

Summary Briefing Paper (1)

Characteristics of 5-12 year olds on compulsory supervision orders with residential care conditions



Characteristics of 5-12 year olds on compulsory supervision orders with residential care conditions

New research carried out by the Scottish Children's Reporters Administration (SCRA) asks: what are the characteristics of children aged 5-12 on compulsory supervision orders (CSO) with residential care conditions.

Around 14,00 children in Scotland are cared for in residential care each year. On average, 10-12% of these children will be aged 5-12. For most of these children, the statutory basis is that a CSO has been made at a children's hearing.

Residential care has gained a reputation of being a 'placement of last resort' and in 1992 the Skinner Report recommended against the use of residential care placements for children under the age of 12. However, in 2009 the Scottish Government indicated that residential care placements could be considered for younger children with significant levels of need, for instance: substantial histories of neglect, serious attachment problems, complex physical and mental health needs, and increasingly challenging behaviours that prove difficult to manage within family-type placements.

While there is much published information about the background characteristics of adolescents living in residential care, very little is known about the past experiences of younger children. This research follows the cases of 135 children aged 5-12 who were first placed onto a CSO with residential care conditions between 01/04/15 and 31/03/17 in order to learn more about their family backgrounds and their journeys through the child protection and care systems.

Characteristics of 5-12 year olds on CSOs with residential care conditions

- 1 in 8 (80%) were male.
- 1 in 2 (50%) had a known disability.
- 7 in 10 (70%) had either a known or suspected disability.
- 7 in 10 (67%) of children with a known or suspected disability had learning or communication difficulties.

Trauma histories of 5-12 year olds on CSOs with residential care conditions

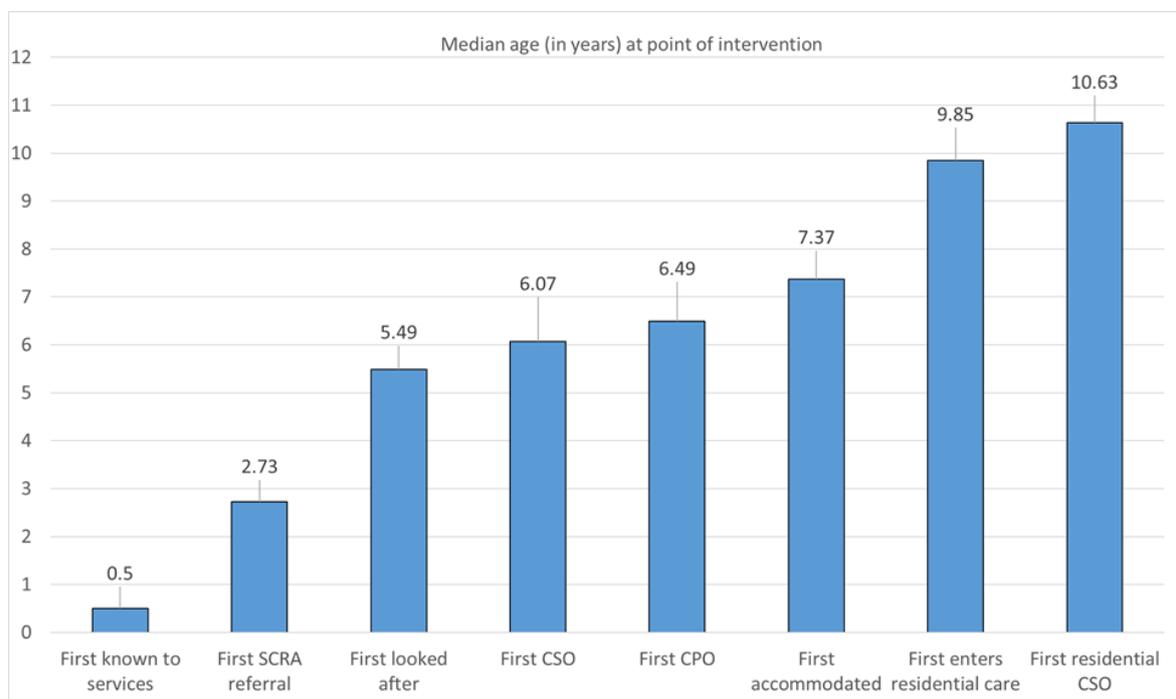
- 6 in 10 (62%) had been sexually abused.
- 7 in 10 (68%) had been physically abused.
- 4 in 10 (41%) had been emotionally abused.
- 8 in 10 (83%) had witnessed violence in the home or community.
- The average number of adverse childhood events (see Felitti et al., 1998 for details) was 5 (range: 1-9).

Family backgrounds of 5-12 year olds on CSOs with residential care conditions

- 7 in 10 (72%) had a parent who had experienced mental health difficulties.
- 7 in 10 (74%) had a parent who had misused drugs and/or alcohol.
- 5 in 10 (52%) had a parent who had experienced housing insecurity.
- 6 in 10 (60%) had a parent with a history of offending.
- 3 in 10 (28%) had a parent who had been imprisoned at least once.
- 1 in 2 (45%) had a parent who was care experienced or could have been considered 'at risk' by social work services as a child

Involvement of statutory services

- 3 in 10 (32%) had been known to services since birth.
- 3 in 4 (75%) were known to services by 2.5 years of age.
- 9 in 10 (90%) were known to services by age 5.
- The average age of referral to SCRA was 2.73 years of age.
- 3 in 4 (75%) had been referred to SCRA by age 5.
- 9 in 10 (93%) were first referred to SCRA on care and protection grounds.
- Statutory intervention tended to occur after children reached school age.
- 3 in 4 (75%) were subject to a child protection order (CPO), a CSO or had become a 'looked after child' via other legal routes by 8.77 years of age.
- The median age of first entry into residential care was 9.72 years of age.
- 1 in 4 (25%) had first entered residential care when they were aged 5.60-8.24 years of age.



Where did children live prior to entering residential care

- 4 in 10 (41%) had been cared for by their parents at home with support .
- 3 in 10 (29%) had been cared for by a family member via a formal or informal kinship arrangement.
- 7 in 10 (69%) had been fostered.

Changes in caregiver prior to entering residential care

- 8 in 10 (83%) had experienced at least one change of caregiver.
- The median number of placements was 3 (range: 0-12).
- The median number of foster care placements was 2 (range: 0-9).
- 7 in 10 (69%) had experienced a change of caregiver due to concerns about their parents' or caregivers' ability to keep them safe.
- 5 in 10 (47%) had experienced a change of caregiver due to concerns that violent and aggressive behaviours being displayed by children were putting others within or visiting the household at risk.
- 5 in 10 (47%) had experienced a change of caregiver after it was identified that the placement was not meeting the needs of the child, for instance by not providing sufficient emotional containment and support.
- 4 in 10 (40%) had experienced a change of caregiver due to caregivers finding it difficult to manage the high levels of need that children had due to soiling, sexualised behaviour, dysregulated sleep, and being overly controlling of people, places and things.
- Changes of caregiver were often unplanned and due to the child being considered to be 'in crisis' and 'challenging' to care for.
- There was evidence that birth parents had received significant levels of support for drug and alcohol use, domestic violence, mental health difficulties and interventions aimed at supporting their parenting and allowing the child to remain at home until it was unsafe to do so.
- The only source of support directly aimed at foster carers was respite care, with 1 in 2 (50%) of those who had been fostered having at least one episode of respite care.

Residential care experience

- 5 in 10 (47%) entered residential care as a result of being put on a CSO.
- 3 in 10 (31%) entered residential care on interim CSOs or because a place of safety warrant had been granted.
- 1 in 6 (16%) entered residential care under section 25 of the Children's (Scotland) Act 1995.
- 1 in 2 (53%) were cared for in a children's unit or children's home during their first residential care placement.

- **Within two years of entering residential care, 1 in 2 (47%) experienced no placement moves, 1 in 4 (27%) had moved once and 1 in 4 (26%) had moved 2-9 times.**
- **1 in 5 (18%) had returned to living in a family-based placement with either their birth parents, family members or a foster family.**
- **2 in 5 (40%) of those living in family-based placements had required multiple stays in residential care to facilitate their transition back to living with either their birth parents, family members or a foster family.**
- **At the end of the two year period there was greater usage of residential schools, with 1 in 2 (47%) of the children who remained in residential care looked after in this setting.**
- **4 in 10 (38%) of the children in residential care at the end of two years were looked after in either a children's unit or a children's home.**
- **1 in 7 (15%) were being cared for in other residential care establishments, including crisis care, short-term assessment centres, specialized therapeutic placements for traumatized children, small group (2-4 children) living environments and singleton residential placements with a specialist team built around the child.**

Implications

- **Our results indicate that residential care is being used for children, mainly boys, who have complex trauma histories and long-histories of involvement with child protective services on care and protection grounds. The median age of entry into residential care was 9.72 years.**
- **Multiple changes of caregiver were common. These often occurred as a result of 'challenging' behaviours and caregivers being considered as unable to keep the child safe. The behaviours displayed by the children are likely to reflect their complex trauma histories and the insecurity of attachments that they have with their parents and other caregivers.**
- **The long history of service involvement, including the intensive support received by children and families, raises questions about whether these interventions were delivered early enough, at the right time and were able to address the multiplicative (syndemic) effects of additional health and social care needs on children and their families.**
- **Limiting the number of placement moves that children experience is known to improve outcomes for children in the care system. Children in our study were often moved 'in crisis' and with little evidence of careful matching of children to caregivers. Improving supports given to foster carers, improving the processes through which children and alternative families are 'matched', and working to reduce the cycle of crisis care are essential steps to achieving this.**
- **Research trying to understand whether there were earlier points for intervention in the lives of children aged 5-12 in residential care is currently being undertaken by SCRA.**



Produced by Dr Catherine Nixon and Dr Gillian Henderson
Scottish Children's Reporter Administration
April 2022