



What Works for
**Children's
Social Care**



PLACEMENT OUTCOMES OF DISABLED CHILDREN

EMMIE SUMMARY

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About What Works for Children's Social Care

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About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and

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PLACEMENT OUTCOMES OF DISABLED CHILDREN

What is the intervention?

This systematic review focuses on fostering and adoption placements for disabled children. The systematic review conducted by Welch and colleagues (2015) adopts a social model of disability that includes children with physical or sensory impairments, intellectual disabilities, challenging behaviours, mental distress and children on the autistic spectrum. The review presents a narrative summary of findings relating to achieving permanence for looked-after disabled children. In doing so, Welch and colleagues examined international literature published between 1998 and 2003 and included ninety sources. The review included studies that used a variety of different methods, mostly quantitative research, but also mixed methods and qualitative research. The review also included discussion and briefing papers. The authors highlight the paucity of research on looked-after disabled children. This summary outlines the main themes found in relation to the barriers in achieving permanence, how these barriers can be overcome and some tentative suggestions as to what works in achieving permanence for looked after children in foster care and adoption.

Which outcomes were studied?

The systematic review examined the factors that appear to influence placement outcomes for disabled children. Two outcomes were identified:

- Reunification
- Placement disruption

The authors also explored what is known about certain child characteristics and how these factors may influence the placement outcomes of these children.

How strong is the evidence?

The review included studies using a variety of different research methods, mostly quantitative, but there were also qualitative and mixed method studies, with literature reviews, think pieces, and briefings making up a small proportion of all studies reviewed. The review did not specify the precise methods used in the included studies. The authors note that the terms for disability and out-of-home care differ across countries and they urge caution in interpreting the results.

Additionally, the review acknowledges the paucity of research that is available on looked-after disabled children's views on permanence and related barriers (Clark et al., 2006; Lightfoot et al., 2011; Orme et al., 2013a; Orme et al., 2013b; Schmidt-Tieszen, 1998). In the very few studies that exist, disabled children thought their care environment was more restrictive than that of other children.

Effectiveness: how effective are the interventions examined?

Outcome 1: Reunification

Effect rating	-1
Strength of Evidence rating	0

Outcome 2: Placement disruption

Effect rating	-/+
Strength of Evidence rating	0

Three studies suggested that disabled children are less likely to be reunified with their birth parents than non-disabled children (Grant and Thomas, 2013; Hayward and DePanfilis, 2007; Romney et al., 2006). Two longitudinal studies (Atkin, 2011; Baker, 2007) concluded that 58.7%, and 21% of non-disabled children were likely to return home, compared to 27.5% and 15% of disabled children.

Three studies found that disabled children are also likely to remain in out of home care placements longer than others (Grant and Thomas, 2013; Romney et al., 2006; Simmel, Morton and Cucinotta, 2012), and that they are more likely than non-disabled children to be placed in 'inappropriate' placements and out of authority settings (Dowling, Kelly and Winter, 2012; Slayter and Springer, 2011). Here, 'inappropriate' placements are defined as independent living arrangements that have been poorly rated by former foster-carers and workers (Baker, 2007).

Three studies using quantitative analysis of secondary data sets claimed disabled children were more likely to experience placement disruption than non-disabled children (Courtney and Zinn, 2009; Helton, 2011; Lin, 2012). However, a retrospective longitudinal study conducted by Strijker and Van De Loo (2010) in the Netherlands discovered that the numbers of placement disruptions amongst disabled children were similar to those for other children; but that factors such as age of placement and diagnosis of problematic behaviour were reported to affect placement.

One study, a secondary data analysis of the Adoption and Foster Care Analyzing and Reporting System (AFCARS) in the US, of multiple foster care placements, revealed no overall difference between disabled and non-disabled children in terms of their placement disruption. However, the findings did suggest that there were differences for those with behavioural disabilities, who are more likely to move and may experience more mental health issues (Steen and Harlow, 2012).

Mechanisms: how does it work?

The review did not report any mechanisms.

Moderators: When, where and who does it work for?

The review presented findings from a total of 90 sources, with 54 from the US, 20 from the UK, 10 from Canada, and with one paper each from both China and the Netherlands.

Boys made up a larger proportion of children in care than girls (Slayter and Springer, 2011; Smith, 2002). It was suggested that compared to girls, boys are more likely to experience longer delays in waiting for adoption, with an average wait for adoption amongst disabled boys of 11.8 years (Avery, 2000). Looked-after disabled children are more likely to enter care at an older age than non-disabled children (Baker, 2011). The authors suggest that the average age of looked after disabled children is 7 years and 1 month as opposed to 6 years and 9 months for non-disabled looked-after children (Slayter and Springer, 2011). Younger disabled children appeared more likely to be adopted than older disabled children. Moreover, older disabled children appeared more likely to have experienced placement disruption than their younger counterparts (Farmer, Mustillo, Burns and Holden, 2008; Helton, 2011; Hill, 2012; Strijer and Van De Loo, 2010). It was suggested that a correlation exists between adoptions at a young age with better outcomes (Haugaard et al., 2000).

Black disabled children were more likely to be placed with white adopters than children who were black but not disabled. However, findings suggest that children adjust well to their white families (Dowling et al., 2012; Lazarus et al., 2002).

The review revealed a complex relationship between impairment and permanence. Five studies revealed that children with behaviour challenges, alongside other impairments, are more likely to experience disruption and/or have more placements (Baker, 2011; Courtney and Prophet, 2011; Farmer et al., 2008; Steen and Harlow, 2012; and Strijker and Van De Loo, 2010). However 'other impairments' are not clearly specified or defined in the review. Children with behaviour disabilities or mental health needs appeared to be less likely to reunify with their parents, and more likely to experience poorer outcomes in adoptions (Akin, 2011; McDonald et al., 2007; Romney et al., 2006). Mixed findings emerged in relation to sensory and/or physical impairments. One study

concluded that these children were more likely to be adopted (Akin, 2011) while two studies suggested they were no less likely to be adopted than non-disabled children (Baker, 2007; McDonald et al., 2007).

In relation to parental substance misuse, children were more likely to be placed in kinship care than foster care (Beeman et al., 2000). Exposure to parental substance misuse was associated with damaging effects on children's mental and physical wellbeing, with babies in particular requiring long term placements (Davies and Bledsole, 2005; Marcellus, 2010; McNichol and Tash, 2001; Takayama, Wolfe and Coulter, 1998). Finally, children on the autism spectrum appeared to experience high levels of placement instability (Mullan, McAlister, Rollock and Fitzsimons, 2007).

The review identified that access to, and the provision of, specialist services is crucial in ensuring the successful placing of looked after disabled children. However, there is also evidence to suggest that accessing these services can be problematic and does not necessarily meet their needs (Barton, 1998; Brown, 2007; Brown et al., 2005; Haugaard et al., 2000; Lauver, 2008; Shannon and Tappan, 2011).

Placement success may be associated with access to looked after disabled children's background information (Brown et al., 2005; Lauver, 2008) Although the review reported that this is a critical factor for adopters, no information is presented on how this directly impacts placement success or failure.

Implementation: How do you do it?

The review highlights that little is known about the process of matching disabled children with foster carers or adopters. However, Burge and Jamieson (2009) found that adopters do adjust their preferences and their notion of a 'good match' as the process unfolds. Similarly, some become much more open to considering a disabled child when information or the profile of the child is presented to them.

Brown et al. (2005) and Lauver (2008) both highlight how important it is to access information regarding the child's background, including medical information (Mather 1999) for permanence outcome and placement success. Yet when children are placed, basic information such as their bedtime routine and favourite foods, are sometimes lacking.

Shannon and Tappan (2011) claim that inadequate recruitment of foster carers can sometimes result in disabled children being placed in inappropriate placements, including residential care.

Although the reasoning behind deciding to adopt or care for a disabled child may vary, the literature distinguishes between 'specialist' and 'generalist' carers. While the former refers to those who have personal and/or professional experiences of disability and are specially seeking the placement of a disabled child, the former refers to those who are

not necessarily seeking such placements, but may consider one (Gould, 2010). Ultimately, while having experience of disability may build a carer's confidence, it is not a necessity in order to adopt or care for disabled children, and both can become successful carers. However the challenges in the recruitment of 'specialist' and 'generalist' carers have been well documented (Beek and Schofield, 2004; Burge and Jamieson, 2009; Gould, 2010). Specialist carers are more likely to be connected to hospitals or special schools, while generalist carers may be harder to reach and more likely to hold stereotypical views of disabled children.

Similarly, Orme et al. (2013) distinguish between 'unconditional mothers', carers who are open to fostering children with various impairments, and 'selective mothers', who feel able to care for children with specific characteristics or circumstances. Unconditional carers are more likely to foster disabled children for longer and are more likely to adopt their foster children.

The review indicates that carers are likely to see caring for a disabled child as requiring particular skills, including the ability to build networks of support for the disabled child with peers, family and schools and being able to advocate on behalf of the disabled child (Brown et al., 2007; Lauver, 2008). However, Brown et al. (2007) and Luaver (2008) suggest that foster carers require effective coping skills and strategies in order to manage the stress that is associated with caring, arranging support, and managing contact with birth relatives, of the disabled child. Similarly, Barton (1998) and Peake (2009) found that the training that is available to foster carers is not always adequate, with Avery (2000) and Schormans et al. (2006) suggesting that more intense and tailored training are needed for those caring for disabled children. Moreover, Barton (2008) discovered that carers of disabled children value support from their peers.

Brown and Rodger (2009) note that carers' own health and wellbeing are often poorly addressed. For example, one study (Marcellus, 2008) found that the caring responsibilities required to care for disabled children are often demanding and can lead many carers to experience fatigue and social isolation.

Although the specific type of support required by carers may vary due to a number of factors such as placements, child characteristics etc., a number of support types have been documented to be valued amongst carers. These include emotional support (Lauver, 2008), advocacy (Beek and Schofield, 2014), short breaks (Avery, 2000; Brown et al., 2015; Lauver, 2008), and financial support and advice (Beek and Schofield, 2014; Brown et al., 2015; Schormans et al., 2016). Moreover, very little is known regarding the impact of caring on the foster carer's birth children (Lauver, 2008).

Several studies have also highlighted the frequent tension between carers and social workers despite also being a source of support (Beek and Schofield, 2014; Marcellus 2008, 2010). In one study, many carers felt that the heavy workload of social workers often got in the way of their attempts to build relationships (Marcellus, 2008), while

other studies have found that carers often feel frustrated in trying to be listened to, or seek support from social workers (Brown and Rodger, 2009). However, it is important to ensure that long term support is available (Pazstor et al., 2006), and in cases where social workers work with a family long-term, the family is more likely to feel listened to (Marcellus, 2008). Molinari and Freeborn (2006) found that adopters preferred support from other adopters.

Studies have suggested that adopters experience great satisfaction in adopting disabled children, including developing a positive relationship, and receiving affection from the child, and seeing how the child is able to develop and flourish (Brown, 2008; Brown et al., 2012; Marcellus, 2008). Additionally, Clark et al. (2006) discovered that carers feel that having an emotional connection with the disabled child positively impacted the success of a placement. Other studies have suggested that carers experience satisfaction in helping the child return home (Brown, 2008), or in maintaining connection with the child's family and community (Brown et al., 2007).

Economics: What are the costs and benefits?

No economic analysis is included in the study and cost-effective is not mentioned.

What are the strengths and limitations of the review?

The review provides a comprehensive overview of current studies that have investigated the factors that appear to influence the permanence outcome of looked after disabled children. The review both highlights and accounts for the differences between child characteristics and permanence success and outcome, across gender, age, ethnicity and impairments of the child.

However, the review also has a number of limitations. The research is lacking in how exactly these issues and characteristics intersect with each other in terms of achieving permanence for disabled children. The review does not specify the methods used in each of these studies and how these might have an impact on the overall quality of the findings. The review highlights the lack of research conducted on disabled children's own views and their experiences of out-of-home care. The review does not account for how disabled children experience out-of-home care and their journey to permanence outcomes that would otherwise provide insight into how best to address these via effective interventions.

The review calls for more experimental and quasi-experimental designs to be implemented in order to assess causation. The authors also suggest that quality of research could be strengthened and benefited from more qualitative research on disabled children's own experiences in out-of-home care in order to ascertain and establish why and how children with certain impairments are less, or more likely to be adopted than those with other impairments.

Summary of key points

- Disabled children are less likely to be reunited home compared to non-disabled children, and they are more likely to remain in out-of-home care placements than others.
- The evidence that exists is limited, and not much is known about disabled children's personal accounts of their experiences in out-of-home care.
- Of the very few studies that exist, it is suggested that disabled children are more likely to find their care environment more restrictive than other children.
- There appears to be a correlation between adoptions at a young age and better outcomes.
- Children with mental health needs or behaviour disabilities are less likely to be reunited with their parents and are more likely to experience poorer outcomes in adoptions.
- Children's exposure to parental substance misuse were associated with damaging effects on the child's mental and physical wellbeing.

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