may not, in itself, be enough to compensate for the damaging consequences of neglect and that the additional support provided to children in foster care can bring benefits over and above those arising simply from a change of environment. Given the pervasive and chronic nature of neglect, it is also possible that they continued to experience neglect even if they were returned to a changed household (Iwaniec, 1995; Stevenson, 2008).

However, for the physically abused children in the *care group* the positive effects of placement in care appeared to be countered by the persistence of their externalising problems, including physical aggression and offending, as their well-being scores did not differ significantly from those for the *home group*. It seems likely that the persistence of these behavioural difficulties had negative effects on their well-being in either setting.

CONCLUSION

This study has shown that, for a sample of maltreated children placed in care, outcomes were generally worse for children who returned home than for those who did not. Their likely safety on return home was a key factor in the decision to allow this and those who returned home seemed on some indices to have less adverse home circumstances than those who remained in care. Nevertheless, comparing like with like as far as we could, we found that remaining in care seemed to produce relatively better outcomes for children. Conversely, returning to homes where nothing significant had changed seemed to produce worse ones. Although reunification is recognised as a desirable outcome for many children, it had not provided stability for nearly two-thirds of the reunified children in this study. Consistent with previous research, most re-entries to care had resulted from further maltreatment, exposure to inadequate parenting or from the failure to manage children's own risky behaviour.

Professionals and families need to be aware of these risks and of what needs to change if they are to be ameliorated. Clearly these findings do not mean that maltreated children should not be returned home – the rights and wishes of children and parents prevent this. Furthermore, we found that that positive change did occur in some families and that, in the majority of cases, professional decisions about reunification were based on evidence of successful change. Honesty between worker and family about what needs to change, careful assessment and monitoring of progress in meeting agreed goals and the provision of effective services to support the return for as long as they are needed are important ingredients for a successful outcome.

Decisions on reunification should not be based on the common assumption that outcomes will necessarily be worse for children if they remain in care. Although there is evidence that

outcomes for children in care are often poor, these findings have typically been based on comparisons with the general population or have come from studies lacking appropriate comparison groups. While the care system is rightly criticised for its weaknesses, the findings from this study point to its potential benefits for many maltreated children. In overall terms, most children had settled quite well in care, had good relationships with those supporting them, were doing averagely well at school and were not getting into great difficulty. For these children, therefore, the care system had provided an important shelter from lives that had been highly stressful, an opportunity to stabilise their lives and take advantages of opportunities that had previously been closed to them. Out-of-home care, where it is of high quality, can therefore bring about important benefits for those children who need it.

Limitations to the study

The *survey sample* was drawn from the much larger *census sample*, which was likely to be representative of children in care in England as it was a total sample drawn from seven local authorities. The *survey sample* was not itself a representative sample but attempts were made to make it as representative as possible through the use of stratified random sampling.

Sampling bias nevertheless remained a potential problem, particularly since approaches to parents for consent had to be routed through the local authorities. A further limitation was that we relied on data from case files and surveys of professionals which, while they can provide rich and detailed data, have well-known limitations regarding accuracy of recording and recall.

It was not possible to conduct a prospective study, a limitation common to virtually all research on outcomes of the care system. For this reason it was not possible to administer validated measures of outcome both pre- and post- admission and the effective decision. Instead, we constructed a global measure of well-being which drew on follow-up data provided by social workers and teachers.

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