

Hayden, C. and Graves, S. (forthcoming, 2017) Patterns of offending behaviour over time for different groups of children in relation to time spent in and out of care, *Child & Family Social Work*

### **Abstract**

Children who spend time in care are more likely to have an official record of offending behaviour than the general population. However, there is a lack of longitudinal research on the timing, severity and volume of offending in relation to time spent in and out of care. Furthermore, differences in patterns of offending by identifiable groups in care are rarely a focus of research. The current study is both longitudinal and identifies eight groups within the care population with different volumes of recorded offending: ranging from a mean of 41.75 (prolific) to 1.60 (low). Substance misuse, gender and reasons for referral to care were associated with different patterns of offending in and out of care. The study is primarily based on a sub-sample of 64 children who had offended whilst in care. The sub-sample represents 38.5% of a cohort of children who had been in care or were taken into care over a particular time period (2008-2011) in one local authority. The placements and recorded offences of the 64 children were tracked for a further two years (2011-2013). The study highlights future areas of research and the need for more tailored responses to different groups within the care system.

**Key words:** children in care system, young offenders, young people (well-being of in care); youth justice

## Introduction

It is well established by research that children in care or 'looked after' (1) in England and elsewhere in the world show a higher official recorded rate of offending, compared with children in the general population (Schofield et al, 2012). The proportion of 10 to 17 year olds, who have spent at least 12 months in care, and have been convicted or given a final warning or reprimand (during the one year period monitored) is five times the rate in the general population: 5% compared with 1% (DfE, 2016). Only 0.6% of children under 18 in England are in care at a particular time; or 69,000 children (DfE, 2015). More children (99,000) spend weeks or months in care during a one year period (DfE, 2015). In recent years more children are spending some time in care and the rate per 10,000 children under 18 years has increased from 54 to 60 between 2009 and 2015 (DfE, 2015).

Taylor (2003) argues that the relationship between care, troublesome behaviour and criminal careers has often been taken as a given, without being properly understood and evidenced. Young people in care are not a homogenous population; they spend very different amounts of time in and out of care, in different types and combinations of placement; and, they bring with them different combinations of issues that may intersect with their vulnerability to getting into trouble. Fitzpatrick, Williams and Coyne (2016) argue that many of the issues that relate to how the criminal justice system interacts with children in care and care leavers cannot be neatly dealt with. They argue that these issues connect with broader policy, such as the age of criminal responsibility in England and the support provided for care leavers. Narey (2016) highlights other issues such as Home Office counting rules and police discretion in relation to responses to police call-outs to residential care. In other words the broader policy

setting in which young people in care get a record of offending behaviour is part of the problem; and, it can conflict with targeted initiatives aimed at reducing the number of children in care with a record of offending.

The current empirical study is framed by broader theoretical explanations relevant to offending behaviour and children in care and key research evidence on the prevalence of offending behaviour by children in care (specifically longitudinal research). The study sets out to answer five research questions. Firstly, what is the prevalence of offending behaviour amongst children and young people who have spent time in care? Secondly, do young people commit more offences in the time that they are in care compared to when they are not? Thirdly, do young people commit more serious offences when they are in care placements compared to when they are not? Fourthly, does continuity of care have any effect on the amount and severity of offences committed? Fifthly, are there identifiable groups within the care system who display different patterns of offending behaviour?

## **Offending behaviour and care**

In England there is a wealth of government monitoring data on both youth offending and children in care. However, government data on offending is limited, it is not longitudinal and does not report on children who spend under a year in care. This means that there is a major disparity between government monitoring data which shows that only 5% of children in care offend in a particular year and claims that between a quarter and a half of children in the secure estate (2) and around a quarter of adults in prison have spent time in care (Schofield et al, 2012; Prison Reform Trust, 2016).

Relatively little research has attempted to track and understand offending behaviour in relation to time spent in and out of care for the same individuals, even fewer studies are longitudinal. Conducting longitudinal research on children in care is complex, partly because children move in and out of care and between individual placements. Darker, Ward and Caulfield (2008) provide one of the few larger scale longitudinal studies on the timing of offending in relation to time in care. Using social care case file data they report on 250 young people (aged 10 years and over) who had been in care for at least a year between 1996 and 2000. They acknowledge that this does not represent the whole care population, two-thirds of whom spent less than a year in care at the time of their research. Darker et al (2008) found a 30% prevalence for an official record of offending during the period of monitoring. The proportion who had offended (30%) was made up from 17% who offended both before and in care, 10% who started to offend in care and 3% who offended before care but not in care. Two persistent offenders were identified who committed 53 and 30 recorded offences respectively. A previous admission into care was significantly associated with offending behaviour. Exclusion from school, conduct problems, truancy and drug use were all highly significantly correlated with each other and had a higher prevalence in this cohort than in the general population. These latter inter-relationships were taken to illustrate the complexity of attributing causal factors to offending behaviour. No clear relationship between placement type and offending behaviour was found, partly because of the movement between placements and the reliance on children's social care case file data for how offending was recorded. They do note however that offending behaviour was associated with a higher number of placements. Darker et al (2008) conclude that for those who did offend, the care episode itself was unlikely to have been the sole cause of their offending behaviour.

Hayden and Gough (2010) found a higher prevalence of offending behaviour in their study of children in *residential care*. They followed prospectively for one year a cohort of 46 young people who entered 10 residential units in a one month period. They found that over a third (37%, 17) had a record of offending during the year and a similar proportion (39%, 18) had a record of offending before this care episode. The circumstances of the eleven children who had no record of offending either before or during the year were characterised by stability in both care and educational placements. However they were also younger (mean 13.3 years) than the offending group (mean 15.1 years).

The relative importance of spending time in care as an explanation of offending behaviour is central to the focus of the current research.

## **Explaining offending behaviour in care**

Key explanations about why children in care have a higher official rate of offending, compared with children in the general population, can be categorised into two broad themes: the way the care system operates and the circumstances and experiences in their family of origin.

The way the care system operates covers a range of issues. Overall, popular and political discourse and unfavourable comparisons made between children in care and the general population help to create a climate of low expectations and a sense of inevitability about being in care and being in trouble (Taylor, 2003; Forrester, Goodman, Cocker, Binnie and Jensch, 2009). Specific aspects of the way the care

system operates can enhance risks (rather than protective factors), for example: placement instability (Darker et al, 2008; Morrison and Shepherd, 2015); poor after care and care leaver services (Forrester et al, 2009; Fitzpatrick et al, 2016); greater adult surveillance and negative police attitudes (Darker et al, 2008; Howard League, 2016); and, the concentration of the most damaged and behaviourally challenging children in *residential* care (Hayden and Gough, 2010; Howard League, 2016). Furthermore, ineffective policies and procedures for responding to highly problematic behaviour (Hayden and Gough, 2010; Shaw, 2012; Howard League, 2016; Narey, 2016) provide a setting that can enhance the risks of having an official record of offending, rather than reduce it. This latter argument is particularly relevant to the minority of children in residential care. Some residential care homes might even be seen as 'criminogenic' in that they help create the conditions that produce crime or criminality (Hayden, 2010; Howard League, 2016). However, this argument cannot be extended to all care homes, or to foster care, in which the great majority (75%) of children in England are placed. Indeed, there is a danger that the care system is unfairly scapegoated when the issues that contribute to offending behaviour are complex and inter-connected (Morrison and Shepherd, 2015).

Explanations that focus on the family of origin are varied. The socio-economic circumstances of the birth families of children in care are characterised by poverty in many countries (not just England). Poverty affects the capacity of families to care for their children (Hougham and Dowling, 2013) and has other effects too; for example, poverty is connected to poor health (Pare and Felson, 2014). Pare and Felson (2014) argue that poverty can be seen as 'criminogenic'. Other explanations focus on pre-care experiences and include evidence about attachment problems, maltreatment and

trauma (Coman and Devaney, 2011). Prevalence studies illustrate some of the effects of these pre-care experiences in the higher rates of mental health problems and substance misuse in older children who have been in care, compared with the general population (Schofield et al, 2012).

Explanations often intersect, for example placement instability can compound the experiences of loss, rejection and poor attachment. Increasingly, it is recognised that a network of factors influence the outcomes of children in care (Coman and Devaney, 2011; Forrester et al, 2009). These circumstances can also be conceptualised as 'risk factors' for offending; and, they are similar to those that increase the likelihood of offending behaviour in the general population (Darker et al, 2008; Schofield et al, 2012). Furthermore, most young people spend only short periods of time in care, so it is difficult to separate higher levels of offending from negative pre-care experiences (Stein, 2006).

An alternative perspective focuses on young people who are successful in care (Martin and Jackson, 2002), those who experience care as a turning point or opportunity to realise their potential (Stein, 2006), and those who do not offend whilst in care (Hayden and Gough, 2010). Broadly this research emphasises, placement stability, positive relationships with carers, educational success, continued support after leaving care and the involvement of young people in decision-making, as well as individual resilience (Martin and Jackson, 2002; Morrison and Shepherd, 2015; Stein, 2006).

## **Research context**

This study is based on research in one English city with a total population of over 200,000. The population is predominantly White (84%); Black and Minority Ethnic

groups make up 16% of the whole population. The city is in the top 100 most deprived local authorities in England and has pockets of severe deprivation. Since 2010 and to the time of writing, around 300 children are in care at any one time (0.6% of all 0-19 year olds - the national average); the trend in the number of children taken into care is upwards, in keeping with the national trend in England (DfE, 2015). The annual rate of recorded offending for children in care for over a year (8.7%) was higher than the national average (6.2%) at the time the analysis was conducted.

The current study evolved from questions raised by earlier work conducted for the same local authority (Author and other, 2015). The local authority wanted further analysis of the data specifically on offending and children in care, because of the higher annual rate of recorded offending for children in care already noted. The opportunity for further analysis had been agreed in the original research contract. The research underwent University ethical review. This review advised on how the data on the 196 children was compiled and kept. All searches were undertaken by staff in local agencies within their own service only and compiled into a single Excel database by a data handler. The Excel database had the names and addresses removed, and the data was imported into SPSS for analysis by the University. Organisational databases were used to follow up the sub-sample of 64 young people for an additional two years (2012 and 2013). Again the searches within databases were conducted by local authority staff and data supplied to the University was already anonymous and coded within an SPSS database.

## Methodology

This is a longitudinal study based on secondary data analysis of official records from both Children's Social Care (CSC) and Youth Offending Team (YOT) databases. It builds on previous research which profiled a cohort of 196 young people (without disabilities), aged six to seventeen years, who entered care and/or custody over a three year period (2008-2011). A sub-sample of 64 young people who had an official record of offending were tracked prospectively (2012 and 2013) and retrospectively (back to the age of first recorded care placement and offence); and, a record was made of their offences and care placements.

The sub-sample of 64 young people selected from the larger cohort (n=196) was based on the following criteria: they had reached 10 years of age during 2008-2011; had spent some time in care since the age of 10; and, had committed at least one officially recorded offence before the end of 2011. That is they had either an out of court or court disposal (known as a 'substantive outcome') (YJB/MOJ, 2016). Two young people were not included as they had been in care continuously from before the age of 10 years throughout the tracking period so it was not possible to compare time in care placements with time not in care. Both are prolific offenders (3): each had more than twenty recorded offences in total.

Research based on secondary data from official records has limitations. Firstly, the data in this study only includes recorded offences with substantive outcomes at the YOT (not all offending behaviour). Secondly, some offences will have been dealt with informally and by other processes, such as restorative justice. Thirdly, the records for children with a placement outside the local authority may not be accurate, as YOT staff

were not routinely informed of offending by children in these placements (about a quarter of all placements). In sum, the research has not included all offending behaviour of the young people in this cohort.

Compiling the data on the sub-sample was more complex than the original study as we were tracking the offending behaviours of 64 young people through various placements of differing length and type. A major part of the study focused on obtaining accurate data on the volume and severity of official records of offending in relation to time spent in and out of care. We used several approaches to analysing the resulting data in order to answer our research questions.

To ascertain whether young people commit *more* offences in the time that they are in care compared to when they are not, two approaches were used. The first approach calculated a rate of offences per year for the total time each young person was in care and for the time they were not. Time spent in custody was not included. This measure gives an overall picture of whether young people offended more in or out of care. The rate of offending out of care is based on offences occurring before, in between and after care placements and is taken over a longer period of time (potentially from 10 to 17 years of age).

A second approach to tracking the *amount* of offending and care focussed on continuity of care. Within our sub-sample of young people half (n=31) had been in care for six months or more continuously, the other half (n=33) had been in care for shorter periods of time continuously. Offending was tracked for the first continuous

six months in care in which a child was 10 years or older and compared with the six months before the care period.

In order to ascertain whether young people committed *more serious* offences when they were in care placements calculations were undertaken on the whole sub-sample of 64 young people, as well as the smaller group of 31 who had spent six months or more continuously in care. Firstly, the maximum severity (4) for all offences (recorded at the YOT) while not in care was compared with the maximum severity during care placements for all 64 young people in the cohort. Secondly, the same calculations were undertaken for the smaller group of 31 young people in care for six months or more continuously.

A number of statistical tests were used to analyse the data. The Chi2 test for independence was used across all variables in relation to identifying any associations with the total level of offending (across the whole time period, 2008-2013) and specific variables (such as gender and reason for referral). An independent samples t-test was used to compare the mean volume and severity of offending in and out of care. Multiple linear regression analyses were run to investigate what variables predicted the rate and severity of offending in and out of care. Correlations between variables were also explored, although with no significant findings. Significant findings from these tests are reported within the section below. Where means are reported in Figure 1 or Tables 1-3, the Standard Deviation is included, but it is not reported in the written text as well.

## Findings

The research findings are presented in themes that cover the five research questions highlighted earlier.

### ***Prevalence of offending behaviour***

This part of the article draws on a brief descriptive analysis of the larger cohort (n=196) to establish an overall prevalence of offending behaviour. It situates the sub-sample (n=64) that is the basis for the rest of the analyses. The cohort illustrates the overlap between care and custody as well as the prevalence of offending, by age group.

The original cohort of 196 was predominantly made up of children and young people who had been taken into care (81.1%, 159 of 196) over a three year period (2008-2011); the rest of the sample (18.9%, 37 of 196) included those who had been taken into custody in the same time period. However, there was an overlap between care and custody: fifteen of the young people taken into care had also been taken into custody in the same three year time period; and, an additional seven in custody had been in care prior to 2008-2011. In total 166 children had been in care (159 during 2008-2011, 7 before this time period). Nearly four in ten (38.5%, 64) of the children who had spent time in care had an official record of offending behaviour with a substantive outcome at the YOT.

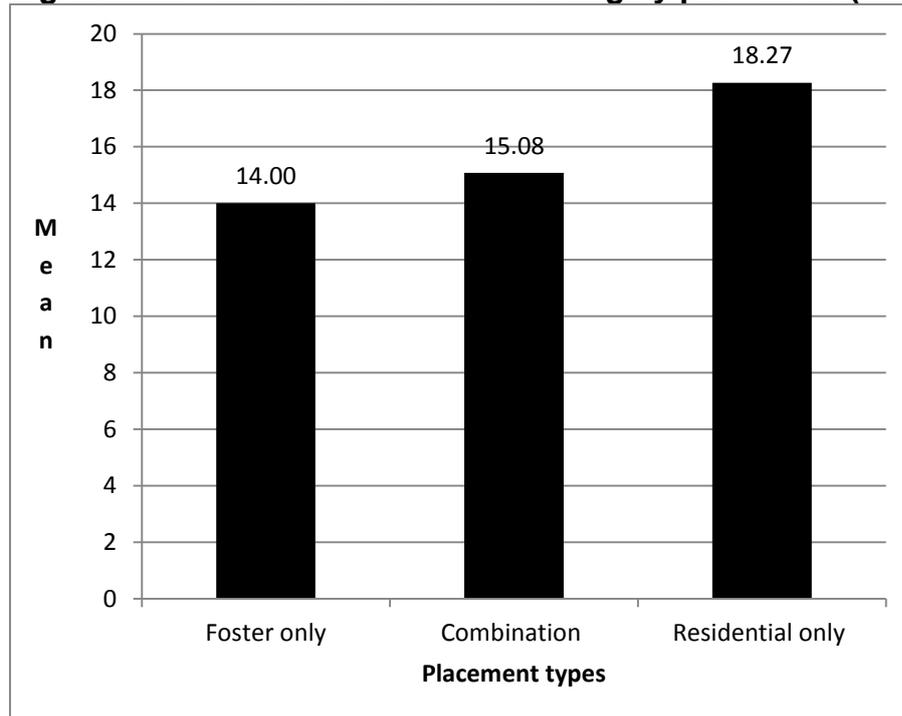
### ***The offending sub-sample (n=64)***

The amount of time spent in care ranged from 25 to 1,434 days; the mean was 359.23 days (or just under a year in total, SD: 350.79). There was often more than one reason

why young people were placed in care (so the numbers and percentages do not add up to 64, or 100%). The most common reasons were: abuse or neglect (37.5%, 24); relationship breakdown with the caregiver (29.7%, 19); or, the young person was said to be 'beyond parental control' (26.6%, 17). Nearly one in five (18.8%, 12) placements were at the request of the young person and a proportion (15.6%, 10) were connected to offending behaviour, as part of the reasons given for referral.

The majority (85.9%, 55) of young people had one or more problem or issue related to their offending behaviour recorded in the YOT database. Over half (59.4%, 38) had four or more 'risk factors' recorded. Over three-quarters (79.7%, 51) were known to drink alcohol and over half (59.4%, 38) were known to have used drugs - most commonly cannabis. Substance misuse (alcohol and/or illegal drugs) was assessed as problematic in a smaller proportion of young people (28.1%, 18). Mental health issues were recorded for almost half (48.4%, 31) the sub-sample, and more than a third (39.1%, 25) had a family member who was known to be an offender.

Identifying the effect of type of placement on offending behaviour was not straightforward because more than half the sample (59.4%, 38) had experienced a combination of placements. It follows that a relatively small number had been in only one type of placement: foster care (23.4%, 15) and residential care homes (17.2%, 11). The small sample size may explain the failure to find any statistically significant differences (through correlation or Chi2 with grouped data) in relation to overall levels and patterns of offending by type of placement. However, descriptive statistics shows a difference in the mean level of offending across the three groups (see Figure 1). The mean level of offending was highest in the 'residential only' group.

**Figure 1: Mean level of overall offending by placement (n=64)**

Foster only, SD: 22.91; Combination, SD: 16.16; Residential only, SD: 13.67

More than half (59%, 38) the sample was male, the rest was female (41%, 26). A bigger proportion of the sample was female than would typically be found in official records of youth offending in the whole population (82% male, 18% female, YJB/MoJ, 2016, p.30). The overall volume of offending was markedly different across the males and females in the cohort. An independent samples t-test was conducted to compare the mean level of offending for males ( $M = 20.37$ ,  $SD = 19.68$ ) and females ( $M = 8.08$ ,  $SD = 9.65$ );  $t(64) = 3.31$ ,  $p = .002$  (2 tailed). This confirms that the differences are highly statistically significant. The mean level of overall offending by males was two and a half times the rate for females.

**Table 1: Offending sub-sample: amount, severity and timing of offending (n=64)**

Samples and groups  (Number in group, n=)	Offences overall (mean number)	Offended <i>Before</i> in care %	Offence: Maximum severity (1-8) <i>while</i> in care	Offence: Maximum severity (1-8) <i>when NOT</i> in care	Gender (%)  Age when first in care (mean number)	Days in care (mean number)	Placements (mean number)
<b>SUBSAMPLE (n=64)</b>	15.38 (SD: 17.36)	73%	2.52 (SD: 2.17)	3.83 (SD: 1.78)	M=59% F=41% 14.27 years (SD: 2.49)	359.23 (SD: 350.79)	4.06 (SD: 3.16)
<b>In care <u>continuously</u> 6 months or more (n=31)</b>	12.61 (SD: 14.87)	75%	2.39 (SD: 2.11)	3.55 (SD: 1.75)	F=30% M=70% 14.15 years (SD: 2.93)	458.67 (SD: 343.13)	3.94 (SD: 3.40)
<b>In care <u>less than 6 mths</u> continuously (n=33)</b>	17.97 (SD:19.28)	73%	2.64 (SD: 2.26)	4.09 (SD: 1.79)	F=38% M=62% 14.38 years (SD: 2.04)	265.82 (SD: 336.60)	4.18 (SD:2.96)

Table 1 illustrates that nearly three-quarters (73%) of the children had offended *before* they came into care. Overall the maximum severity of offences committed was higher when young people were *not in care* (mean = 3.83) compared with when they were *in care* (mean = 2.52). Children in care continuously (for six months or more) had a lower total number of offences (mean = 12.61) compared with those in care for shorter periods (mean = 17.97) and they committed slightly less serious offences. In other words it would appear that continuous care may have helped to reduce the volume of offending.

***Do children commit more offences in the time that they are in care compared to when they are not? What happens with more continuity of care?***

A paired sample t-test ( $t(64) = 3.424, p = 0.001$ , two-tailed) showed that overall there was a statistically significantly higher rate of offending when children were *in care* (mean = 6.47 offences per year, SD: 11.38) compared to when they were *not in care*

(mean = 1.80 per year, SD: 2.00) for the whole sub-sample (n=64). However, this mean rate in care was partly explained by eight prolific offenders who had an average rate of 31.10 (SD: 15.94) offences per year in care and 3.54 out of care (SD: 2.77). If these eight prolific young offenders are removed from the calculation the rate for the rest (56 children) was still significantly higher than out of care but was reduced to 2.95 per year *in care* (SD: 3.93) and 1.55 *not in care* (SD: 1.76) ( $t(56) = 2.598, p = 0.012$ , two-tailed).

A different result was found when the 31 young people who had spent six months or more continuously in care (see Table 1) were tracked over a specific and fixed time period. Their rate of offending was higher *in the six months before* they were in care (mean = 2.19 over six months, SD: 4.37) than during the *first six months* in care (mean=1.16 over six months, SD: 1.75); although this difference is not statistically significant ( $t(31) = 1.265, p = 0.216$ , two-tailed). This calculation excluded seven of the eight prolific offenders, as they had not been in care continuously for six months.

***Do children commit more serious offences when they are in care placements?  
What happens with more continuity of care?***

Descriptive statistics in Table 1 illustrate that on average across the whole cohort (n=64) the most serious offences were committed when children were *not in care* (mean=3.83) compared to when they were *in care* (mean=2.52). These calculations included any time period when the young person was aged 10 years and over. This pattern was particularly evident for those who committed robbery or burglary offences

For the smaller group of 31 young people who had spent six months or more continuously in care there was no difference in the maximum severity of the offences

committed *in the six months before* being in care (mean=1.45, SD: 2.16) compared to the *first six months* of the care placement (mean=1.48, SD: 2.00). This means that being taken into care did not result in an increase in the seriousness of offences committed. But, if the calculation (see Table 1) is based on comparing any time period spent in or out of care from the age of 10 and over, the maximum severity of offence committed is higher while *not in care* (mean = 3.55, SD: 1.75) compared with time *in care* (mean = 2.39, SD: 2.11).

### ***Are there identifiable groups of offenders with different patterns of offending?***

The differences already noted in relation to gender are well known in wider research on offending, as is the identification of a small group (n=8) of prolific young offenders. Other groups were identified by significant differences in their background risk profiles (as recorded within the YOT database) and in relation to the reason for their referral into the care system.

The Chi2 test for independence identified four additional variables (apart from gender) that were associated with level of offending. Drug misuse from the young person (n=18) or substance misuse (alcohol or drugs) within the family of origin (n=21) were both highly significant in relation to volume of offending. Two contrasting groups were identified by referral reason: young people whose referral to care was connected to offending behaviour (n=10) and a much larger group who were referred primarily because of abuse and neglect (n=24), where there was an inverse relationship with level of offending. These statistically significant differences are summarised in Table 2, below.

**Table 2: Groups and levels of offending (statistically significant differences)**

Issue	Statistical significance
Young person misuses substances (either alcohol or drugs)	Chi2 (1, N=64) = 21.885, $p=.000$ , Cramer's V = .000
Substance misuse in family	Chi2 (1, N=64) = 8.815, $p=.012$ , Cramer's V = .012
Young person accused or connected with an offence at referral	Chi2 (1, N=64) = 9.387, $p=.009$ , Cramer's V = .009
Young person referred because of abuse or neglect	Chi2 (1, N=64) = 13.675, $p=.001$ , Cramer's V = .001

Multiple linear regression models found that problem drug use was a significant predictor for the rate and maximum severity of offending whilst *not* in care. In addition, age at the start of the first care episode and family substance misuse were predictors of the maximum severity of offending whilst *not* in care (5). None of the models predicted offending whilst *in* care.

Table 3 (overleaf) provides an overview on eight groups of offenders primarily organised in relation to their overall level of recorded offending; which ranges from a mean of 41.75 (prolific) to 1.60 (low). There is some overlap between groups: for example prolific offenders and offending as a reason for referral to care. Three of the ten young people whose referral was connected to their offending behaviour were prolific offenders. Overall Table 3 illustrates the differences in patterns of offending behaviour across the sub-sample. The proportion of young people who had an official record of offending with the YOT *before* any time spent in care ranged from 33% (in the low offending group) to 100% (where offending behaviour was connected to their referral). There are other marked differences apparent across the groups identified in relation to the maximum severity of offence before care and while in care. Overall prolific offenders committed the most severe offences both before they were in care and whilst in care, they also spent the shortest mean time in care (186 days, compared

with 387 for the whole sub-sample). Those in care for the longest mean number of days (low offending, 477 days; abuse and neglect, 491 days) committed less serious offences, on average. These latter two groups were also younger when they first entered care.

**Table 3: Groups and patterns of offending in and of care**

<b>Groups</b> (Number in group, n=)	<b>Offences overall</b> (mean number)	<b>Offender before in care</b> (%)	<b>Offence: Maximum severity (1-8) while in care</b>	<b>Offence: Maximum severity (1-8) when NOT in care</b>	<b>Gender (%)</b>  <b>Age when first in care</b> (mean)	<b>Days in care</b> (mean number)	<b>Placements</b> (mean number)
<b>1.Prolific (n=8)</b>	41.75 (SD:23.87)	88%	5.00 (SD: 1.51)	5.88 (SD: 0.35)	100% male 14.56 years (SD: 2.66)	185.88 (SD: 335.76)	4.50 (SD: 3.63)
<b>2.Offending connected to referral (n=10)</b>	34.10 (SD: 24.73)	100%	3.60 (SD: 2.80)	5.20 (SD: 1.03)	80% male 14.23 years (SD: 1.58)	207.60 (SD: 176.05)	5.40 (SD: 3.27)
<b>3.Problem substance misuse (n=18)</b>	28.44 (SD: 15.78)	89%	3.56 (SD: 2.31)	5.33 (SD: 1.08)	100% male 14.66 years (SD: 1.91)	293.50 (SD: 297.84)	5.39 (SD: 3.18)
<b>4. Male (n=38)</b>	20.37 (SD: 19.68)	71%	2.92 (SD: 2.32)	4.24 (SD: 1.87)	100% male 14.13 years (SD: 2.70)	356.21 (SD: 366.33)	4.45 (SD: 3.17)
<b>5.Family substance misuse (n=21)</b>	16.81 (SD: 12.60)	82%	2.33 (SD: 2.08)	4.57 (SD: 1.25)	M=59% F=41% 14.78 years (SD: 1.34)	271.91 (SD: 300.95)	4.14 (SD: 2.63)
<b>6.Female (n= 26)</b>	8.08 (SD: 9.65)	88%	1.92 (SD: 1.83)	3.23 (SD: 1.48)	100% female 14.47 years (SD: 2.19)	363.65 (SD: 333.83)	3.50 (SD: 3.11)
<b>7. Abuse/neglect (n=21)</b>	7.48 (SD: 10.74)	59%	2.00 (SD: 1.97)	2.81 (SD: 1.74)	M=50% F=50% 13.07 years (SD: 3.05)	491.10 (SD: 396.73)	4.81 (SD: 3.96)
<b>8. Low offending (n=15)</b>	1.60 (SD: 0.51)	33%	1.47 (SD: 2.07)	2.07 (SD: 1.33)	M=47% F=53% 12.57 years (SD: 3.68)	476.93 (SD: 390.64)	3.73 (SD:2.84)

Substance misuse is an important theme related to volume of offending within this study. There are two identifiable groups that show some important differences in profile. For example, the young people themselves ('problem substance misuse') are all male and have a higher volume of offending; compared with 'family substance misuse', where 41% of the young people are female and there is a lower level of offending overall.

Females spent longer in care than groups which were predominantly male; they had fewer placements and they committed fewer offences. Females make up very different proportions of the six groups not based on gender. They are most evenly represented in the family substance use, abuse and neglect and low offending groups. The majority (20 of the 26 females in this study) had committed an offence before entering care but they committed less serious offences whilst in care. By comparison male offenders committed more offences and more serious offences (particularly when not in care) than females.

## **Conclusions and implications**

The current study adds to a small body of longitudinal research and specifically to research that recognises the heterogeneity of children in care. This heterogeneity, the issues that inter-relate with youth offending and the response of the police and youth justice system to young people more generally, as well as the problems of policy and practise within the care system, means that the issue of offending and care is complex

and '*cannot be neatly dealt with*' (see Fitzpatrick et al, 2016). Indeed the explanations for offending behaviour, most relevant to children in care, highlighted earlier, illustrate the very wide range of issues (both in the care system and in relation to supporting families) that need to change in order to reduce the proportion of children in care with a criminal record. Fitzpatrick et al (2016) argue for the need for a cultural change in attitudes to young people in general. That said, a concerted policy change across the care system, such as the use of restorative approaches alongside protocols with the police that promote the use of these approaches, as well as the use of police discretion, could lead to immediate reductions in official records of offending if implemented consistently (Hayden and Gough, 2010; Narey, 2016). The care and youth justice systems have it within their power to decide how they respond to the often highly problematic behaviour presented by young people. In order to do so they require a clear policy across government departments that fully recognises the challenges faced by all those (professionals, care staff, carers) who need to understand, manage and respond to the behaviour of children in care.

The most important findings in this study include the overall prevalence rate for offending of 38.5%; the evidence that most (73%) children had an official record of offending before entry into care; that continuity of care results in lower rates of offending; and, that the rate of offending in and out of care varies greatly across groups – ranging from a mean of 41.75 (prolific) to 1.60 (low). Groups based on substance misuse, gender and reasons for referral to care were associated with different patterns of offending in and out of care.

An important finding in the current study is that overall children tended to commit more serious crimes when they were *not* in care compared to when they were in care. This latter finding could be interpreted in a number of ways. For example, possibly care was helping to reduce the more serious offending behaviour but perhaps the additional surveillance in care placements resulted in the reporting of less serious crimes which may not have been reported had they occurred in a family environment (Hayden and Gough, 2010; Howard League, 2016).

More research is needed that focuses on the response to the different groups identified in the current research: particularly the prolific offenders, those who come into care with no record of offending, young people who misuse substances and/or come from a family who do so; as well as the specific needs of females.

In common with Darker et al (2008) we found that prolific young offenders accounted for a disproportionate amount of offences overall. In addition there was a group whose offending behaviour was viewed as a *reason* for being taken into care. Together these two groups make up nearly a quarter of the whole sub-sample (15, 23.4%). Only one of these 15 children had not offended before they came into care and most (13 of the 15) were also problem substance misusers. These 15 young people (13 male, 2 female) presented the greatest challenge to the care system in terms of their offending behaviour. In contrast, two-thirds (66%, 10 of 15) of the 'low offending' group had not offended prior to being taken into care, their placements may have adversely affected their behaviour.

Females overall offended at a significantly lower rate than males and committed less serious offences, however most had an official record of offending before they were taken into care. It follows that females intersect strongly with the low offending group. Females also feature strongly in cases of abuse and neglect and family substance misuse as a key issue for entry into care.

The different groups identified in this study require more tailored responses, particularly in relation to care placement strategies that recognise the potential for adverse effects from the mix of children and young people that may be found within placements (for example prolific offenders and those who misuse substances, alongside those who have not offended or misused substances before entry into care). Young women (in general) do not show the same pattern of offending as young men or the same levels of substance misuse which suggests a greater differentiation is needed in the response within the care system to the causes of their offending behaviour. More targeted responses that focus on addressing the issues that are strongly related to offending behaviour, such as substance misuse, are required. A harm reduction approach is likely to be necessary for those groups (and individuals) who commit the more serious and violent offences.

Overall, the study provides a complex picture that questions the relative importance of time spent in care (just under a year in total, on average in this study) in relation to existing patterns of offending behaviour before care. The findings from this study suggest that theoretical explanations that emphasise the effects of pre-care experiences and circumstances should be given more weight when explaining the higher rate of offending behaviour from children and young people who have spent time in care. That said it is important to recognise that existing problems can be

compounded by the way the care system operates, when care can (and should) represent a turning point or opportunity for children and young people.

## Notes

- (1) The term 'children in care' includes all children being 'looked after' by a local authority, including those subject to care orders under section 31 of the Children Act 1989 and those 'looked after' on a voluntary basis through an agreement with their parents.
- (2) In England and Wales, the 'juvenile secure estate' for children aged under 18 years comprises three different types of institution:
1. local authority secure children's homes
  2. secure training centres
  3. young offender institutions.
- (3) There is no national definition of 'prolific offenders', the decision on what is viewed as 'prolific' is devolved to local areas. 20 or more offences was used in the current study area.
- (4) Severity rating of offences used by all YOT staff in assessments

<b>Severity Rating: 1 - 8</b>	<b>Examples of offences</b>
1 (lowest)	Abusive language, drunk and disorderly, fare evasion (taxi, bus, train)
2	Most road traffic offences, breach of the peace
3	Driving under the influence of drink or drugs, threatening and abusive behaviour, theft and handling stolen goods
4	Violence against the person, ABH (actual bodily harm)
5	Possessing a real or imitation firearm, dangerous driving
6	GBH (grievous bodily harm), arson endangering life
7	Abduction, kidnapping, burglary
8 (highest)	Manslaughter, murder, rape

Source: Youth Justice Board, YJB (nd)

- (5) When the rate of offending while not in care was predicted, it was found that problem drug use was a significant predictor ( $Beta = 1.737$ ,  $p = .005$ ). Gender ( $Beta = -0.306$ , n.s.), age at the beginning of the first period in care ( $Beta = 0.078$ , n.s.) and family substance misuse ( $Beta = 0.693$ , n.s.) were not significant predictors. The overall model fit was  $R^2 = 0.246$ .

When the maximum severity of the offences while not in care was predicted, it was found that age at the beginning of the first period in care ( $Beta = 0.165$ ,  $p = .041$ ), problem drug use ( $Beta = 1.635$ ,  $p = 0.004$ ) and family substance misuse ( $Beta = 0.970$ ,  $p = 0.021$ ) were significant predictors. Gender ( $Beta = -0.004$ , n.s.) was not a significant predictor. The overall model fit was  $R^2 = 0.323$ .

## References

Coman, W. & Devaney, J. (2011) Reflecting on outcomes for Looked-after Children: an ecological perspective. *Child Care in Practice*, **17**, 37-53.

Darker, I., Ward, H. & Caulfield, L. (2008) An analysis of offending by young people looked after by local authorities, *Youth Justice*, **8**, 134-148.

DfE (2016) *Outcomes for Children Looked After by Local Authorities in England as at 31 March 2015*, SFR 11/2016, 24 March. London, DfE.

DfE (2015) *Children looked after in England (including adoption and care leavers) year ending 31 March 2015*, SFR 34/2015, 1 October. London, DfE.

Fitzpatrick, C., Williams, P., Coyne, D. (2016) Supporting looked after children and care leavers in the criminal justice system: emergent themes and strategies for change, *Prison Service Journal*, **226**, 8-13.

Forrester, D., Goodman, K., Cocker, C., Binnie, C. & Jensch, G. (2009) What is the impact of public care on children's welfare? A review of research findings from England and Wales and their policy implications. *Journal of Social Policy*, **38**, 439-456.

Hayden, C. (2010) Offending behaviour in care: is children's residential care a 'criminogenic' environment? *Child & Family Social Work*, **13**, November, 461-472.

Hayden, C. & Gough, D. (2010) *Implementing a Restorative Justice Approach in Children's Residential Care*. Bristol, Policy Press.

Hougham, C. & Dowling, M. (2013) Looked after children, In Grimshaw, R., Roberts, R., Bebbington, P., Dowling, M. and Hougham, C. (Eds.) *Institutional Care and Poverty: Evidence and Policy Review*. London, Centre for Crime and Justice Studies, Kings College.

Howard League (2016) *Criminal Care. Children's homes and criminalising children*. London, The Howard League for Penal Reform.

Martin, P. & Jackson, S. (2002) Educational success for children in public care: advice from a group of high achievers, *Child and Family Social Work*, **7**(2), 121-130.

Morrison, R. & Shepherd, M. (2015) Exploring the factors contributing to the outcomes of looked after children, *Communicare*, **21**, 1-11.

Narey, M. (Sir) (2016) *Residential Care in England*. Report of Sir Martin Narey's independent review of children's residential care, July. London: DfE.

Pare, P.P. & Felson, R. (2014) Income inequality, poverty and crime across nations, *British Journal of Sociology*, **65**, 434-458.

Prison Reform Trust (2016) *In Care, Out of Trouble*. An independent review chaired by Lord Laming. London: Prison Reform Trust.

Schofield, G, Ward, E., Biggart, L., Scaife, V., Dosworth, J., Larsson, B., Haynes, A. & Stone, N. (2012) *Looked After Children and Offending: Reducing Risk and Promoting Resilience*. Norwich, The Centre for Research on the Child and Family, University of East Anglia.

Shaw, J. (2012) Professionals' perceptions of offending in children's residential care *Child and Family Social Work*, **17**, 359–367.

Stein, M. (2005) *Resilience and leaving care. Overcoming the odds*. York, Joseph Rowntree Foundation.

Taylor, C. (2003) Justice for looked after children? *Probation Journal*, **50**, 239-251.

YJB/MOJ (2016) *Youth Justice Statistics 2014/15, England and Wales*, 28 January. London, Youth Justice Board & Ministry of Justice.

YJB (2014) *Young offenders: assessment using 'Asset'. Guidance*.  
<https://www.gov.uk/government/publications/asset-documents>