



KEEPING CHILDREN SAFE: ALLEGATIONS CONCERNING THE ABUSE OR NEGLECT OF CHILDREN IN CARE

FINAL REPORT

Nina Biehal, Linda Cusworth, Jim Wade
with Susan Clarke

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UNIVERSITY *of* York

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Cruelty to children must stop. **FULL STOP.**

EXECUTIVE SUMMARY

For most looked after children and young people, foster and residential care provides a safe environment. This study has focused on the minority of children who do not always receive safe care and who, in some instances, experience abuse or neglect at the hands of those responsible for ensuring their wellbeing. Despite long-standing concerns about historic abuse in children's homes and about the implications of allegations for foster carers and their families, very little is known about the extent of these allegations. We know even less about the proportion of allegations that are substantiated, the nature of the abuse and neglect experienced by some children in care settings and the characteristics of the adults and children involved.

The aim of this study was to investigate these important questions. It provides new UK evidence on:

- the number of allegations against foster carers and residential social workers and the proportion of these that are substantiated
- the extent and nature of confirmed abuse and neglect in foster and residential care
- the characteristics of the children and adults concerned.

Study design

The study covered the period 2009–2012 and the design included:

- Phase 1: a survey of all 211 local authorities in the UK to map out the scale of substantiated and unsubstantiated allegations in foster and residential care over these three years. The response rate was high (at 74 per cent; 156 local authorities), but Northern Ireland was underrepresented in the survey;
- Phase 2: a follow-up survey of 111 substantiated cases of abuse or neglect (87 in foster care and 24 in residential care), concerning a total of 146 children. The purpose was to identify the nature of the abusive or neglectful behaviours in these confirmed cases, the characteristics of the adults and children involved and the consequences for all concerned.

It is important to bear in mind that the Phase 2 sample is quite small. In particular, the findings in this Phase in relation to residential care should be considered exploratory.

The study concerns allegations referred to senior managers responsible for investigating allegations against people working with children (LADOs in England or their equivalents in the other UK countries). Our focus was on allegations and confirmed abuse or neglect made against adult carers (or other adults linked to the placement) and to incidents that arose *within* placements. The study therefore largely excludes incidents that took place away from the placement, allegations concerning other children living in the placement and those that were not considered sufficiently serious to require formal investigation by LADOs (or their equivalents). An exploration of the views of the foster carers was also beyond the scope of this study.

The incidence of allegations and confirmed abuse or neglect in foster care

On average, local authorities reported 10–11 allegations per area in each year of the study, giving a UK estimate of approximately 2,000–2,500 allegations per year. This represents fewer than four allegations per 100 children in foster care across the UK each year (3.38–3.83 depending on the year). Between one-fifth and one-quarter of these allegations (22–23 per cent depending on year) were confirmed as abuse or neglect. The majority of allegations were therefore not substantiated.

Extrapolating from these figures, we estimate that there are likely to be 450–550 confirmed cases of abuse or neglect in foster care across the UK each year. This represents less than one substantiated allegation per 100 children in foster care across the UK each year (0.80–0.88 depending on the year). This suggests that, although many foster carers may be the subject of allegations, only a tiny proportion of them are involved in confirmed cases of abuse or neglect. Maltreatment in foster care nevertheless warrants serious attention, since no child should experience abuse or neglect in a foster placement and the consequences for children can be very damaging.

More detailed information was available from a sub-sample of 85 local authorities. In these authorities 26 per cent of all allegations were confirmed and 30 per cent were considered to be unfounded. However, 43 per cent of allegations were unsubstantiated due to a lack of evidence to either prove or disprove them.

Where clear evidence is lacking in this way, professionals are often presented with difficult dilemmas when deciding on an appropriate course of action. Children may be removed from placements quickly when circumstances do not justify it, causing unnecessary disruption in their lives. Alternatively, they may be left in situations where they are exposed to further harm. Equally, foster carers who have done

nothing wrong may see children removed and may remain under unwarranted suspicion.

Where allegations were substantiated, well over half of the children had been permanently removed from placements (56–63 per cent of cases, depending on the year). Where cases could not be substantiated, however, 13–16 per cent of the children were nonetheless removed.

Numbers of allegations and of confirmed cases of abuse or neglect varied between England, Scotland and Wales and, within England, between local authorities. These patterns did not appear to relate to differences in the size of the fostered population in different areas. Our data cannot tell us the extent to which these differences are real or the product of different policies, procedures and recording practices.

The vast majority of children entering foster care are provided with safe family placements, but a minority of children across the UK do experience harm each year from those responsible for their care.

Our findings are likely to underestimate the true extent of the problem, as over half of unsubstantiated allegations could not be proven one way or the other.

Allegations that are unsubstantiated due to a lack of evidence can pose serious dilemmas to practitioners trying to decide on a safe course of action for the child. It is important (whenever it is considered safe) that some time is taken (in conjunction with colleagues) to carefully weigh the evidence in individual cases in an effort to avoid precipitate action.

Further work is needed to understand the variation that was found between countries and local authorities in rates of abuse or neglect in foster care.

The nature of abuse and neglect in foster care

The study described the nature of confirmed abuse or neglect for 118 fostered children. All forms of maltreatment were evident, including physical abuse (in 37 per cent of cases), emotional abuse (30 per cent), sexual abuse (11 per cent) and neglect (17 per cent). In addition, 15 cases were reported to concern poor standards of care falling short of actual abuse.

Many of the foster carers involved in substantiated cases (43 per cent) had been the subject of previous allegations. It is important that an accurate record of allegations is maintained so that future incidents can be placed in context and emerging patterns of behaviour detected.

Abuse or neglect may occur in all placement settings and at any point in the life of a placement. However, while this study provides evidence that abuse and neglect can occur in any kind of foster placement (whether with kin or with strangers), it cannot tell us how likely these are to occur in kinship placements relative to placements with non-relatives, nor in long-term versus short-term placements.

There was evidence, however, that warning signs were sometimes missed when children appeared to be settled in long-term placements. Some children, for example, only disclosed persistent sexual and/or emotional abuse after they had left the placement. It is essential that social workers see children alone on a regular basis and, while recognising that most foster carers provide good care, are alert to the possibility of abuse in foster placements. Risks of non-disclosure can be heightened when children lack opportunities to confide in social workers and the monitoring and review of placements, even apparently settled placements, are insufficient.

In a number of cases the foster carers concerned had been under stress (related to the numbers or mix of children in their care) or had experienced personal difficulties (related to family illness, marital breakdown and excessive alcohol use) that stretched their capacity to provide sufficiently good care or led to the abuse of children. However, in a small number of very serious cases involving the persistent neglect, emotional and/or sexual abuse of children, it was clear that the foster carers concerned should never have been recruited. High quality assessment, recruitment and review procedures are needed to prevent these individuals being able to harm children.

Communication and information sharing between agencies was not always sufficient. Concerns raised by schools, neighbours or other relatives had not always been acted upon. Visiting children, listening carefully to what they say and spending some time with them away from placements are of fundamental importance. However, social workers also need to be mindful of information passed to them by others and employ their own professional skills to assess the changing dynamics of placement relationships. Not all children will feel able to disclose the abuse they are suffering.

The vast majority of substantiated allegations led to further action against the foster carer(s) concerned. One in 10 received no further action, one-third were provided with further support and training and, in almost one-half of cases, it led to termination of their approval to foster. Small numbers were referred to the Independent Safeguarding

Authority (as it was then) or were subject to criminal prosecution. Where the outcome involved no further action or support/training it was considerably more likely that the child would remain in placement.

The findings emphasise the importance of continuous monitoring and review of foster placements by social workers. Maltreatment can occur in any kind of placement at any time, even where children have been settled for a long time.

Listening carefully to children, both inside and outside the placement, is essential. However, it is important to be mindful that some children may not feel able to disclose abuse until after they have left.

Good cooperation and communication between agencies and between local authorities (where children are placed out of area) is imperative for effective safeguarding practices. Without this, important signals of distress can be missed.

Past allegations and concerns about foster carers should be carefully recorded. Any new allegations that arise should be placed in historical context.

Like other people, some foster carers will experience periods of distress and personal difficulty in their lives. Although the vast majority will not go on to mistreat children in their care, these signs should not be ignored. The offer of support may help to preserve the quality of care provided.

Foster carers will also need access to good independent support and representation once an allegation is made.

Where a foster carer is removed because their actions or behaviour suggest they may pose a risk of harm to children, the Disclosure and Barring Service must be informed.

The incidence of allegations in residential care

Information on allegations in residential settings was sought for the same three-year period (2009–2012). The survey was concerned with allegations of abuse or neglect by residential staff. As such, it did not include abuse by resident peers, abuse experienced while away from the home, or by adults external to placements.

As we found in relation to foster care, most young people in residential care did not suffer abuse or neglect from those charged with caring for them. On average, local authorities reported five to seven allegations per area in each year, giving a UK estimate of approximately 1,100–2,500 allegations per year. This equates to between 10 and 12 allegations per 100 children living in residential care across the UK in each year of the survey (9.56–11.91 depending on year).

Like foster care, between one-fifth and one-quarter of these allegations were substantiated (21–23 per cent, depending on year). As with foster care, therefore, at least three-quarters of allegations were unsubstantiated.

Extrapolating from these figures, we estimate there are likely to be around 250–300 confirmed cases of abuse or neglect in residential care across the UK each year. This represents between two and three confirmed allegations per 100 children in residential care each year (2.15–2.59 depending on year).

Unlike foster care, however, allegations (confirmed or otherwise) were much less likely to lead to young people being removed from placement. Fewer than one in five substantiated allegations resulted in removal.

Residential staff teams do provide safe care to the vast majority of their young residents, although across the UK there are an estimated 250–300 confirmed cases of maltreatment in residential settings each year.

As with foster care, this is likely to underestimate the true extent of the problem and takes no account of abuse by peers or adults external to the placement.

Unlike foster care, confirmed abuse is much less likely to lead to young people being removed from residential placements.

The nature of abuse in residential care

The study reports on substantiated allegations that concerned 28 young people in residential care. Four allegations originated from a single secure unit that was subsequently closed down, and another three from a single residential education unit. These units appeared to be marked by cultures of physical coercion and compliance in which the physical abuse of children may have been systemic.

Over one-half of cases concerning residential staff were categorised as either physical abuse or use of excessive physical restraint. These cases were similar in nature, generally involving staff reacting inappropriately to episodes of challenging behaviour by young people.

While there was recognition of the intense pressure felt by residential workers when conflicts erupt in children's homes, respondents highlighted the need for staff to remain calm, maintain a sense of authority and to employ strategies that help to defuse tensions in high-pressure situations. Work undertaken with young people in calmer times on an appropriate range of anger management strategies may also help to reduce aggressive behaviour.

Very few young people were removed from placement, and looked after children reviews to assess care planning needs were rarely held. In most respects, therefore, life went on much as before. Outcomes for staff were much more variable: while some were subject to no further action, others had their employment terminated. The reasons for differing outcomes were hard to discern from the data available to us.

The ability to maintain calm under pressure is essential when managing conflict and may be helped by positive training, support and supervision. In these ways practitioners may develop a repertoire of de-escalating strategies to reduce the tensions inherent in high-conflict situations.

Where children's homes work well, they tend to feature strong leadership, a positive culture that staff and young people are able to buy into, and to promote close inclusive relationships between staff and young people. Helping young people to find ways to manage their anger can help to reduce combustion within the home.

The inspection regime must eliminate the small number of residential units that continue to maintain cultures of coercion and compliance, even where these are accommodating very challenging young people.

Where a member of staff (paid or voluntary) is removed because their actions or behaviour suggest they may pose a risk of harm to children, the Disclosure and Barring Service must be informed.

Local authority data management and communication

Although all English local authorities are required to report annually on allegations to Ofsted, these data do not currently provide evidence on the numbers of children involved or on the proportion of allegations that are substantiated. The study identified gaps in the information that is readily available to local authorities. In many areas, no or only partial information on allegations was recorded on the central database. Where it was recorded, it was not always held in a format that could be linked to information held on children and caregivers. Good data linkage is needed to support local strategic planning.

Problems were also identified in communication between local authorities where children were placed out of authority. The host authority assumed responsibility for investigating allegations, but the extent to which the placing authority was kept informed or records were maintained of the investigation varied considerably. In these scenarios, effective care planning for the child could suffer.

At local authority and national levels aggregated statistical data on allegations are needed that are child-centred and can provide an accurate picture of substantiated abuse and neglect in foster and residential care.

For children placed out of authority, clear communication strategies between local authorities are needed to ensure effective management of investigations and care planning for the children concerned.

Conclusion

The vast majority of children who enter the public care system in the UK are afforded protection and most receive good quality care. However, a significant minority experience further harm at the hands of their caregivers. Abuse and neglect arise in both residential and foster care. It may occur in any type of placement at any time. Turning one's gaze away from children apparently settled in long-term foster care is not acceptable.