Department for Education

Family Routes: analysis of DfE administrative data methodological paper and core sample

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Contents

Summary

The linking and analysis of social care and education administrative data is one element of the research study, *Family Routes: Growing Up in Adoptive and Special Guardianship Families,* funded by the Department for Education. The administrative data analysis strand intends to learn more about the experiences, needs, and outcomes of children who left care on an adoption or special guardianship order or who remained in care in long-term foster care.

This report provides an overview of the methodology for data analysis and an outline of the whole core sample of children and young people, including their characteristics, experiences while in care, and an overview of risk and protective factors.

Samples

Using DfE administrative data from 2002 to 2023, the data analysis for this strand of work is made up of three samples:

1. **The core sample (n=127,040)** – all children who had been looked after between 2004 and 2022, excluding those on a series of agreed breaks and unaccompanied asylum-seeking children. Three cohorts were selected: (i) children who left care on an adoption order (n=68,110), (ii) children who left care to live with a carer who had a special guardianship order (SGO) (n=40,080), (iii) children whose placement type was recorded as long-term foster care (n=18,850).
2. **Education outcomes sample (n=12,640) –** the criteria were (i) adopted children (7,320); and SGO children (4,150) who had not returned to care and who had completed Key Stage 4 between 2015/16-2018/19; and (ii) long-term foster care children (1,170) who had completed KS4 2015/16- 2018/19 who entered care under 8 years old and were still in care at KS4.
3. **The returned to care sample (n=4,430) –** children were included in this sample if they returned to care at any time after an adoption order or SGO had been made up to March 31st 2023.

Findings from the core sample

The primary reason most (72%) of the children had first entered care was because of abuse or neglect. Most of the children had a single period of care: adopted (95%), long-term foster care (93%) and special guardianship (92%).

Adopted children (n=68,110)

- Had entered care at a younger age compared with children who left care to live with a special guardian, but in care, they experienced more placement changes and slower decision-making
- Nearly a third (31%) had had three or more foster placements by 2 years of age
- Most (78%) children were of White ethnicity, and few (2%) of the adopted children were of Black African or Black Caribbean ethnicity
- The children's average age at adoption was 3.5 years
- Most (83%) children were adopted by parents who had been matched (no previous relationship), and foster carers adopted 17% of the children
- Adoptive parents tended to be married couples (72% heterosexual and 14% LGBT+ couples). Fewer than one in ten (9%) parents adopted as a single parent

SGO children (n=40,150)

- A larger proportion of SGO children entered care aged 4 or over (38%) and left care aged 5 or over (45%) compared with adopted children (10% and 23% respectively)
- About half (52%) of the SGO children had one fostering placement before leaving care to live with a special guardian. It is likely that many of the SGO children were first placed with a kinship foster carer while they were in care, and that relative later became their special guardian
- Three-quarters (75%) of the SGO children entered and left care within 23 months. The children's average age was 5.6 years when they left care
- Most (80%) SGO children were of White ethnicity, and compared with adoption, a larger proportion (5%) of Black African and Black Caribbean children were living with a special guardian
- The majority (95%) of special guardians were kinship carers (a relative or friend)
- Data on the partnership status of SGO carers are not collected

Long-term foster care children (n=18,850)

- Compared with the adopted and SGO children, the long-term fostered children were, on average, the oldest at entry to care; 46% were over 4 years of age
- One in five (20%) of the children were under 2 years old when a long-term decision was made
- There were more boys in long-term foster care (55%) compared with the percentage of boys in adoption (51%) or with a special guardian (50%)
- Most long-term fostered children (78%) were of White ethnicity, and compared with adoption, a larger proportion (5% compared to 2%) of Black African/ Black Caribbean children were in long-term foster care
- A few (3%) long-term foster children were the only children to have at least one residential placement under 8 years of age. None of the adopted or special guardianship children had a residential placement under 8 years of age.
- Most children (95%) were placed with an unrelated long-term foster carer
- The timeliness of decision-making for the children could not be considered because 31% of children had the date of their long-term fostering decision recorded as the same date that they entered care

1. Introduction

The linking and analysis of social care and education administrative data is one element of the research study, *Family Routes: Growing Up in Adoptive and Special Guardianship Families,* funded by the Department for Education. The administrative data analyses intend to learn more about the experiences, needs, and outcomes of children who left care on an adoption or special guardianship order or who remained in long-term foster care. Further details about the study can be found here: https://www.gov.uk/government/publications/family-routes-study-methodological-paper.

The findings from the analyses of administrative data will be published in five reports:

1. Methodology and preliminary analyses
2. Children who returned to care after leaving for adoption or to live with a special guardian
3. The educational outcomes of children who grew up in long-term foster care
4. The educational outcomes of children who left care for adoption or special guardianship
5. Pathways and educational trajectories of children in permanent placements.

This report provides an overview of the methodology for data analysis and an outline of the whole core sample of children and young people, including their characteristics, experiences while in care, and an overview of risk and protective factors.

Background

When children are looked after and are unable to return to live safely with their birth parents, the local authority is required to consider how best to meet the child's needs for permanence. Planning for permanence is an integral part of care planning and is outlined in the regulations.[1] All looked after children should have a permanence plan in place by the second review (four months after entering care). Planning for permanence is defined as:

[1] The Care Planning, Placement and Case Review Regulations 2010 Part 2 Section 5

> … the long-term plan for the child's upbringing and provides an underpinning framework for all social work with children and their families from family support through to adoption. The objective of planning for permanence is to ensure that children have a secure, stable and loving family to support them through childhood and beyond and give them a sense of security, continuity, commitment, identity and belonging. - Department for Education, 2015: 22-23, s2.3

The concept of permanence (Palacios et al., 2019) includes legal, placement stability, and relational elements. Research, statutory regulations, and policy recognise the importance of children having a home where they feel they belong and with adults who will love and care for them through childhood and beyond.[2]

Social workers have several options to consider when making the permanence plan. The first option is usually for social workers and other agencies to work with and support the birth family to enable children to return home. However, if it is unsafe to return children home, different forms of permanent family-based care, such as adoption, special guardianship, and long-term (permanent) foster care, are considered. These three options are the focus of this study.

Adoption Orders were introduced in 1926 and, once made, cannot be undone except in a minimal set of circumstances.[3] Adoptive parents hold all parental responsibility. It is a lifelong commitment, and the adoptive parents can make all decisions about the child's upbringing. Adoptive parents are usually matched to a child/ren after the local authority has decided that the child's welfare is best met through adoption and the court has considered the evidence and made a placement order. Since the introduction of special guardianship orders in December 2005, it is rare for relatives to apply for an adoption order, and most adoptive parents have no previous relationship with the child. Following the order, a new birth certificate is issued, showing the child's new surname and the names of the adoptive parents. The child should also receive a new National Health Service number and, in some cases, a new unique pupil number (UPN) if they are in education.[4] The changes in identity that result from becoming an adopted person pose particular challenges for researchers in linking different datasets. The difficulties will be set out later in this report.

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[2] Keeping children safe, helping families thrive - GOV.UK

[3] RE X and Y (CHILDREN: ADOPTION ORDER: SETTING ASIDE) CA-2024-001106 [2025] EWCA Civ2 2025 Court of Appeal Judgment Template

[4] Department for Education (2019) *Unique pupil numbers (UPN): a guide for schools and local authorities*, version 1.2. Regulations state that where adoption creates no safeguarding risks, and the adoptive parents and the local authority agree, the child's education UPN can remain the same.

Special Guardianship Orders (SGOs) were introduced in December 2005. Special guardians are frequently relatives of the child, but do not necessarily have an existing relationship with the child. The legal order grants the carer parental responsibility to make day-to-day decisions, which ends when the child reaches the age of 18. Local authorities or schools are not required to alter the NHS number or Unique Patient Number (UPN) unless necessary for the child's safety. The child's birth certificate is not changed, although the child's name can be changed if the court agrees that the change is necessary.

Long-term foster care. Although long-term foster care has been an option for many years, it was only in 2015 that it became legally defined, with a specific set of criteria outlined in the regulations.[5] The requirements are that the child's plan for long-term foster care has been recorded in the child's case file, the foster carer has agreed to act as the child's carer until the child leaves care, and the responsible local authority has confirmed this arrangement with the parent, carer and child. The independent reviewing officer must also be consulted on the long-term foster care plan as part of their role in care planning. Unlike children who leave care for adoption and special guardianship, children in long-term foster care remain looked after, and there is no legal permanence order. Parental responsibility remains with the local authority, although they can delegate some day-to-day decisions to the long-term foster carer(s). There is no requirement for local authorities (LAs) or schools to change the NHS number or Unique Patient Number (UPN) unless necessary for the child's safety.

A study of long-term foster care (Larsson et al., 2022) found that although the LA systems and procedures differed in how the plan was agreed and how carers were matched and supported, LAs were generally in agreement that children were expected to stay with their long-term foster carer until 18 years of age and that the foster family would continue to keep in touch or support the young person into adulthood. The intention in making the long-term foster care decision is to provide permanence for a child within the care system without the legal element that adoption or special guardianship orders offer, or any changes to the child's identity. Since 2015, the LA must record these formally agreed long-term foster care placements and use the U codes (U1 long-term fostering with a relative or friend and U4 long-term foster care with a matched carer) in their statistical data return (Children Looked After by Local Authorities in England SSDA903 collection return) to the Department for Education to indicate a long-term placement.

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[5] Department for Education, 2015a:1, s3 The Care Planning and Fostering (Miscellaneous Amendments) (England) Regulations London: Department for Education and The Children Act 1989 Guidance and Regulations, Volume 2: care planning, placement and case review (Department for Education, 2015b and revised in 2021

The decisions made and the placement option chosen will affect children for the rest of their lives. There is an academic debate about the merits of each option, but a lack of evidence on long-term outcomes for all types of permanence. Research has examined children's outcomes into adolescence, but little has considered longer-term outcomes (Palacios et al., 2019; Thoburn, 2023; Selwyn, 2023). There is also a lack of evidence on the support needs of young people and their families during the transition to adulthood. Yet social workers are required to weigh up each of the options, presenting the strengths and weaknesses of each option, to aid judicial decision-making in care and placement order proceedings. This analysis aimed to fill a gap in understanding by linking administrative datasets across childhood and into adulthood.

Research questions

The specific questions that the analysis of the linked administrative datasets was intended to inform were:

1. What were the long-term educational outcomes for children who left care on an adoption order or special guardianship order or were in long-term foster care, and how did they differ?
2. What risk and protective factors may explain any difference? Does the timing (critical periods) of when factors occur influence outcomes? Is there evidence of cumulative (dis) advantage in children's pathways to adulthood?
3. Is there any evidence of 'catch-up' in educational attainment by type of permanence or other characteristics, such as sex?
4. What was the stability of the different placements, and how did they differ by age at placement and age at return to care?
5. What were the trajectories and outcomes for children who left care on a permanence order (adoption and special guardianship order) but later returned to care?
6. What new emotional and behavioural difficulties emerged during adolescence?
7. Did children experience normative transitions at different times compared with peers in the general population? For example, did they enter further education institutions or Universities later than the general population?

Methodology

The aspiration was to link the following administrative datasets: the social care data (SSDA903), education data (National Pupil Database NPD), Individualised Learner

Record (ILR), Higher Education Statistics (HESA), Longitudinal Educational Outcomes (LEO), the DfE/Ministry of Justice data share, and, if available, the ECHILD health dataset. Early in the study, it became clear that the ECHILD dataset would not be available for linking. There were also insufficient numbers of adopted and special guardianship children in the LEO and DfE/MOJ datasets for analysis. Therefore, we could not examine the health, detailed employment history or involvement with the justice system.

Social care and education data were requested from the Department for Education (Table 1). The data were de-identified and provided for analysis through the Secure Research Service, which is provided by the Office for National Statistics. The administrative datasets are high-quality, child-level, and longitudinal. The aim was to link the social care and education data so that factors such as age at entry to care, number of placements, and delays in decision-making could be entered into statistical models to examine their influence on educational attainment at Key Stage 1 and Key Stage 2 between 2004/5-2013/14 and Key Stage 4 between 2015/16-2018/19 and educational progress after age 16.

Table 1: Data requested and provided by the Department for Education by collection year [6]

Social Care Data	**2002-2004**	**2004/5–2013/14**	**2015/16-2018/19**	**2018/19-2022/23**
Adoption decisions and adoptions supplied	•	•	•	•
Episodes (reason for entry & leaving, placements, dates)	*	•	•	•
Children in Need	*	*	*	•
Previous permanence (children who re-entered care after having left on a permanence order)	*	*	•	•
Outcomes age 5- 17 years (SDQ, substance misuse, convictions)	*	*	•	•
Care Leavers aged 16 years+	*	*	•	•
Education Data	**2002-2004**	**2004/5–2013/14**	**2015/16-2018/19**	**2018/19-2022/23**
School Census (Pupil)	*	•	•	•
Key Stage 2 (age 11)	*	•	*	*
Key Stage 4 (age 16)	*	*	•	*
Alternative provision, including pupil referral units	*	*	•	*
Key Stage 5 (age 16-18)	*	*	•	•
Exclusions	*	•	•	*
Absences		•	•	*
Individualised Learner Records	*	*	•	•
National Client Caseload Information System (age 16 years+)	*	*	•	•
Young Person's matched administrative dataset (YPMAD)	*	*	*	•
Higher Education Statistics Authority	*	*	*	•

• = requested and provided * = not requested. Source ONS.

Linking the datasets

Previous studies (McGrath-Lone et al., 2020; Sebba et al., 2015; Jay et al., 2023) have successfully linked de-identified administrative data from children's social care and education. However, the *Family Routes* study faced particular challenges in

[6] Social care data year covers the period from April 1st to March 31st. Education data covers the academic year from September 1st to August 31st.

linking datasets due to the populations being studied, particularly the inclusion of adopted children.

The Unique Pupil Number and the challenge of linking datasets

The Department for Education (DfE) uses the child's unique pupil number (UPN) as the primary matching key to link social care and education datasets.[7] The UPN is allocated to pupils when they start school. Since 2013, local authorities (LAs) have been required to submit a valid Unique Personal Number (UPN) for all children looked after aged four or over on 31 August within the collection year, except for those receiving only respite care. The records from the social care datasets are matched to the National Pupil Database by the Department for Education (DfE), primarily through the Unique Pupil Number (UPN), but also using other information, such as the child's date of birth, sex, ethnicity, and the Local Authority (LA) responsible for the child. If a child can be matched, the child is given a pupil matching reference (PMR) number, and it is this de-identified number that can be made available by the DfE for researchers to use.

However, the majority of children adopted from care and some children who leave care to live with a special guardian do so before they start school.[8] Therefore, they have no UPN in the social care datasets but are allocated a UPN later when they start school. Even if a child has a Unique Personal Number (UPN) before leaving care, schools can change it to ensure the child's safety. The children's social care history and education records cannot be linked if the UPN in the social care and education datasets do not match or if the UPN is only available in the education datasets.

Another way to recognise adopted and special guardian children in the educational datasets is if the school has received Pupil Premium Plus funding for the child. The pupil premium was introduced in April 2011. The additional funding was aimed at raising the attainment of disadvantaged pupils, including children in care. In 2014, the Pupil Premium Plus (PP+) became available for children who left care under an adoption or special guardianship order. The PP+ provides schools with additional funding as recognition of the extra help that children previously looked after often need. Adoptive parents and special guardians must declare their child's status and provide documentary evidence to enable the school to claim the grant. Parents/carers who self-declare the child's adoptive/special guardianship status may be those whose children are most in need of support. If a parent or carer claims the

[7] https://explore-education-statistics.service.gov.uk/methodology/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england-methodology
[8] https://explore-education-statistics.service.gov.uk/data-tables/fast-track/b07d7ac4-5b2f-4a61-bda5-d48026f98f1e

PP+, the information is included in the school pupil census, enabling the educational records of an adopted or special guardianship child throughout their school career to be linked. However, their social care history and education records cannot be linked.

The social care data collection (SSDA903) began in 1992; however, there was a period between 1998 and 2003 when only a one-third sample was collected. After this, it resumed in 2004 to collect data on all children in care. A separate collection of all children adopted from care was introduced in 2001 and combined with the SSDA903 in 2004. Consequently, some children were adopted from care, but their social care histories were not collected between 1998 and 2003. For these children, their date of birth, date of entry to care, number of moves in care and date of leaving care were unavailable. Therefore, children who were adopted before 2004 and left care before they started school could not have their data linked.

The linked data

The intention was to examine children's Key Stage 4 (KS4) attainment at the age of 15 or 16, and to look back on their earlier educational attainment, as well as forward to their educational progress, as far as the data allowed. The KS4 years 2015/16-2018/19 were chosen because a) since 2015, young people have been required to remain in education until 18 years of age, b) four years of data reduced the potential of one year biasing the educational results, c) the KS4 exams during these years were unaffected by the Covid-19 pandemic, d) the pupil premium plus was introduced in 2014 for adopted and special guardianship children resulting in more parents informing the school that their child was previously looked after. This could potentially increase the likelihood that adopted children will be recorded as such in education data.

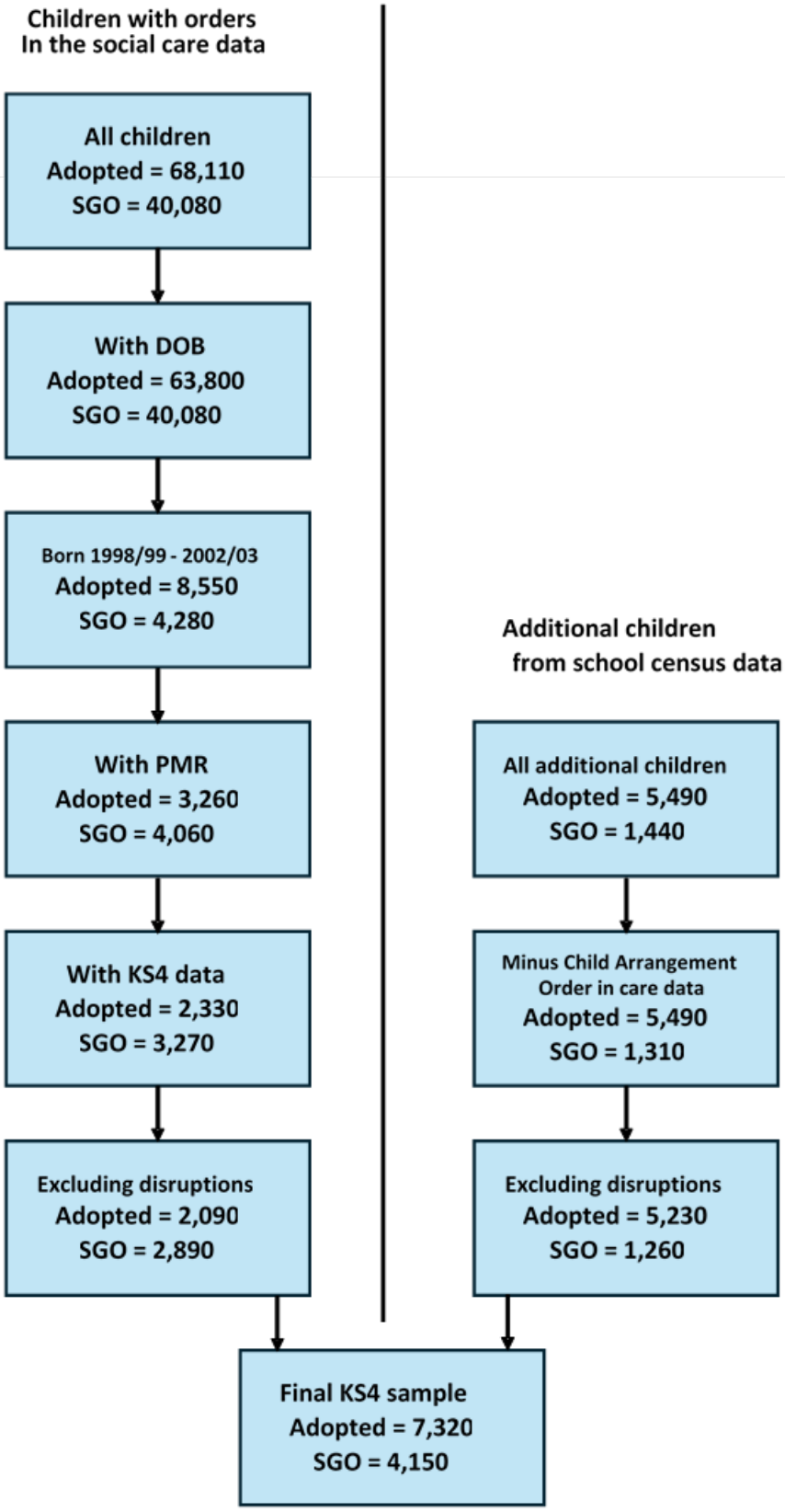
To select children who had completed Key Stage 4 between 2015/16 and 2018/19 and who had been adopted, or had left care to live with a carer who had a special guardianship order (SGO), or were long-term foster care children the following datasets were used: adoptions, social care episodes, children in need, previous permanence, care leaver, and from the National Pupil Database pupil censuses (Autumn, Spring, and Summer), alternative provision, and KS4 attainment.

It was estimated that, based on the date of birth of children, 8,550 adopted children and 4,280 SGO children should have completed KS4 between the 2015/16 and 2018/19 academic years.[9] The social care and education data were linked for 2,090 adopted children, 2,890 SGO children, and all the children in long-term foster care. However, the pupil census recorded an additional 5,230 adopted and 1,260 SGO

[9] A date of birth between 1998/1999 and 2002/2003 was selected to allow for children taking an extra year to complete Key Stage 4. 6% of adopted children's dates were unavailable, probably because they were adopted before 2004.

children who completed KS4 between 2014/15 and 2018/19, but whose social care records could not be linked (Figure 1).

Figure 1: Sample derivation of adopted and special guardianship children who completed KS4 2015/16 – 2018/19



The samples

To answer the research questions, three samples were needed, and each is described below:

1) The core sample (n= 127,040)

The social care data provided covered all children who had been looked after between 2004 and 2022, excluding those looked after on a series of agreed breaks and unaccompanied asylum-seeking children. The adoption dataset included adoptions that had occurred between 2002 and 2004. From the data, three cohorts were selected: (i) children who left care on an adoption order, (ii) children who left care to live with a carer who had a special guardianship order (SGO), and (iii) children whose placement type was recorded as long-term foster care. Additional criteria were also applied to the long-term foster care sample: the child had entered care under the age of 8 and had never been placed for adoption, or had never left care on a child arrangement or residence order. The intention was to make the long-term foster care sample more comparable with the adopted and SGO groups and to study permanence in care.

The core sample was used to a) select the children whose placements had disrupted and the children had returned to care (research questions 4 and 5) b) to consider the representativeness of the children whose social care and education data could be linked and c) identify the risks and protective factors recorded for adopted, SGO and long-term foster care children (to answer research question 2).

2) Education outcomes sample (n=12,640)

To examine educational outcomes and answer research questions 1, 3, 6, and 7, the core sample and education data were used to select the samples. The criteria for sample selection were:

- Adopted and SGO children who had not returned to care and who had completed Key Stage 4 between 2015/16 and 2018/19. The sample was,
    - **7,320 adopted children**: **86%** of all those whose dates of birth indicated that KS4 should have been completed between 2015/16 and 2018/19 were identified in the education data. **30%** had social care and education data that we could link
    - **4,150 SGO children**: **97%** of those whose dates of birth indicated that KS4 should have been completed between 2015/16 and 2018/19 were identified in the education data. **87%** had social care and education data that we could link

- Long-term foster children who had completed KS4 2015/16 - 2018/19 and were who still in care. Twenty children had left care before completing KS4 and were excluded
    - **1,170 long-term foster care children**: **100%** had social care and education data that we could link

3) The returned to care (disruption) sample n=4,430

To answer research questions 4 and 5, the children who had left care on an adoption order or SGO but later returned to care were selected. Children were included in this sample if they returned to care at any time after the order had been made up to March 31st 2023. The following datasets were used to identify children who had returned to care (i.e., social care episodes (2004-2023), previous permanence (2015-2023) and care leavers (2004-2023). The full date of return to care was missing for 2% of children and was replaced with 30th June; the selected year was the year their return was processed by the local authority.

Outcomes

Three key outcomes will be considered in reports 2-5: (i) placement stability, (ii) educational attainment at Key Stage 2 and Key Stage 4, and (iii) post-16 pathways and educational attainment by age 22.

Representativeness of the samples examining educational attainment

The linked datasets enabled the analysis of educational progress and attainment for adopted and SGO children from the age of 11 to 22, as well as for long-term fostered children from the age of 7 to 22. The data for all long-term fostered children, 87% of SGO children, and 30% of adopted children had linked social care and educational records. An analysis was completed to assess the representativeness of the adopted and SGO children with linked data. The variables examined were sex, ethnicity, age at entry to care, reason for first entry into care, delay between entry and order, number of placements and age at order. The key findings of the analysis were:

- 30% of the adopted children had linked social care and education data compared with 87% of the SGO children. SGO children were statistically more likely to have linked social care and education data compared with adopted children
- Adopted and SGO children with linked social care and education data were reasonably representative of all adopted and SGO children, considering their sex, ethnicity and the reason they needed to enter care

- However, for age at first entry into care, age at order, and the delay between being taken into care and the order, the children with linked social care and education data differed from all adopted and SGO children. Children with linked data tended to be older at entry to care, experienced more delays between entry to care and leaving care and had left care at older ages
- Just 160 (4%) of adopted children and 70 (35%) SGO children who left care under 4 had linked social care and education data. These children tended to have speedier journeys from entering to leaving care on an order and fewer foster placements
- Overall, the linked data poorly represented the adopted children with fewer known risk factors.

Analysis

The analyses were conducted in the Secure Research Service, part of the Office for National Statistics.[10] Statistical disclosure policies were applied to ensure that data remained confidential and no individual could be identified, resulting in Tables not always summing to 100%.

- Counts lower than 10 were suppressed and replaced with the letter *c*.
- If the percentage was less than one but not zero and the count was greater than ten, the letter *k* replaces the percentage
- All numbers were rounded to the nearest 10, and percentages have no decimal points. Numbers were rounded down from 5

The analysis benefited from a large sample. However, when analysing large datasets, a statistical test will almost always demonstrate a statistically significant difference between groups. For example, a *p-value* of <.001 indicates a significant difference, but it does not predict the size or strength of the effect between groups. The effect may be so small as to be almost insignificant (Sullivan et al., 2012). Common effect size measures in chi-square tests are Phi (2v2 tables) and Cramer's V for larger tables (Cohen, 1988). In both measures, the coefficient ranges from 0 (no association) to 1 (perfect association). However, the degree of freedom also

[10] This work contains statistical data from ONS, which is Crown Copyright. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis of the statistical data. This work uses research datasets which may not exactly reproduce National Statistics aggregates.

affects the measure of effect (Table 2). Statistically significant results include the effect size.

Table 2: Effect sizes (Phi and Cramer's V) and degrees of freedom

Degrees of freedom (df)	Small Effect	Medium Effect	Large Effect
1	0.10	0.30	0.50
2	0.07	0.21	0.35
3	0.06	0.17	0.29
4	0.05	0.15	0.25
5	0.04	0.13	0.22

Where means of continuous variables were compared, *t*-tests were used, and the effect size measure was Cohen's *d* (Table 3).

Table 3: Cohen's *d* effect size

Small Effect	Medium Effect	Large Effect
0.20	0.50	0.80

The analysis was conducted in SPSS v27, and Bonferroni corrections were applied using the PADAJUST extension in SPSS for multiple comparisons. The analysis employed descriptive statistics, chi-squares, and t-tests to examine the characteristics of adopted, SGO, and long-term foster care children, and to summarise the data. Building on the descriptive statistics, three different types of regression were used in the analysis.

1) Binary Logistic: Examined the factors that affected a binary outcome, such as whether or not the child had passed English and Maths at KS4 (Yes/No). The assumption of linearity was tested through the Box-Tidwell test and scatterplots. A histogram was used to examine whether the residuals of the regression line were normally distributed. Outliers were examined but retained as they did not unduly influence the models
2) Multiple regression was used when outcomes were a continuous variable, such as Attainment 8 scores. Linearity was assessed by partial regression plots and a plot of studentized residuals against the predicted values. There was independence of residuals, as assessed by a Durbin-Watson statistic of around 2. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardised predicted values. There

was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentised deleted residuals greater than ±3 standard deviations, no leverage values greater than 0.2, and values for Cook's distance above 1.

3) To examine the effect of time (from order to disruption) on adopted and SGO children who had returned to care, a Cox (survival) regression was used. The pattern of censoring was similar in adopted and SGO disruptions (Kaplan-Meier procedure).

4) The educational progress of the adopted, SGO and long-term fostered children was also analysed using group-based trajectory modelling (GTM). This is a flexible method for identifying groups of children whose outcomes follow similar paths over time. The characteristics of the children associated with a particular educational trajectory group can then be explored. This method was initially developed in the field of criminology (Nagin, 1999). It has since been used in many other fields (Nagin and Odgers, 2010), including an analysis of the educational progress of looked after children (Sutcliffe et al., 2017). The R package “gbmt” (Magrini, 2022) was used for the analysis.

Limitations

Information on the type of the child’s identified special education needs (SEN) began to be collected for all children in 2015. Children who were on school action before 2015 did not always have their SEN type recorded.

From 1st April 2015, local authorities (LAs) were required to record long-term foster placements for all children in such placements. Two new codes were added to identify a long-term relative or friend (kinship) or an unrelated long-term foster placement. There was a period of catch-up during which local authorities (LAs) reviewed their foster placements and updated the placement codes to indicate whether they were intended to be long-term. However, the use of the new codes has been inconsistent. Analysis by DfE statisticians of the data revealed considerable and unlikely local authority (LA) variation in the proportion of their foster placements categorised as long-term (DfE, 2020). A further limitation of the analysis was that the date the long-term foster care decision was made was not collected. Without the date of the decision, it was not possible to examine the child’s age at the time of the decision, delays or success in finding a long-term carer, or whether the foster placement was a ‘new’ placement or one where the child had lived for some time.

Social care data relies on accurate and timely information being provided. Some of the data provides the option for social workers to select a category named ‘Other’. Examination of the data revealed that the 'Other' option had been selected frequently for three of the social care variables. These variables were a) reasons why the

Strength and Difficulties Questionnaire had not been completed for an eligible child, b) reasons why the recommendation (made by the Adoption Decision Maker) to place a child for adoption had been reversed, and c) the type of placement when young people were older than 16 years of age. The use of the 'Other' option prevented understanding of the children's needs and experiences at these points.

The pupil school census contains a variable that records whether a child left care on a legal order. There were a few differences between the types of orders recorded in the school census and those recorded in the social care dataset. Ten children were recorded as living with a special guardian in the school census when the social care data showed that they left care on an adoption order, 80 children were recorded as adopted when they left care to live with a special guardian and 140 were recorded in the school census as living with a special guardian when they left care on a Child Arrangement order or Residence order. The differences may be due to data entry errors, teachers misunderstanding the different orders, how the question is asked in schools, or caregivers who assume that adoption is a generic term for orders.[11] If there were differences, we chose the type of order from the social care datasets.

A new code for disruptions (children who returned to care after having previously left care on a permanence order) was introduced in 2014. However, the coding included some children with no record of leaving care in England on any permanence orders. Children may have been adopted outside England or entered care from a private SGO arrangement, or the LA may have changed the adopted children's identifiers, and therefore, the social care record could not be linked. A few children had been in an adoptive placement, but no adoption order had been made. Some of the children had the date they left care to live with a special guardian before SGOs came into existence.

[11] Between 2013/14 and 2015/16, the variable name was 'Adopted from care'. Although codes for SGOs, child arrangement/residence orders were provided, the name may also have caused confusion.

2. Results – The Core Sample

This study set out to understand more about the longer-term outcomes for children who left care on an adoption order, left care to live with a special guardian who had a special guardianship order (SGO) or who remained in care placed with a long-term foster carer. All three options are intended to provide permanence for children. There are other ways for children to find permanence (e.g., reunification with the birth family), but they were not the focus of this study.

We first describe the numbers of children by type of permanence decision and what was recorded about their adoptive parents, special guardians, or carers. The children's characteristics, experiences in care and the timeliness of decision-making are also compared by permanence type. The variables selected for comparison were determined by the availability of data and previous research (e.g., Rubin et al., 2007; Palacios et al., 2019; Maguire et al., 2024) on risk and protective factors associated with positive placement outcomes. There are many known risk factors, and only some are included in the social care datasets. For example, there is no information on the birth parents or whether the child was born prematurely or underweight.

Children who were adopted, n=68,110

Between 2004 and 2021, 68,110 children left care with an adoption order. Most (83%) children had been matched with their adoptive parents, while foster carers adopted 17% of the children. Since 2007, data has been collected on the sex and relationship status of adoptive parents, and from 2015, data on whether the parent(s) were in same-sex marriages or civil partnerships. Between 2007 and 2021, the majority (72%) of adoptive parents were heterosexual couples, 14% were LGBT+ couples, 9% were single parents, and 5% were in civil partnerships. No national data are collected on the ethnicity of the adoptive parent(s).

Children who left care to live with a special guardian, n=40,080

Special guardianship orders were introduced in December 2005. Between 2006 and 2021, 40,080 children left care to live with a special guardian. Data from 2018/19 – 2020/21 shows that 95% of special guardians were kinship carers (a relative or friend), and 5% were the child's local authority foster carer. No national data are collected on the ethnicity of special guardians or whether they are single carers.

Young children in permanent long-term foster care, n=18,850

In 2015, long-term foster care became legally defined, with a specific set of criteria outlined in the regulations. Between 2015 and 2022, 31,000 children were recorded as having a long-term foster care placement. From this group, children who entered care under the age of eight and had not previously left care through an adoption,

special guardianship, or child arrangement/residence order were selected. Most (95%) of the long-term foster children were placed with an unrelated caregiver, while 5% were placed with a relative or friend who had been approved as a foster carer.

What were the children's characteristics, and how did they differ by type of permanence order?

Adopted children comprised the majority (54%) of the sample (Table 4), reflecting the length of time that adoption orders have been available.

Table 4: The children and their type of permanence order (2002-2022)

Type of permanence order	Number	Percentage
Adopted	68,110	54%
Special Guardianship	40,080	31%
Long-term fostering	18,850	15%
Total	127,040	100%

Base n=127,040 Source ONS.

There was a statistically significant difference in the child's sex by type of permanence. More boys (55%) were in long-term foster care, compared with adoption (51%) or special guardianship (50%).[12]

Most children were of White ethnicity (Table 5). Black children were more frequently in long-term foster care (5%) or living with a special guardian (5%) and were less often adopted (2%).[13]

[12] Adopted v Long-term foster care x^2=59.2, df1, p<0.003 Phi=0.03. Adopted v SGO x^2=20.3, df1, p<0.003 Phi=0.01. SGO v long-term foster care x^2=109.6, df1, p<0.003, phi=0.04 effect size small

[13] Comparing White and Minority ethnicity adopted and long-term foster care x^2 =294, df 1, *p<.003* phi=0.06. Adopted v SGO x^2=230.5, df1, p<0.003 phi=0.05. SGO v Long-term foster x^2= 22.8, df1, p<0.003 phi= 0.02 effect size small

Table 5: The child's ethnicity by type of permanence (2004-2022)

	Adopted n (%)	Special Guardianship n (%)	Long-term foster care n (%)	Total n (%)
White	53,150 (78%)	31,930 (80%)	14,730 (78%)	99,810 (79%)
Mixed	6,720 (10%)	4,440 (11%)	2,020 (11%)	13,180 (10%)
Black	1,470 (2%)	2,070 (5%)	1,010 (5%)	4,550 (4%)
Asian	980 (2%)	770 (2%)	530 (3%)	2,280 (2%)
Other	820 (1%)	450 (1%)	400 (2%)	1,670 (1%)
Missing data	4,970 (7%)	420 (1%)	160 (1%)	5,550 (4%)
Total	68,110 (100%)	40,080 (100%)	18,850 (100%)	127,040 (100%)

Base 127,040 Source ONS.

Category of need

Abuse or neglect was the most commonly recorded reason for children starting to be looked after (Table 6).[14] Children who left care to live with a special guardian more frequently entered care because their family was under acute stress, family dysfunction, or parental illness/disability, compared to those who were adopted or in long-term foster care. The category 'absent parenting' includes children who have been abandoned, parents who cannot be found, as well as parents who are giving consent for their child to be placed for adoption. Therefore, it is to be expected that a more significant percentage of adopted children compared to children in long-term foster care or special guardianship, first entered care with 'absent parenting' as their primary reason for care.

[14] https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2024 Social workers can only select one category of need to enter into the social care dataset that led to the child's entry to care, although, in practice, there are often many reasons

Table 6: Main reason for first entry into care (2004-2022)

	Adopted n (%)	Special Guardianship n (%)	Long-term foster care n (%)	Total n (%)
Abuse or neglect	46,610 (72%)	28,040 (70%)	14,000 (74%)	88,650 (72%)
Family dysfunction	8,490 (13%)	6,130 (15%)	2,410 (13%)	17,030 (14%)
Family in acute stress	4,000 (6%)	2,790 (7%)	1,180 (6%)	7,970 (7%)
Parental illness or disability	2,730 (4%)	2,040 (5%)	630 (3%)	5,400 (4%)
Absent parenting	1,910 (3%)	480 (1%)	230 (1%)	2,620 (2%)
Child's disability	300 (1%)	260 (1%)	270 (2%)	830 (1%)
Socially unacceptable behaviour	250 (k)	280 (1%)	110 (1%)	640 (1%)
Low income	70 (k)	60 (k)	20 (k)	150 (k)
Total	64,360 (100%)	40,080 (100%)	18,850 (100%)	123,290 (100%)

Base 123,290 Source ONS.

The majority (72%) of children in these three cohorts first entered care because of abuse and neglect. Maltreatment has been consistently shown to increase the risk of poor child outcomes, and the adverse effects can last a lifetime (Teicher and Samson, 2016). Exposure to neglect, abuse and severely inadequate caregiving increases the lifetime risk for different psychopathological conditions such as depression, anxiety disorders, post-traumatic stress disorder, and internalising and externalising symptoms (Cicchetti and Doyle, 2016). However, not all children are adversely affected, and the developmental effects vary widely (Woolgar and Simmonds, 2019). One of the most critical therapeutic mechanisms for recovery from previous maltreatment is that a child has an available trusted adult who is a consistent person in their lives (Bellis et al. 2017). To thrive, children require consistency, predictability, and a secure attachment to a caring adult. Placement

stability is essential to support permanence and is associated with better adjustment and improved behavioural outcomes over time.

Age at entry to care

Age at entry to care is often considered a key risk factor for poorer outcomes. It is assumed that the older the child, the greater the exposure to risks to healthy development, such as maltreatment or domestic abuse. Older age is a risk factor for disruption in all types of placements (adoption, foster care, kinship care and residential).

The majority (90%) of adopted children first entered care at a younger age (aged three or younger) compared with children living with a special guardian (62%) and those in long-term foster care (54%) (Table 7).[15] A young cohort of long-term foster children had been deliberately selected for this analysis (entered care under eight years of age), and over 10,000 children in the long-term foster care sample had entered care under three years of age. The young age of the children with a plan to grow up in care has perhaps been influenced by some court judgements,[16] preferring long-term foster care rather than adoption, especially when the child had been assessed as needing to remain with or have continuing contact with siblings.

[15] Adopted children were younger at entry compared with the long-term foster group $x^{2=}$ 13595.4, df3, p<.003 phi =0.4 and compared with SGO $x^{2=}$ 13411.9, df3, p<.003 phi= 0.4, large effect size
[16] For example, *T & R (Children)(Refusal of Placement Order)* [2021] EWCA Civ 71; *N (Refusal of Placement Order)* [2023] EWCA Civ 364; UDTQ (No Adequate Care Planning), Re [2024] EWFC19 (B).

Table 7: Children's age[17] at their first entry to care by type of permanence (2004-2022)

Age at first entry to care	Adopted n (%)	Special Guardianship n (%)	Long-term foster care n (%)	Total n (%)
Under 12 months - 3 years	57,350 (90%)	25,000 (62%)	10,240 (54%)	92,590 (75%)
4-7 years	5,850 (9%)	8,590 (21%)	8,610 (46%)	23,050 (19%)
8-11 years	540 (1%)	4,660 (12%)	n/a	5,200 (4%)
12-18 years	60 (k)	1,820 (5%)	n/a	1,880 (2%)
Total	63,800 (100%)	40,070 (100%)	18,850 (100%)	122,720 (100%)

Base n= 122,720 Source ONS.

What were the children's experiences in care?

Experiences in care can increase or decrease the risk of poor outcomes. To examine the known risk factors of placement moves and delays in decision-making, new derived variables were created from the available data to distinguish between events before or after the child left care for adoption or to live with a special guardian or the date the child had a foster placement coded (U1 or U4) as long-term.

While the social care data provided a date that the adopted and special guardianship children left care after the making of the legal order, 31% of long-term foster children were given a U placement code (indicating long-term foster care) the day they entered care. The decision that long-term foster care is the permanence plan should be made as part of the child's care plan, and parents and carers have to receive the decision in writing. It is unlikely that this decision and procedure could be followed the same day they entered care. The data analysis included a check to see whether the date was affected by the year (2015) that long-term foster care became legally

[17] The date that 12% of adopted children and 3% of SGO entered care was unavailable, as they entered before 2004 and were not part of the national one-third social care data collection that occurred between 1998 and 2004.

defined, and whether some placements were being coded as long-term as a catch-up on existing arrangements. Those checks found that 40% of long-term foster care children were given a U code and were before 2015 (indicating probable catch-up).

Movement in and out of care

Most of the children had a single period of care: adopted (95%), long-term foster care (93%), and special guardianship (92%). Adopted and long-term foster care children who had more than one episode of care had returned to care after unsuccessful attempts to reunify with their birth family. Special guardianship children with more than one episode of care had a mixture of unsuccessful reunifications and returns to care after disrupted Child Arrangement /Residence orders.

Placement moves in care

Adopted children had significantly more foster placements [18] (large statistical effect size) before they left care for adoption compared with the SGO children, partly because adopted children spent longer in care (Tables 8 and 10) and also because few of the adopted children were adopted by their foster carers. A previous study (Selwyn et al., 2014), also using the social care dataset, found that just over half of the children who later left care to live with a special guardian were first placed with a family or friends (kinship) carer. This first placement became their permanent placement, resulting in fewer moves in care. The same effect is likely being observed in this study.

[18] Changes of carer Adopted v SGO x^2 =20645.6, df 4, p<.003 Phi=0.4

Table 8: Number of carers before the order/ foster care decision (2004-2022)

Number of carers after 1st placement	Adopted n (%)	Special Guardianship n (%)	Long-term foster care n (%)	Total n (%)
No change of carer	7,150 (11%)	20,550 (52%)	12,130 (64%)	39,830 (33%)
One change	29,440 (47%)	10,960 (28%)	3,630 (19%)	44,030 (36%)
Two changes	15,890 (25%)	4,870 (12%)	1,680 (9%)	22,440 (18%)
Three-five changes	10,280 (16%)	2,950 (7%)	1,280 (7%)	14,510 (12%)
Six or more changes	720 (1%)	250 (1%)	130 (1%)	1,100 (1%)
Total	63,480 (100%)	39,580 (100%)	18,850 (100%)	121,910 (100%)

Base n=121,910 Source ONS. k= less than 1% but not zero

The development of the human attachment system and trust begins in infancy. Carer changes for children under two years of age are a risk factor for later difficulties in emotional regulation and the development of trusting relationships (Zeanah and Gleason, 2015), as they occur during a sensitive period in children's development (Table 9). A consistent, nurturing, responsive caregiver during the early years provides the foundations from which children develop secure and trusting relationships with adults and peers.

About one in three adopted children (who entered care under two years old) had three or more foster placements before leaving care on an order, compared with one in six SGO children and one in ten long-term foster care children before their permanence decision (Table 9).

Table 9: Children under 2 years old with three or more changes of carer before the order/long-term foster care decision (2004-2022)

Number of changes of caregiver	Adopted n (%)	Special Guardianship n (%)	Long-term foster care n (%)	Total n (%)
Less than three	32,450 (69%)	14,710 (82%)	5,070 (91%)	52,230 (74%)
Three or more	14,600 (31%)	3,290 (18%)	520 (9%)	18,410 (26%)
Total	47050 (100%)	18,000 (100%)	5,590 (100%)	70,640 (100%)

Base n= 70,640 Source ONS.

Residential placements

Fewer than ten adopted or special guardianship children had a residential placement before the order was made, and all were age 10 or older. Three per cent of long-term foster care children (n=550) had at least one residential placement when they were under 8 years old.

Timeliness of decision-making

To examine timeliness, the months between entry to care and the order date were calculated (Table 10). The children in long-term foster care were excluded from this particular analysis, as the data indicated that 31% were placed in a designated long-term foster care placement the day that they entered care.

Compared to children who were adopted, SGO children spent, on average, a shorter time in care (22 months compared to 27 months).[19]

[19] *t*=32.9, p<.003, Cohen's *d* 0.2 small effect size

Table 10: The mean time in months from entry to care to date, leaving care (2004-2022)

	Number	Mean months	Std. Deviation	Std. Error of Mean
Adopted children	63,660	27	15.2	0.06
SGO children	40,080	22	26.4	0.13

Base n=103,740 Source ONS.

The national adoption statistics (2004-2014) show that the average time from entry to care to the date of leaving care ranged from 2.0 to 2.11 years.[20] The national average time was used to create new derived variables in our datasets, categorising the sample children's journeys into speedy (quicker than the national average), average (same as the national average), and slow (slower than the national average). Again, this showed that adopted children's journeys to permanence were slower compared with SGO children (Table 11).[21]

Table 11: Time from entry to care to leaving care with an adoption order or to live with a special guardian (2004-2022)

Time from entry to order	Adopted n (%)	SGO n (%)	Total n (%)
Speedy (0 to 23 months)	33,040 (52%)	30,070 (75%)	63,110 (61%)
Average (24 to 35 months)	18,590 (29%)	3,130 (8%)	21,720 (21%)
Slow (36 months or longer)	12,030 (19%)	6880 (17%)	18,910 (18%)
Total	63,660 (100%)	40,080 (100%)	103,740 (100%)

Base n=103,740 Source ONS.

Children's age at the time of the order

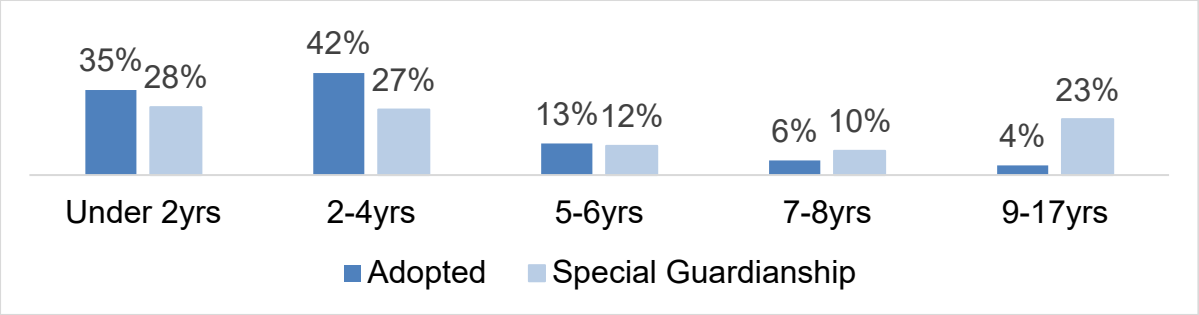
When the courts make the adoption or special guardianship order, the child leaves care. Where a child has been placed for adoption, the potential adopters can apply for an adoption order after the child has lived with them for at least 10 weeks

[20] https://explore-education-statistics.service.gov.uk national statistics and time series data
[21] x^2 =7580.4, df 2, p<.003 Cramer's V 0.3

(Section 42(2) of the Adoption and Children Act 2002).[22] The length of time a child has to live with carers before applying for an SGO varies by type of carer. Unrelated carers (e.g., previous foster carers) can apply for an SGO if the child has lived with them for at least one year, whereas relatives can apply immediately (Children Act 1989).[23]

In this dataset, adopted children were significantly younger when they left care compared with children leaving care to live with a special guardian. The average age at adoption was 3.5 years. For the special guardianship children, the average duration was 5.6 years (Figure 2).

Figure 2: The child's age when they left care for adoption or to live with a special guardian (2004-2022)



Base n= 103,740 Source ONS

Child's age at the time of the long-term foster care decision

Excluding the 31% of children who had the date of their permanence decision recorded the day they entered care, 20% of children were under 2 years old at the time the decision was made, 25% were aged 2-4 years, 29% aged 5-6 years and 26% were aged 7-8 years.

Overview of risk and protective factors

All the children had been exposed to early adversity either through maltreatment, exposure to domestic abuse or other family stresses, and all had been separated from their birth parents. However, how the children experienced those adversities will be personal and affected by many different factors, as development is a complex and multifaceted process. While there is strong evidence that maltreatment can increase the risk of poorer educational, psychological, social and health outcomes, latent vulnerability models (e.g., McCory and Viding, 2015) emphasise the diversity

[22] Adoption and Children Act 2002 (legislation.gov.uk)
[23] Children Act 1989 (legislation.gov.uk)

of outcomes for children exposed to adversity. The analysis of administrative data examined some of the known risk and protective factors (e.g., Woolgar and Simmonds, 2019; Anthony et al., 2022; Selwyn, 2023). A summary of the findings is presented in Tables 12 and 13. The administrative datasets cannot provide the details needed to unpick the complex interrelationship between all the potential risk and protective factors. Other risk and protective factors are being examined as part of the *Family Routes* study through surveys of families and interviews with adoptive parents, SGO carers, and young people.

Table 12: Risk factors (2004-2022)

	Adopted	Special Guardianship	Long-term foster care
Entered care due to abuse or neglect	72%	70%	74%
4 years or older at first entry into care	10%	38%	45%[24]
4 years or older when left care/ long-term foster care decision	23%	45%	55%
More than one episode of care before the order /long-term foster care decision	5%	7%	7%
More than three foster placements before the order/long-term foster care decision	17%	8%	8%
Three or more foster placements under 2 years old	31%	18%	9%
Residential placements	None	None	3%
Slow decision-making (taking 36 months or longer to leave care)	19%	17%	N/a

Base 122,720 Source ONS.

[24] Excluded long-term foster care where the date of the decision was the same date as their entry to care. Sampling criteria all aged under 8 years old.

Table 13: Protective factors (2004-2022)

	Adopted	Special Guardianship	Long-term foster care
Single episode of care	95%	92%	93%
Single placement with the same carers before leaving care/ or having a long-term foster care decision	11%	52%	64%
Speedy decision-making <23 months from entry to leaving care	52%	75%	N/a
Under 2 years of age when leaving care for adoption, SGO or the decision was made for long-term fostering	35%	28%	20%

Base 122,720 Source ONS.

This first report outlines the characteristics of all sampled children based on the data provided in the linked administrative datasets. Further reports will be available including a report that focuses on the adopted and SGO children who returned to care and the factors associated with their return. It will examine whether the known risk and protective factors described above were associated with a breakdown of the children's permanence orders.

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