Summary Briefing Paper (2)

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION

Effects of residential childcare on the socioemotional and mental health of children aged 5-12 on compulsory supervision orders with residential care conditions

Effects of residential childcare on the health and socioemotional wellbeing of children aged 5-12 on compulsory supervision orders with residential care conditions

Residential care is often considered to be 'a placement of last resort' for children. This belief has arisen as a result of concerns about the safety and effectiveness of residential care concerns caused by historic child abuse allegations and a growing body of outcome-driven research demonstrating that having been cared for in residential care Is associated with low educational attainment, high unemployment rates, poor physical and mental health, early pregnancy and parenthood, homelessness and increased contact with the criminal justice system.

Concerns about the effectiveness of residential care led to social work departments adopting policies that favour the use of family-based placements for children in care. This preference was most notable for younger children, with the Skinner Report (1992) stating that residential care should be used 'only exceptionally' for children under 12. In response, some local authorities in Scotland prohibited the use of residential care for children under 12.

Viewing residential care as a placement of last resort may unfairly diminish the potential benefits that can come from building a team around the child, particularly if those views are shaped by published outcome evidence. This is because many of the studies used to paint a negative picture of residential care are based upon the experiences of adolescents and young adults who have left residential care at the end of complex journeys through the care system. It is thus likely that the findings ascribed to residential care reflect the complex trauma histories of the young people and/or the impact that multiple placement moves, and placement types, will have had upon young people's access to education and health services.

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. To examine how being in residential care was associated with health and socioemotional wellbeing we examined the case files of 135 children aged 5-12 who were placed onto a CSO with residential care conditions between 01/04/15 and 31/03/17.

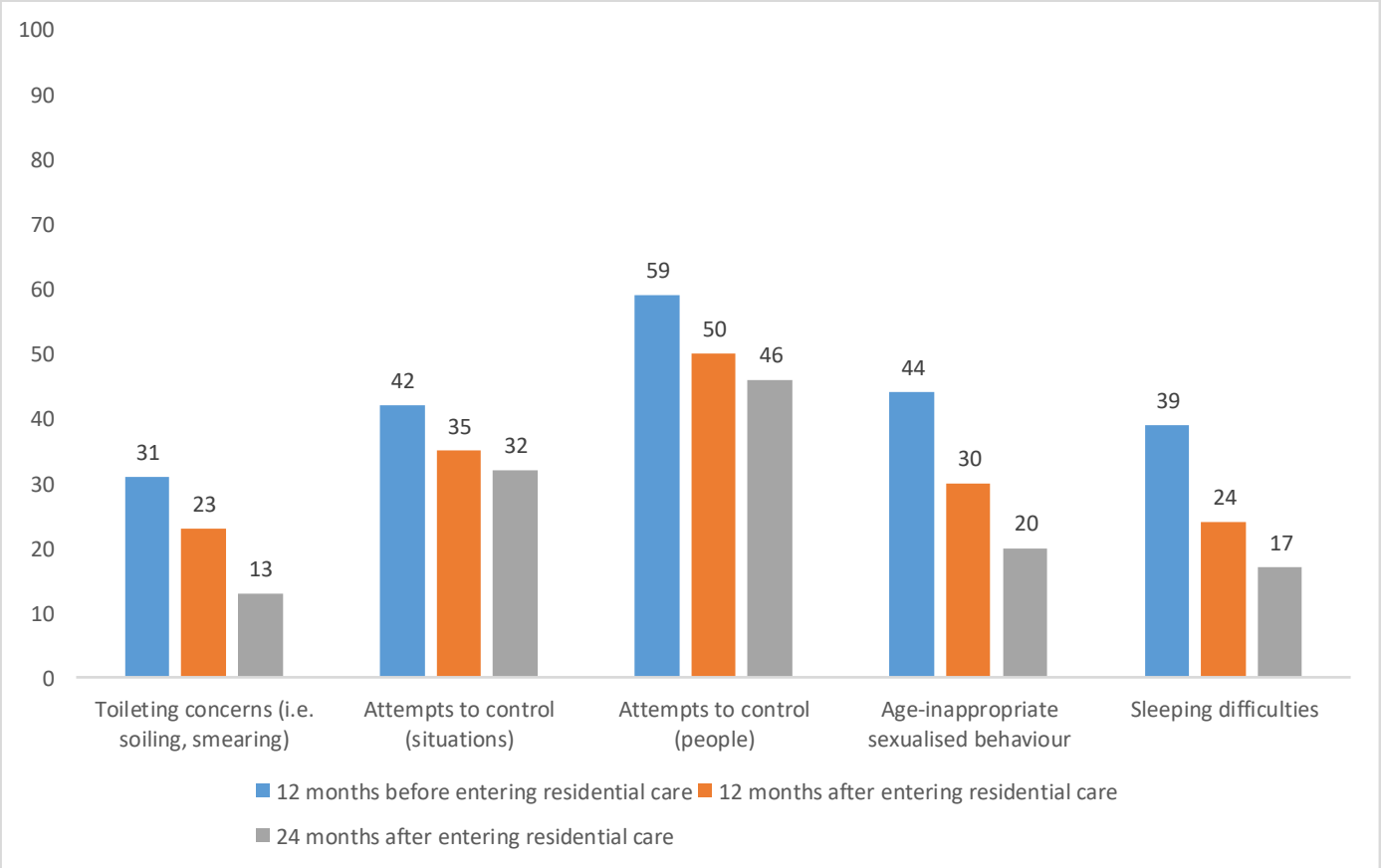
The median age of entry into residential care was 9.72 years of age [range: 5.62 to 11.87 years]. Over three quarters of the children in the sample were aged 8-12. Data on health risk behaviours, behavioural difficulties, indicators of conduct disorder and indicators of mental distress were collected at three time points: in the 12 months before entering residential care, 12 months after entering residential care and 24 months after entering residential care.

Risk taking and offence behaviours

- **Very few of the children had adopted health risk behaviours. Rates were generally highest 24 months after entering residential care with 6% recorded as smoking tobacco, 5% recorded as having consumed alcohol and 4% recorded as having used illicit drugs. The majority (75%) of the children were aged 10-14 at this point. There was no change in the rates of health risk behaviours demonstrated over time.**
- **A fifth (19-23%) had engaged in offence-type behaviour. This term is specifically used as the Age of Criminal Responsibility (Scotland) Act 2021 means that none of the children in our sample would be considered offenders if referred to SCRA today. The most common types of offence-type behaviours reported were assaults, vandalism and destruction of property, culpable and reckless behaviour, threatening and abusive behaviour, and breach of the peace.**
- **At entry into residential care, 84% were perceived by their caregivers to have behaviours that increased their risk of being harmed within the community. Within 24 months of being cared for in residential care this figure had fallen to 50%. At all time points less than 2% of the children were considered to be aware that they were at risk of being harmed.**

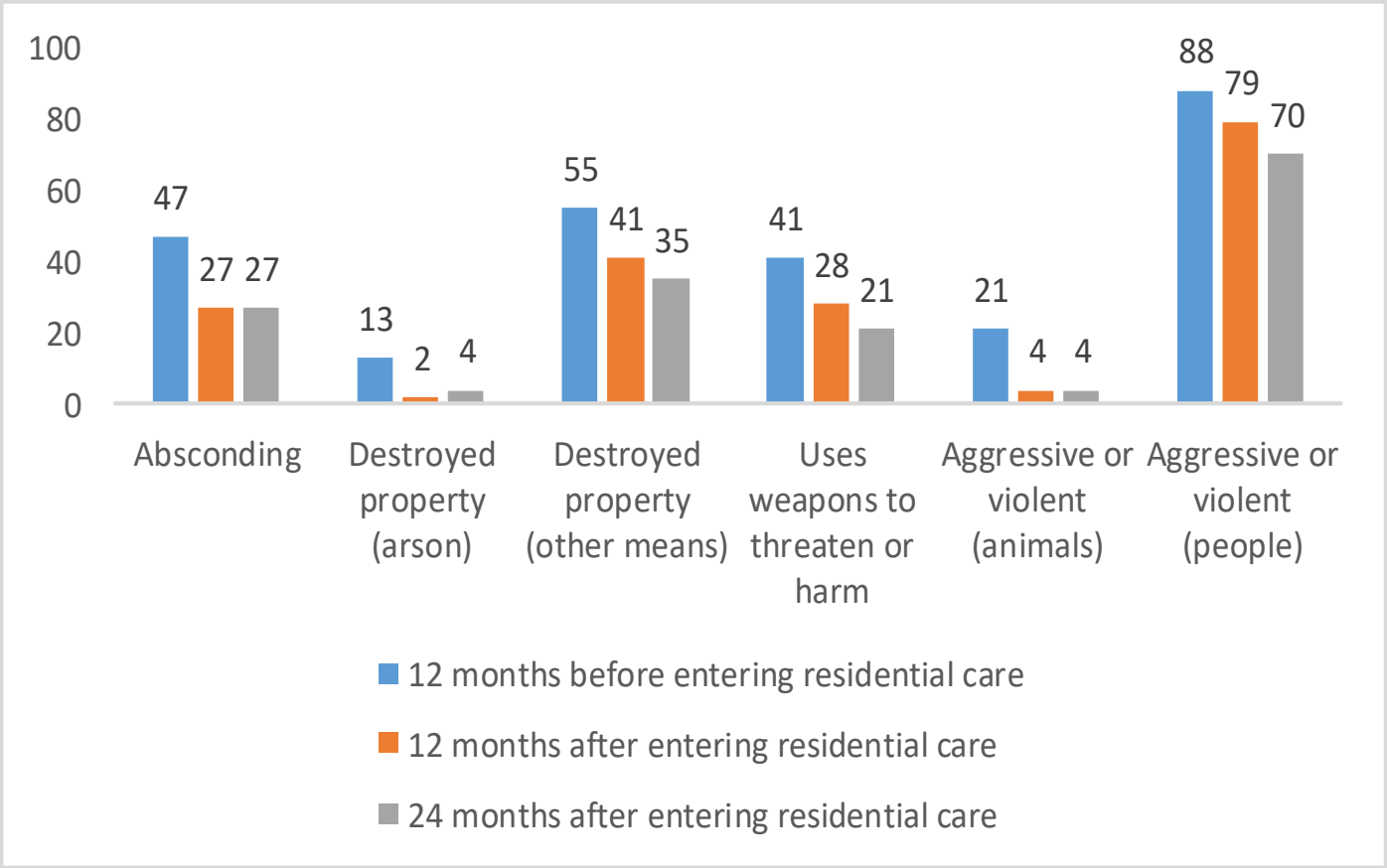
Behaviours considered challenging to manage by caregivers

- **Statistically significant reductions were observed in the percentage of children demonstrating behaviours that caregivers within the community (see summary briefing paper 1 for details) had found difficult to manage. Key improvements are highlighted in the figure below.**



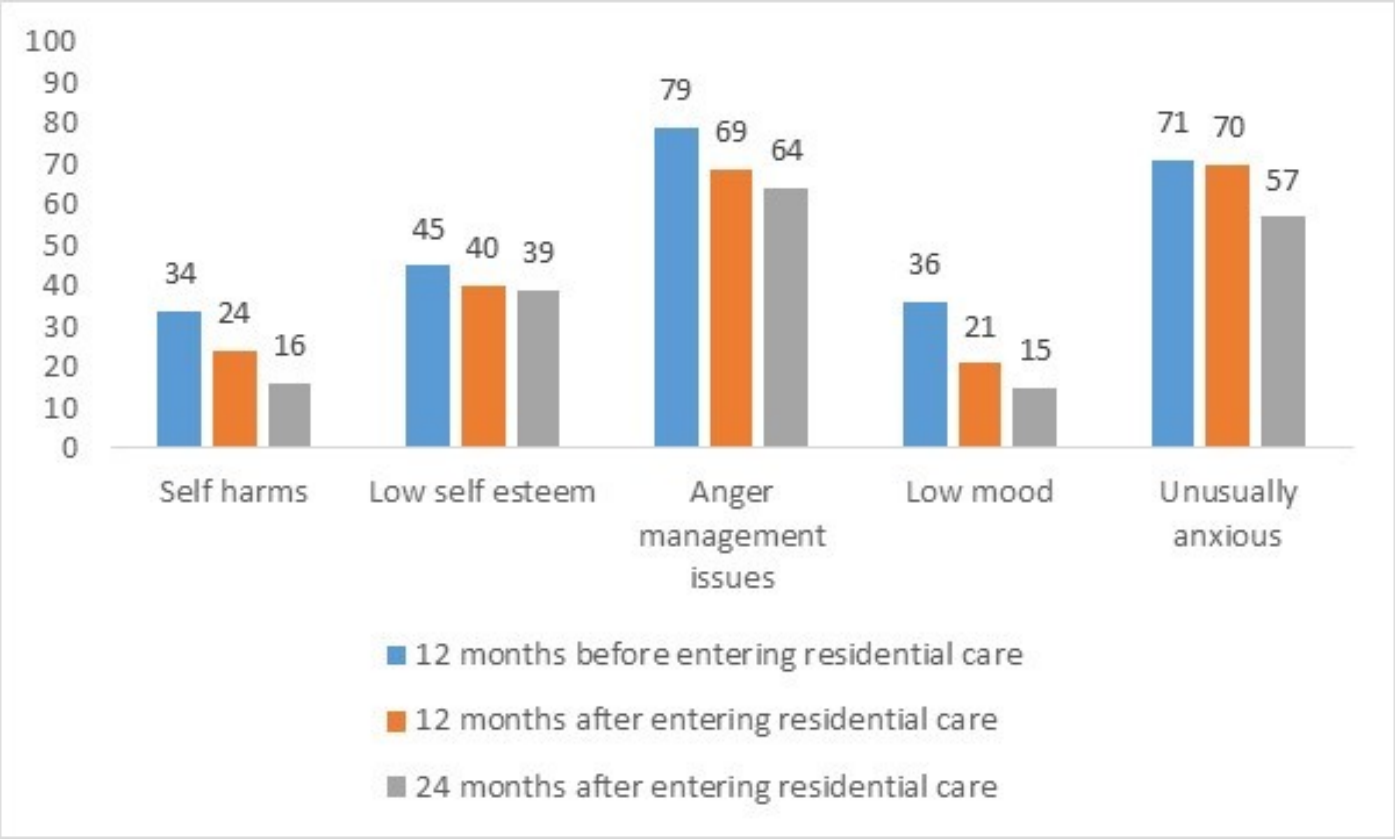
Indicators of conduct disorder

- **We measured the number of children who were demonstrating each of the behaviours listed within the diagnostic criteria for conduct disorder. Overall, 70% of the children had 3+ indicators of conduct disorder in the 12 months prior to entering residential care. Within 24 months of living in residential care this had reduced to 36%. It should be noted that this finding does not indicate that the children definitely have conduct disorder as no clinical assessments have been undertaken. Instead we present these findings to show the level of maladaptive and risky behaviours being demonstrated by children in our sample.**
- **The figure below highlights the indicators of conduct disorder that showed statistically significant reductions in the percentage of children displaying these over time.**



Mental wellbeing

- **The mental wellbeing of the children in our sample significantly improved over time. For instance, 34% of the children had references to self-harming in their case files in the 12 months prior to entering residential care. Within 24 months, the number of children who were recorded as having self-harmed had fallen to 16%.**
- **Significant reductions were also observed for the percentage of children who were: considered to have anger management issues; described as having low self-esteem; experiencing low mood; unusually anxious or experiencing social anxiety. These are shown in the figure overleaf.**



Implications

- **Children aged 5-12 living in residential care have complex socioemotional and behavioural needs.**
- **Being cared for in residential care reduces the number of children demonstrating behaviours that previous caregivers have considered challenging to managing. It also reduces the numbers of distressed behaviours experienced by children, thereby improving mental wellbeing.**
- **That a significant percentage of children continued to experience distressed behaviours suggests that residential care is not able to undo the effects of past traumas upon children's health and wellbeing, but instead may provide an environment where these can be reduced and stabilised over time.**
- **SCRA are currently conducting qualitative research with residential carers in order to understand more about how residential carers work with children aged 5-12 to address trauma and promote wellbeing. This work will also explore views about the interventions provided to younger children prior to their entry into residential care, and whether there were potential opportunities for earlier intervention for these children.**
- **Future research should explore whether there are specific characteristics or groups of children under 12 whose needs are likely to be better met by being cared for in residential care settings. It should also look at whether or not variations in practices and the resources available to residential carers affect the health and socioemotional outcomes of children under 12.**

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