

Appendix 2: 2013 Looked After Children Research Report

Looked After Children – Research report 2013

Executive Summary

In recent years, the Children's Social Work Service (CSWS) in Leeds has identified significant changes to the demographics of the looked after population, with under-fives over-represented, and a particularly high proportion of babies under the age of one becoming looked after. In 2012, a research study was carried out to explore further the parental factors and circumstances which led to a sample of babies coming into care. The current study is a replication and further development of this work, looking in more detail at some of the trends identified in the 2012 study, i.e. the high number of parents who had already had children removed from their care.

The methodology for the 2013 study mirrored that of the 2012 study, with the sample of 38 cases initially identified from the cohort of children who became looked after between the months of January and March 2013. Basic details about the cases were obtained from the Electronic Social Care Record (ESCR) and this information was used to identify each child's social worker. Telephone interviews were then carried out with social workers, following a standard set of questions which included the parental risk factors present, child protection concerns, the support parents are currently receiving, and the anticipated permanency plan for each child.

Geographical analysis found that 39% of the children in the cohort came from just two of the 25 clusters in the city; eight from Inner East and seven from JESS (south Leeds). Twenty one of the families in the sample had already had children removed through previous care proceedings; the circumstances of these families were explored in greater detail.

Demographics

The majority of parents were of White British ethnicity, with a wide range of ages. As in the 2012 study, it was more common for fathers to be older than mothers than the converse, with six fathers who were older than the mothers by more than ten years. More analysis would be needed in each of these cases to establish whether this age gap is indicative of any particular vulnerability on the part of the younger mother.

Family breakdown is a key aspect of the families in this cohort; birth parents are still together in only 21% of the families. Due to the nature of the transient and complex relationships between parents in this cohort, and the fact that nine of the fathers are unknown, it was difficult to obtain detailed information on the partners of birth parents in the 2013 cohort, and therefore difficult to establish the profile of any additional risk factors represented by other adults.

Parental factors

Four parental factors were considered in detail for this cohort, as in the 2012 study; substance misuse, mental health problems, domestic violence and learning difficulties. It should be noted, in relation to all of these factors, that the imbalance between numbers of

known mothers and known fathers in the sample may present an unrepresentative picture when comparing levels of each factor amongst the parents in the cohort.

For the cohort as a whole, in more than 80% of cases where one of these parental factors was present within a family, there was at least one other factor as well. Co-occurrence of other factors was particularly noticeable in relation to domestic violence; in 95% of families where domestic violence was present, at least one of the other factors also featured.

Substance misuse was present in seventeen of the families (45%). Rates of parental substance misuse were broadly similar for those parents who had had more than one child removed. There was a relatively low rate of co-occurrence between substance misuse and learning difficulty, but the highest rate of co-occurrence in the study, particularly for those who have had more than one child removed, was where substance use, mental health problems and domestic violence were all present.

Mental health was the factor which occurred most frequently in families in the 2013 cohort, with 19 families affected. Mental health problems had a high rate of co-occurrence with substance misuse, and as noted above the highest frequency was of mental health problems with both substance misuse and domestic violence. These patterns were mirrored in the sub-set of families who have already had a child removed.

Child protection concerns

As found in the 2012 study, child protection concerns cited as leading to the removal of the child differed between mothers and fathers. For mothers, the three most frequent concerns were risk of physical abuse, followed by risk of neglect and vulnerability/ lack of understanding of risk/ risk of predatory men. For fathers, the three most frequent concerns were the risk of physical abuse, domestic violence and substance misuse.

LAC history/ CSWS involvement of parents

This was not explored in the 2012 study, but the results of the 2013 cohort are striking. 37% of the mothers in the sample experienced some kind of formal looked after status during their childhood and the same was true of 21% of known fathers. This proportion increased to 43% amongst those mothers who have had children removed previously.

Parents who have already had children removed

In total, the 38 mothers and 28 known fathers in the cohort have 114 children, and one of the mothers is currently pregnant again. These large numbers echo the findings of the 2012 study; indeed, three of the mothers in the 2012 cohort also appear in the 2013 cohort, and a further four of the 2012 mothers are currently pregnant again. It is reasonable to assume that the figure of 114 children in total is a conservative figure, given that nine of the fathers of children in the 2013 cohort are unknown.

Outside of the 38 children in the study, there is information on ages and current living arrangements for 62 of the older children of the 2013 parents. 77% of those for whom information about their current whereabouts is available are either looked after currently, or have been adopted.

Twenty one of the mothers in the 2013 cohort (55%) have been through more than one set of care proceedings, and these mothers account for over half of the following child protection concerns across the whole cohort:

- Failure to protect
- Substance misuse
- Chaotic lifestyle/ homelessness/ ASB
- Vulnerability/ lack of understanding of risk/ risk of predatory men
- Mental health problems
- Schedule 1 offenders in family/ support network

73% of the 38 children in this cohort born to parents who have already had children removed are expected to be placed for adoption, compared to 58% of the general cohort.

Analysis of mothers' ages indicated that the majority of mothers who have had children removed through previous care proceedings gave birth to their first child before the age of twenty one. This indicates that, in order to prevent a cycle of repeated removals, young mothers should be considered a priority for any support or intervention packages.

Family Group Conferences (FGC) and consideration of kinship care

71% of families in the 2013 cohort did not have an FGC, with the most commonly cited reason being that there were no appropriate family members to consider. From the conversations with social workers, it appears that some social workers had ruled out the possibility of holding an FGC on the basis of there not being any likely options for kinship care placements within the extended family; it is therefore suggested that some further work is done to clarify the role of FGC versus the role of kinship carer considerations, particularly for those families who have already had children removed.

In 74% of the cases, viability assessments were carried out on kinship carers. For the general cohort, 47% of these assessments were negative, and this increased to 61% for the sub-set of parents who have already had a child removed. Further research would be needed in order to explore the reasons for these high failure rates.

Social worker perceptions

In addition to the detailed information about each case, social workers were asked for their opinions on two more general questions; whether the timeliness of referrals had increased in the twelve months since the 2012 study, and whether they felt there were any gaps in services or interventions which could help support families on their caseload (not limited to families with children under the age of one).

Social workers generally noted some improvements in the timeliness of referrals, particularly from midwifery, but considered the overall picture as variable rather than consistent. There was a consensus, however, that in a high proportion of cases where referrals were received late, this was more likely to be the result of late presentations or denials on behalf of the mothers rather than any agency practice.

Many social workers noted the need for families to be supported following the removal of a child, both emotionally to cope with the loss and practically in order to make the necessary

changes recommended through assessments and court reports. There was a feeling that this aspect of support was the key to breaking the cycle of repeat referrals; to be clear with families what the local authority expects from them in being able to care for any future children, and the likely consequences of not meeting those expectations, alongside the necessary challenge and support to help families make those changes. Work is already underway to develop such services, and the 2013 study should offer further evidence about the need for this, given the large numbers of children born to parents in this cohort and the high proportion of those who are looked after.

Recommendations

The results of the current study suggest a number of avenues for further research and strategic development:

- There is a need for the development of support services for those families who have had children removed from their care, in order to prevent repeat removals. The social workers interviewed identified three distinct strands to this support which are worth further investigation: preventing further pregnancies, e.g. through contraceptive advice and emotional support for their loss, potentially using tools such as FGC to facilitate this; offering support to parents to implement the recommendations for change made through court proceedings; and giving parents clear and specific advice about the likely consequences in relation to the removal of subsequent children if changes are not made
- Services which work with parents need to co-ordinate their support to ensure that all of the issues are addressed. The high level of co-occurrence of parental factors for the cohort suggests that services which focus on parental substance misuse, mental health problems, domestic violence or learning difficulties in isolation are not likely to be as effective as those services which take a holistic approach
- The high proportion of care-experienced parents in the cohort, particularly amongst those who have gone through repeat removals, suggests that more could be done with looked after children and young people, in our capacity as corporate carers, to educate them about the reality of becoming a parent, as well as developing their basic parenting skills and their understanding of what adequate parenting consists of
- Given that so many of the mothers who have experienced repeat removals had their first child at a young age, this suggests that further targeted work could be done to help young and expectant teenage parents to develop their parenting skills and their understanding of what adequate parenting consists of
- Further guidance or training may be required for social workers on the role and purpose of Family Group Conferences; in particular, about expectations around the use of FGCs with families who have already had children removed, and the opportunities that FGC may provide in either preventing further pregnancies or helping families to implement the changes which may allow children to remain with their parents in the future.
- The proportion of positive viability assessments carried out on family members was very low for the 2013 cohort. More work could be done to understand the reasons why family members are failing these assessments, and explore options, where appropriate, to offer them support to develop their capacity to care for children in kinship arrangements

- The information and evidence obtained through this research needs to be used in the appropriate forums to influence how services are commissioned to work with parents who experience needs around their substance misuse, mental health issues, domestic violence and learning difficulties. Such services should be encouraged to take a 'whole family' approach and to consider the impact of those parental needs on children within the family when they work with parents.