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for Education

# The fostering system in England: Evidence review

Research report

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Social Science in Government

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## Section 1: Background to the review

In the summer of 2016 the government announced a national ‘stocktake’ of fostering in England<sup>1</sup> to reach a better understanding of the current system and where improvements can be made. This review was commissioned to inform the stocktake and was intended to bring together quantitative and qualitative research to contribute to an overview of the fostering system by:

- providing a brief, high-level description of the current fostering system including how it operates and the impact of foster care on the children placed with foster carers
- reviewing what works and where improvements could be made to improve outcomes for children
- reviewing the quality of the evidence and identify gaps in the evidence base to provide a deeper understanding of the foster care system and what works and for whom.

To cover these areas a rapid scoping review has been undertaken of the published and grey literature,<sup>2</sup> supported by 23 interviews conducted with key individuals in the sector, including those working in local authorities and independent fostering agencies, researchers and umbrella bodies. The interviews were conducted to provide a broader and contemporary perspective in which the literature could be contextualised and, as described below, because of the limited timescales these could not be as comprehensive as would be the case in a research study of each of the areas covered in the review.

The following research questions guided the review:

- how the fostering system operates, including
- commissioning and the cost of placements
- the interconnection between the fostering system and other types of care recruitment and retention and training of the foster care workforce
- how the team around the child operates

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<sup>1</sup> The review covers literature from across the UK but the four countries – England, Northern Ireland, Scotland and Wales – have their own child protection systems. For a useful summary see Stafford et al (2011).

<sup>2</sup> Grey literature is any information that is not produced by commercial publishers. It includes conference proceedings, theses, research reports, working papers, preprints, white papers and reports produced by government departments, academics, business and industry.

- foster care placements in terms of decision making, capacity, support for the child/young person moving in and out of placements, and the stability and quality of placements
- foster carers and their families, including motivation and retention
- experiences of and outcomes for children and young people who are fostered
- experiences of birth families
- availability and usefulness of data
- gaps in the evidence.

The debate over whether too few or too many children are being taken into the care of local authorities was beyond the scope of this review. In recent years there has been an argument that more children should be separated from birth parents at an earlier age to avoid leaving them in homes where they may be abused and/or neglected. The case has also been made that while some children will require protection by separation many more would be able to stay with their families if effective support was in place. These are not necessarily contradictory views but do raise important questions. In light of what is now known from developmental psychology and neuroscience about early damage and the benefits of early placement, how do professionals distinguish between those infants and young children who need to be separated from parents who are unable to change and those whose parents can change with help? This continues to be a contested area which requires robust, longitudinal research because the decisions taken have life changing consequences for children, their birth families and those who foster them.

## Section 2: Methodology and reporting

### Focus and elements of the review

The focus of the review has been to provide evidence in which decision makers can have confidence. Given the scope of the review, the quantity of literature and the limited time available to conduct it (December 2016 to February 2017) a systematic review would not have been appropriate or feasible. Given the breadth of the areas, we used a 'scoping' approach to address the questions. As Moriarty and Manthorpe (2016) note, there is no one agreed definition of what constitutes a scoping review but the definition they adopted was applicable to this study:

Like systematic reviews, scoping reviews offer a systematic and transparent way of identifying published research. However, unlike systematic reviews, they rarely attempt to assess the methodological quality of individual studies. In particular, they generally have broader inclusion criteria in terms of which types of research design will be eligible. (p8)

When considering research findings it is important to assess both the strength and reliability of the evidence presented and whether the research method used was appropriate to the question being studied. Wherever possible we have attempted to outline the methods used for the studies referenced and we have provided some information and commentary on the size and methodology of many of the studies. Given the time required to complete and report on the review, we conducted interviews with key individuals operating in the sector to provide additional insights into the matters that were of most concern to those working in the area, some of which had little or no research evidence.

### Literature

#### About the research strategy

The literature on foster care is now very extensive and has moved from what Sellick (2006) described as 'famine' to 'feast'. Our overall approach was an inclusive one. We employed the following strategies to identify the relevant literature.

We searched a range of bibliographic databases using a variety of relevant search terms to cover the period from 2006 to 2016. Whilst we decided to focus on this timeframe, we also included studies conducted before this time that we considered to be particularly relevant or that could be viewed as seminal studies. To make our searches more manageable we limited them to peer reviewed articles, literature

reviews and official documents/reports. However, as many of the major research studies are written up in book format, some books and book chapters were used to supplement the articles identified. We were primarily interested in research in England but searching by country of origin was not an option in ProQuest, the database we used to undertake many of our searches. As there is now so much literature available internationally, we limited our search where necessary (if searches were identifying more than 300 articles) using specific journal titles. In addition to searching bibliographic databases, we also searched a range of government, university and voluntary sector websites as well as using a range of search engines such as 'Google' and 'Google Scholar'. The searches identified a large volume of literature which we then sifted for relevance. (Appendix A contains further details of the search, including the terms used.)

Given the breadth of the topic and the volume of literature, we made use of previous literature reviews. The literature reviews varied in quality and usefulness. At their best they identified key studies of specific areas and evaluated the available research; at worst they lacked focus, failed to define the context of studies and merely summarised research findings without critical evaluation. However, they often pointed us in the direction of studies that we then followed up. We also supplemented the search by internet trawls, hand searches of journals, as well as suggestions from an expert virtual advisory group, other interested organisations and academic colleagues. Given the time constraints for this work we have tried to be as inclusive as possible but recognise that we may have missed research along the way. It is hoped that the interviews that were undertaken and the use of a virtual advisory group will have helped us to minimise this possibility.

## **Relevance and usefulness of international literature to the context in England**

In most jurisdictions there is a rising number of children entering care, many of whom are reported to have challenging behaviours and complex needs, and some of whom will have experienced multiple placement moves and breakdowns. However, in dealing with literature from outside the UK and, following devolution, even from other countries within the UK, it is important to bear in mind that there are significant differences between countries over how fostering specifically and out of home care in general are viewed and used. The differences focus on the balance between state and private providers and the profiles of the children and young people entering the care system. But, as Benbenishty et al (2015) point out, there are also differences of opinion on the use of fostering between colleagues even in the same country. Many of the non-UK studies included in this review originate in the United States (US) and, in an effort to provide a context, Ovita

Williams, Associate Director of Field Education at Columbia University, New York, has provided an overview of the major issues in fostering in the US (Appendix B).

Importing models and policies from other countries should always be done cautiously because of different demographic, social, cultural and legal systems that exist (Tilbury and Thoburn, 2008). Sebba (2012) also notes that given the differences in jurisdictions and cultural contexts that influence fostering services in different countries, some research findings may not be transferable. While it is important to recognise differences in contexts the US, Canada and Australasia have similar foster care systems to the one in England and are facing similar problems to our own. Not only is their literature more accessible than that from the rest of the world because of the use of English, it also deals with issues that are familiar to British readers. Mainland European countries, on the other hand, have traditionally had a higher proportion of children and young people in care placed in residential provision, although the number in foster placements is increasing (Hart et al, 2015). The differences that arise from their legal systems, as well as culturally determined approaches to the role of the state in relation to children and families, make comparisons more difficult and sometimes even dangerously naïve. But it would be wrong to ignore potentially transferable initiatives that work in mainland European countries as long as it is done with the understanding (and to paraphrase and misquote Pawson's (2013) often quoted dictum) that what works in Turin and Seville may need to be transposed to Leeds and Birmingham with some care.

The studies in the review are a mix of sizes and methodologies. There are few systematic reviews on effectiveness of interventions in fostering and relatively few large-scale studies. The research landscape is mainly one populated by small-scale, qualitative studies and literature reviews on specific topics. The preponderance of small studies means they feature heavily in the review, which is undoubtedly a deficit because their conclusions have limited generalisability. Another feature of so many small studies is that the findings can leave the reader unsure of how findings relate to each other, especially if they appear to be contradictory. On a positive note, they do allow a rich picture to emerge and given the extent to which their findings often build on earlier work they provide a wider perspective on the many aspects of fostering.

In an attempt to help the reader negotiate the many studies, an annotated bibliography to accompany this review is being developed and will be available by summer 2017 on the website of the [Social Care Workforce Research Unit, King's College London](#).

## Interviews

Twenty-three interviews were conducted to provide an opportunity to capture the key issues which informants considered to be supporting and challenging the fostering system at the start of 2017. Informants included those working in local authorities with strategic, operational and commissioning responsibilities, independent fostering agencies (IFAs) and umbrella and national bodies. Given the limited time available for the study, a purposive sampling approach was adopted which enabled the researchers to choose informants able and willing to inform the review by virtue of their knowledge and experience (see Tongco, 2007). Such an approach is open to accusations of bias as informants are usually selected out of convenience or from recommendations. While recommendations were used, we attempted to address, in part, concerns about convenience by ensuring that all regions in England were covered and by interviewing those working in a number of local authorities, IFAs and umbrella and representative bodies. Except in the few instances where it was possible to conduct interviews face to face, interviews were conducted on the telephone. Every interviewee was informed that no agency, organisation or individual would be named in the review or identified in any way. Efforts to secure input from foster carers and young people proved unsuccessful. This was not the result of a lack of interest but rather the contacts that were promised failed to materialise and there was insufficient time to start again. Two individuals with considerable personal experience of fostering children and young people commented on this review.

It is not claimed that the data that emerged from the interviews are representative but the findings were reasonably consistent across the interviews and quotes are only used where such consistency existed. We have not drawn conclusions from what we were told but rather used the data to inform areas where less robust research has been conducted and to illustrate and update existing research. Overall the researchers are confident that the evidence reflects contemporary practice and addresses and compensates, at least in a small part, for the absence of recent research on some of the issues which are testing the field.

## Data

There are two main sources of data on children in foster care:

- the figures released annually by the Department for Education (DfE) based on data collected from local authorities each spring through the SSDA903 return
- Ofsted's annual release of fostering data which contains data sourced from local authorities and IFAs through its annual fostering data collection exercise.

There are some anomalies in comparable data between the two collections, highlighting issues common to this type of data collection as well as differences in methodology. It is notable that the SSDA903 only requires local authorities to report on offending, health promotion checks, immunisation, dental checks, health assessments and substance misuse problem identification and intervention for children who have been looked after continuously for at least 12 months at 31 March each year. Some data on foster children have been drawn from other authoritative sources where these were able to augment the key data sources.

We also used The Fostering Network's biennial survey of foster carers (Lawson and Cann, 2017) as well as Performance Benchmark Reports (The Fostering Network, 2015 and 2016). Lawson and Cann's survey collected responses from 2,530 foster carers in total, with 1,942 living in England, 359 in Scotland, 122 in Wales and 107 in Northern Ireland. While it is a non-stratified membership survey and, as such, it is impossible to know how representative the respondents are, in the absence of a more robust survey, it is a useful 'temperature taking' exercise. It is worth noting that many of the studies that used surveys and were reported in academic journals also failed to describe or acknowledge representativeness. The Performance Benchmark Reports produced by The Fostering Network combine data collected through Ofsted and CIPFA with the addition of pertinent fostering performance statistics.

## Reporting

The report is organised under headings that reflect the main questions that guided the review and which were formulated to meet the requirements of the stocktake. The sections that follow are:

- Section 3: Issues and challenges facing the contemporary fostering system
- Section 4: Types of foster care placements
- Section 5: Securing the stock of placements
- Section 6: Recruiting, retaining and supporting the foster care workforce
- Section 7: Foster care placements: How they are made, how they are kept stable and how they are supported
- Section 8: The experiences of foster carers and their families
- Section 9 Birth families of children in foster care and reunification
- Section 10: The experiences of children and young people in foster care
- Section 11: Outcomes for children and young people in foster care
- Section 12: Conclusions

## Section 3: Issues and challenges facing the contemporary fostering system

### Key findings

- Previous policy initiatives, including government funded programmes, have made a significant contribution to improvements in fostering and what is known about the system.
- Governments over the past 20 years have been committed to improving the quality and stability of foster placements. Since the financial crisis that started in 2008 the literature that was examined and the interviews conducted evidenced how local authorities have protected spending in this area, despite wider cuts to council spending, but this is now becoming unsustainable.
- Permanency is a dynamic concept that must be supported by good assessments, careful matching, support for carers and timely planning for transition to adulthood.
- There are increasing numbers of looked after children but a declining proportion are aged under five years. At the same time there has been an escalating number of special guardianship orders, many made for the younger age group who are placed with family and other connected persons.
- It is widely reported in the literature that greater numbers of children with complex needs, including serious physical health, mental health and developmental problem, are entering foster care but the current recorded data do not allow this to be interrogated or even substantiated.
- The Staying Put Initiative has been widely welcomed but there was a consensus amongst those interviewed from all sectors that it is insufficiently funded.
- IFAs have become an accepted and necessary partner for many local authorities. They provide one third of placements across the country and their growth is linked to providing a wide range of placement options, skilled and experienced carers, and a spread of geographical locations.
- The relationships between local authorities and IFAs are subject to many forces, not least financial. There were reports from local authorities that while the charges made by some IFAs were excessive, they varied considerably. IFAs and bodies such as the National Audit Office and House of Commons Committee of Public Accounts have commented that the

actual cost differential may not be as large as it is sometimes claimed where local authorities do not cost their in-house services on a full cost-recovery basis. Given the significant role of the market in foster care placements, it would be helpful to have more accurate comparisons available to local authority commissioners.

- Some research suggests that residential care may sometimes provide a more effective basis for delivering short-term therapeutic programmes of support to adolescents at risk of coming into care than fostering.

This section covers some of the most important issues relating to fostering, as well as some, such as social pedagogy, that are the subject of debate. The issues covered in this section were agreed through discussions with practitioners and academics working in the area, as well as with the key informants who were interviewed. They are primarily intended to make other sections more accessible to those who are less familiar with fostering policies and practices.

## **Fostering system**

Fostering stands at the junction of an often-contested division between the private and public worlds, as one of a number of aspects where the state becomes intimately involved in family life (see Wyness, 2014). Traditionally foster care has ranged from emergency and short-term/temporary care to long-term care to ensure the safety and wellbeing of children and young people when they need out-of-home care. The aim of a foster care placement continues to be to give children the chance to live a family life when they cannot be cared for by their own families, but it is also a state intervention necessitated by family circumstances (Sellick, 1999a). As such, fostering is subject to the 'after shock' from policies, regulation, guidance, and even cultural and societal shifts. This section covers some of the most important themes impacting on fostering at this time and is intended to provide a context for later sections.

## **Government policies and fostering**

In the mid-1990s a number of reports were published which drew attention to the deficits within the systems designed to protect looked after children (see, for example, Utting, 1991 and 1997). After the Social Services Inspectorate (Department of Health, 1998) reported huge variations in the standards of care and protection for vulnerable children, the government introduced the Quality Protects initiative to improve children's social services to ensure that children in care were provided with better educational opportunities, improved health care and the

support to make the transition into a successful adult life.<sup>3</sup> One was a target to improve the educational attainment of children looked after by local authorities, by increasing to at least 50 per cent by 2001 the proportion of children leaving care at 16+ with at least one GCSE or GNVQ equivalent and to raise this to 75 per cent by 2003. As far as health was concerned each local authority was required to collate annually basic health information on looked after children and present it in their Quality Protects Management Action Plans. Prior to this, data on the health of children had been very poor, which made it difficult to monitor change.

As part of the Quality Protects initiative, nine research studies were commissioned and their findings informed policy for the next decade and beyond. They are also amongst the most significant studies examined in this review.<sup>4</sup>

Over the next few years the Children (Leaving Care) Act 2000 became law, which was intended to:

...improve the life chances of young people living in and leaving local authority care. Its main aims were stated to be to delay their discharge from care until they are prepared and ready to leave; to improve the assessment, preparation and planning for leaving care; to provide better personal support for young people after leaving care; and to improve the financial arrangements for care leavers. (Children (Leaving Care) Act 2000)

This was followed by Choice Protects, an initiative to improve the outcomes for looked after children through developing better commissioning and service provision. During the following years the National Minimum Standards for Fostering were introduced, which form the basis of the regulatory framework for the conduct of fostering services, alongside training standards for foster carers. Then came *Care Matters: Transforming the Lives of Children and Young People in Care* (Department for Education and Skills, 2006), a green paper setting out policies designed, once again, to give additional impetus to improving outcomes and placements for children in care. It was followed by the white paper *Care Matters: A Time for Change* (Department for Education and Skills, 2007) which focused on implementing the responsibilities of 'corporate parents' to maintain 'high aspirations' for children in care and listen to the voice of the child. It also included proposals to establish social work practices (SWPs) described as GP-style social

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<sup>3</sup> This was at around the same time that research results were beginning to emerge from a programme of research that had been commissioned by the Department of Health to provide insights into how the Children Act 1989 was operating. Department of Health (2001) contains a summary of the findings.

<sup>4</sup> For a summary of the thinking behind the research initiative, see the [Quality Protects Research Programme](#).

care practices to deliver, under contract from councils, services to looked after children. SWPs were piloted but failed to survive (see Stanley et al, 2012, and Section 5).

The Children and Young People Act 2008 brought into force the recommendations of *Care Matters*. It was designed to reform the statutory framework for the care system in England and Wales and, amongst other things, introduced the duty to secure sufficient and appropriate accommodation for children in local authority care and the duty to provide assistance to young people who are in care or who have recently left care to pursue education and training. It strengthened the role of the independent reviewing officer,<sup>5</sup> and imposed an obligation on local authorities to visit young people in their care.

In 2010, statutory guidance on the Children Act 1989 and Children and Young Persons Act 2008 placed the 'sufficiency duty' upon local authorities to secure, so far as reasonably practicable, sufficient accommodation within the local area. Local authorities were charged with securing a range of accommodation through providers that were able to meet the assessed needs of looked after children and care leavers and required them to detail how they would meet their duties in commissioning strategies. Care planning guidance and the [IRO Handbook](#) were introduced in 2010. So both planning for permanence and review became key. This is particularly important for fostering in the light of the 2015 revisions for long-term foster care but also in view of suggestions that local authorities might be authorised to discontinue the use of independent reviewing officers (IROs).<sup>6</sup>

Since then the National Institute for Health and Care Excellence (NICE) guidance on promoting the quality of life of looked after children has been produced. This was [refreshed in May 2015](#) to reflect changes to government policy introduced since the original guidance was published in October 2010. In 2013 NICE produced a [quality standard](#) for all looked after children and young people. It defined best practice for the health and wellbeing of looked after children and young people and is intended to be applied in all settings and services working with and caring for looked after children and young people, as well as care leavers.

In 2011, the coalition government announced its intention to overhaul the care and adoption system and published [performance tables for children in care](#) for the first time; the tables showed significant variations in how well local authorities were

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<sup>5</sup> The role of the IRO was introduced by the Adoption and Children Act 2002, which amended the Children Act 1989. This required an IRO to be appointed to every child in care, to scrutinise local authority care plans and challenge them if necessary.

<sup>6</sup> A proposed measure in the Children and Social Work Bill.

looking after children in their care. The following years saw a continuing emphasis on achieving permanency for children and young people and on enabling improvements in social care by improving the quality of the social work and fostering workforce. Despite repeated commitments to raising the standard of foster care provision there were those who saw the strategies designed to increase the number of adoptions as detracting from them.<sup>7</sup> However, there were a number of very significant developments including a commitment to maintain the current programme of evidence-based early interventions for looked after children and for those on the edge of care; a requirement on all local authorities to have a virtual school head (VSH) in place to support children in care to get the help they need to succeed at school and the pupil premium plus for looked after children managed by the VSHs.

Another significant development was the duty relating to ‘Staying Put’, a duty on local authorities in England that came into force on 13 May 2014.<sup>8</sup> This requires local authorities in England to facilitate, monitor and support staying put arrangements for fostered young people until they reach the age of 21, where this is what they and their foster carers want, unless the local authority considers that the staying put arrangement is not consistent with the welfare of the young person. Figures from the DfE (2016a) showed that in 2015–2016 54 per cent (1,440) of the 2,670 young people in foster care who turned 18 were still living with their former foster carers three months after their 18th birthday.<sup>9</sup> According to Ofsted (2017) 4,025 young people in foster placements became 18 during the year 2015–2016 (a 17% increase from 3,435 the previous year) and 54 per cent (2,190) were still living with their former foster carers in 2015–2016, an increase of 22 per cent (1,790) from 2014–2015. As [The Fostering Network](#) points out, a staying put arrangement is not the same as a foster placement. The young person is no longer a looked after child. They are a young adult and a care leaver, and as such they are entitled to support as a care leaver. The foster carer becomes a ‘former foster carer’ for that young person. The foster placement becomes a ‘staying put arrangement’ and is not governed by fostering services regulation. The National Audit Office (NAO) (2014) reported that the DfE has provided an additional £40

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<sup>7</sup> See, for example, written evidence to [Select Committee on Adoption Legislation – Second Report. Adoption: Post-Legislative Scrutiny](#) from Alliance for Child-Centred Care, BAAF, Family Rights Group, Kinship Care Alliance, Nagalro, TACT, The Who Cares? Trust Back.

<sup>8</sup> In part 5 Welfare of Children (98) of the Children and Families Act 2014.

<sup>9</sup> The figure may not be an accurate reflection of the number of young people in Staying Put placements as the data were collected so soon after their 18th birthday that many of these young people will still be in care.

million in extra funding until 2017. While the report's authors found that local authorities welcomed the initiative they were concerned that the funding would not be sufficient and that they would need to increase foster care capacity to compensate for the placements that would no longer be available (see Section 5). A year later the NAO's report on care leavers' transitions into adulthood (NAO, 2015) commented on issues around implementation as well as 'financial barriers to local authorities, strains on the market for foster carers and adverse financial consequences for foster carers engaged in Staying Put' (p9 and see paras 2.13 and 2.14). It further noted that the DfE had not assessed whether the new policy was meeting its objectives or the financial impact it was having on local authorities.

An evaluation of the Staying Put pilot scheme was conducted by Munro and colleagues in 2012 (Munro et al, 2012) but since then there has been very limited investigation of the scheme. A survey of carers and professionals working with children (Buckley and Lea, 2015) concluded that Staying Put was insufficiently funded at a national level to enable councils to cover the additional cost. More than half of the 500 respondents (57%) said carers were not receiving adequate payment and more than two-thirds (67%) of them said this lack of funding was preventing carers from taking part in Staying Put. The authors also found regional variations, with respondents from:

- the south-east more likely to say that Staying Put was rarely or never available to young people and that lack of time to prepare and support Staying Put arrangements was a barrier
- Yorkshire more likely to say that Staying Put was always or often available to young people and that lack of time to prepare and support Staying Put arrangements was *not* a barrier (p4).

Sweetman (2015) conducted a very small piece of work for the Nationwide Association of Fostering Providers (NAPE) to examine the impact of Staying Put in the private and voluntary sector. The findings are based on a survey that had 58 responses from carers, local authorities and IFAs and one focus group, so the recommendations must be treated with caution. They focus on better communication between the relevant agencies and individuals involved, improved planning, additional training for 'Stay Put' carers, the variation of the National Fostering Contract, arrangements for transferring money directly from the Department of Work and Pensions (DWP) to the DfE and timings of assessments.

## Social work and fostering

There are various social work roles that are involved in fostering. There is the child's social worker, the supervising social worker appointed by the agency where the foster carer is based and the IRO.<sup>10</sup>

The child or young person will have their allocated social worker who is responsible for their wellbeing and for determining the best placement for the child. Although many studies reference the role of the child's social worker or collect their views on specific aspects of fostering there is an absence of research that examines their day-to-day experiences.

The expected tasks and responsibilities of the supervising social worker role are set out in Standard 21 of the Fostering Services: National Minimum Standards in England (DfE, 2011). These are to supervise the foster carer's work, to ensure that they are meeting the child's needs, and to offer support and a framework to assess the foster carer's performance and develop their skills. A literature review by Cosis-Brown et al (2014) found very few studies that had examined this role and attributed it to 'the lack of well-developed models of supervising social work' (p4). Nevertheless, on the basis of the studies they identified, they concluded that foster carers generally value the support they receive from their supervising social worker and usually had a better relationship with 'their' supervising social worker than with the child's social worker. Foster carers in the voluntary and private sectors generally reported better support than did their equivalents in local authorities.

A point that emerged and that is reflected in other recent studies (such as Ottaway and Selwyn, 2016) is the need for social work education to place more emphasis on the preparation of future professionals to work in the area of foster care and in both these roles.

The third social worker is the IRO. This role was introduced in 2004 by the Adoption and Children Act 2002, s.118. IROs are responsible for ensuring that children looked after by the local authority have regular reviews to consider the care plan and placement. It is the role of the IRO to ensure that a child's views are taken into consideration and that the local authority is fulfilling its duties and functions. Although appointed by the local authority, they must be independent from the immediate line management of the case. The effectiveness of the role has been questioned since its inception in 2004 including in the *Care Matters* green paper (DfES, 2006), with concerns focusing on IROs' ability to challenge the local authority, to represent the views of children and to widen their focus beyond review

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<sup>10</sup> There are also Guardians ad Litem but an examination of their role was considered beyond the scope of this review.

meetings. A small number of studies have examined the role. A review of the IRO service in Wales (Care and Social Service Inspectorate Wales, 2009) found that local authorities' responses were inconsistent in relation to addressing concerns about the quality and timeliness of care plans. The Children and Young Person's Act 2008, and the accompanying revised care planning regulations and guidance which came into force in April 2011, strengthened the role of the IRO. In addition to chairing statutory reviews they became responsible for monitoring cases on an ongoing basis. Drawing on evidence from 111 cases and from the views of children and young people, carers, and professionals from the local authority and from partner agencies, Ofsted (2013) found that progress in embedding the role was slow and in many instances it was not sufficiently effective. Researchers from the National Children's Bureau (NCB) (Jelicic et al, 2013) surveyed IROs, their managers and directors of children's services in 2012 and found that the strengthened IRO role as set out in the 2011 statutory guidance had not yet been fully implemented. They also found that:

- many IROs had caseloads above the recommended guidelines
- a minority of IROs said they were not able to consult with other professionals
- 71 per cent of IROs reported that they were (always or often) able to follow up decisions from reviews, but only half (49%) were (always or often) able to monitor the case more generally
- 69 per cent of IROs reported consulting with social workers following a significant change in a case
- only 32 per cent of IROs consulted with children between reviews
- 58 per cent of IROs said they rarely or never received relevant court papers
- 29 per cent reported (always or often) liaising with the child's guardian.

For these and other reasons the researchers concluded that the role was still not working as envisaged, particularly in relation to the monitoring of cases between reviews, involvement in court proceedings and a limited contribution by IROs to overall service improvement. They recognised that there were underlying reasons which contributed to its lack of success, including high and even excessive caseloads, conflicting responsibilities, a lack of independent legal advice and inadequate training. In a more recent study conducted between 2012 and 2014, researchers from the University of East Anglia (see Beckett et al, 2016 and Dixon et al, 2015) examined the role by various methods and from a variety of perspectives. While they acknowledged the suspicion with which other professionals viewed IROs' ability to monitor from within they found signs that, while not perfect, the role was beginning to embed and have some effect:

What has emerged in practice may not be quite what was envisaged when the role was proposed, but despite that may be considered a positive outcome for the child care planning system, in that the IRO is not an aloof figure looking in from outside, but rather is part of a team around the child which, by and large, sees itself as working together towards the same goal. (p155)

## Permanence

Even though the term 'permanence' appears to have attracted more attention in recent years, it is not new. According to Head (1998), following the 1969 Children and Young Persons Act there was an emphasis on a more proactive role for the state in protecting children, influenced by a significant report by Goldstein et al (1973). That report built on what was then the recent work of Bowlby (1951 and 1969) and, as he had done, warned of the damage experienced by children who grow up without a secure attachment relationship with parents and carers.<sup>11</sup> A research report by Rowe and Lambert (1973) that appeared around the same time was also influential in local authorities becoming more committed to planning for children in their care. They found that children who remained in care for any length of time were likely to remain in care for a long time; those who were perceived to have fewer problems and whose parents did not object were more likely to be fostered. Over 30 years later Sinclair (2005) developed a model for permanence in foster care:

- objective permanence: if the placement lasts throughout childhood providing support, and sometimes accommodation, after the age of 18
- subjective permanence: if the child feels he/she belongs in the family
- enacted permanence: if the child is treated as a family member by all
- uncontested permanence: if the child feels no split loyalty between foster and birth families. (p32)

Permanence was defined in the statutory guidance that accompanies the Children Act 1989 as providing children with 'a sense of security, continuity, commitment and identity...a secure, stable and loving family to support them through childhood and beyond' (Department for Children, Schools and Families, 2010, p12). Despite two Children Acts and associated guidance, as well as what was known from research, many children stayed in foster care for years without a permanent home,

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<sup>11</sup> According to Testa (2008), these reports also influenced the development of permanence policies in the United States.

sometimes moving from placement to placement without achieving permanency. In Schofield et al's (2012) study of 230 children from six local authorities where permanence in foster care was the care plan, two-thirds had become 'permanent' placements because their short-term foster parents elected to keep them and this was assessed to be in the child's best interests. The remaining third had moved from short-term carers to a permanent home, which demonstrates the difficulty involved in determining strict boundaries between short- and long-term placements. Another finding from this study was that two distinct models of permanence operated in foster care across local authorities in England. While the majority of authorities had a single system of 'long term' foster care described as either long-term foster care or permanent foster care, nearly two-fifths had a dual system of long-term and permanent foster care, with different definitions and procedures. Authorities in the former category tended to have definitions for the length of placement linked to individual circumstances. However, in the 'dual system' authorities there was an expectation that a child in a permanent placement would stay there into adulthood, whereas children in long-term placements were expected to remain until they left care or at least as long as there was no plan to move them. Children under the age of 11 were more likely to be placed for permanence in dual system authorities but adolescents were more likely to be in long-term foster care without a permanence plan or a thorough assessment of need. Schofield and colleagues (ibid) concluded that greater clarity was required over policy and practice, as well as in the use of evidence-based practice to support permanent placements:

There is no doubt that the care planning system is important, but, as this study has shown, it is only part of what will make permanence in foster care a success for children. That success will rely on a whole range of factors in the child, the carers, the professional systems and the community, all of which the planning system has to take into account. The planning and placement process must start with thorough assessments of the child and the carers. It then moves on to careful matching and preparation of the child and the foster family – a process that should include careful work with the birth family. The placement itself will go through a number of phases over time as children develop and both foster families and birth families move forward in different ways. The period of transition into adulthood then presents both challenges and opportunities. Social workers need to be working alongside these children and both foster and birth families, but other professionals, in education and health, need also to accept and support the special nature of these foster families. (p105)

In recent years there have been significant changes at a national level to both the legislation and policy on fostering. One of the most important has been the emphasis on early permanence placements (see, for example, DfE, 2013). The

significance of permanence in a family where the child can grow up through to adulthood is that it provides not only stability and continuity, but also a sense of belonging and family membership. Permanence options can include leaving care by returning home, going to a kinship placement, special guardianship or adoption (DCSF, 2010). Boddy's (2013) definition was slightly broader than this, seeing the routes to permanence as including:

- permanent return to birth parents
- shared care arrangements, including regular short-break care
- permanence within the looked after system, whether in residential placement, unrelated foster care or family and friends care; and legal permanence, through adoption, special guardianship orders (SGOs) and residence orders. (p3)

But 'permanence' does not rest on a one-off decision. Foster care may be part of the plan to achieve stability by providing an interim home while problems in the birth family are resolved or a long-term placement, possibly in foster care, is agreed. In a survey of Fostering Network's members, carers said they could see the benefits of different permanence options and that the best option depended on the needs and wishes of the individual child (Tearse, 2010). But they were also clear that foster care should be accepted as a permanence option. This has now effectively happened. So while long-term foster care was recognised as a permanence option in practice, research and government policy for many years, it is now for the first time legally defined and given regulations and guidance by the DfE (2015a).

The guidance recognised the importance of including long-term foster care as a permanence option, defining permanence as 'the long-term plan for the child's upbringing and provides an underpinning framework for all social work with children and families from family support through to adoption. The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging'.<sup>12</sup> The guidance also emphasises that where long-term foster care is the care plan for permanence, this plan should provide an underpinning framework upon which all social work with the child and their family should be based and the plan should draw upon a multi-agency input. There are as yet no formal plans for following up and evaluating the implementation of these new regulations and guidance, which

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<sup>12</sup> A revision of [The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review](#) which was reissued in June 2015

will be necessary to ensure that they are working as intended and that long-term foster care is supported to be a successful permanence option.

## **Rising numbers of children and young people in care**

On 31 March 2016 there were 70,440 looked after children, an increase of 1 per cent (970 children) from 31 March 2015 but an increase of 5 per cent since 2012 (see DfE, 2016a). These data published by the DfE show significant variations at local authority level from a low of 22 looked after children per 10,000 (Wokingham) to a high of 164 (Blackpool). Referrals to children's social care have also shown a significant increase over this period (538,500 in 2007–2008 to 621,470 in 2015–2016) and the number of Care Applications to courts have more than doubled (6,241 in 2007–2008 to 12,781 in 2015–2016).

Children aged between 10 and 15 years now represent the biggest age group of the looked after population (38%), while children under one year old are 5 per cent of this population. The number of under-one-year-olds in care at 31 March in each year has fallen from 4,200 in 2011-2012 to 3,540 (16%) in 2015-2016, and the number of one- to four-year-olds from 12,400 to 9,140 (26%). At the same time the numbers in all the other age groups have risen (Table A1 in DfE, 2016a). It should be noted that the figures for children looked after at any point in the year are slightly higher with the numbers of 'under ones' having risen by 7 per cent between the two years but the number of one- to four-year-olds has fallen by 12 per cent (Table B1 in DfE, 2016a).

In 2016 the vast majority of looked after children (74%) are in foster placements. On 31 March 2016, DfE figures report that there were 51,850 children in foster care. During the entire year 1 April 2015 to 31 March 2016, there were a total of 77,880 foster placements; this number has risen steadily year on year from 72,460 in 2012 (DfE, 2016). The main reason why children become looked after is abuse or neglect (61%). Most of the rest do so because of family-related issues. While the reasons that children start to be looked after have remained relatively stable since 2011, the percentage starting to be looked after due to family dysfunction has increased slightly (16% of children in 2015 compared with 14% in 2011).<sup>13</sup>

As well as the response to the review of Baby Peter Connolly's death, the rise in the looked after population has been partially attributed to an increase in the number of unaccompanied asylum-seeking children entering care, particularly between 2014 and 2016 data collections (DfE, 2016a). The 2013 figures were the lowest figures recorded for asylum-seeking children for a number of years; up to

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<sup>13</sup> Based on those in care on 31 March of both years.

2009 the number of looked after children who were asylum-seeking children was steadily increasing to a high of 3,900 before falling in the next five years to a low of 1,950 (3% of all looked after children) in 2013. At 31 March 2016 there were 4,210 unaccompanied asylum seeking children in the care system, an increase of 54 per cent from the 1,950 who were being looked after by the state and represented 6 per cent of the entire looked after children population in England. Ninety-three per cent of unaccompanied asylum seeking children are male (up from 88% in 2012) and 75 per cent are aged 16 years or over. Many, but not all, of the increased numbers have come from the former group. According to Humphris and Sigona (2016), children who are under 16 years old are normally placed into foster care, whereas 16–17-year-olds are usually placed in semi-independent or independent living arrangements. The details of placement type for unaccompanied asylum seeking children are not publicly available, which means it is not possible to estimate the proportion entering foster care placements.

If unaccompanied asylum seeking children are removed from the data, the figures show a 1 per cent (500) decrease in the looked after population since 2015. It is not clear what the explanation for the fall might be given that the demand for foster carers appears to have continued to rise. There are two possible reasons. It may reflect the trend for long-term foster carers and connected foster carers to become special guardians and so children are removed from the records of those in care. It may also mean that the number had fallen on that date (that is, 31 March) but had been at a higher level at other points in the year.

The fall does not appear to fit with the 12 per cent increase in public law applications in 2015–2016 as noted above that is a continuing a trend over recent years; [the number of care proceedings in England](#) rose from 11,110 cases in 2012–2013 to 12,741 cases in the year 2015–2016. [Figures published by Cafcass in early March 2017](#) showed that the number of care applications in 2016–2017 had already passed the 2015–2016 level with a month to go before the data collection for the year closed. In September 2016, Sir James Munby warned that the family court service in England and Wales was facing a [‘clear and imminent crisis’](#) because of the year on year increase in the number of child care cases. There have also been increases in referrals, Section 47 enquiries, children in need and child protection plans.

As well as increasing numbers of children entering care it is often reported that they do so with ever more complex problems. It would be difficult to establish hard evidence because the ‘complexity’ of problems is not systematically recorded when children come into care other than by using the Strengths and Difficulties

Questionnaire (SDQ).<sup>14</sup> Since 2008, local authorities have been required to monitor the emotional wellbeing of looked after children using the SDQ. Goodman et al (2000) found that screening programmes based on multi-informant SDQs were more reliable but there are no data to show the extent to which this happens. Some authorities continue to use the SDQ but recognise the limitations of a single score and have introduced broader assessments. [The London Borough of Enfield, for example, has introduced an assessment](#) which brings together information from a variety of sources: the SDQ sent to the child's foster carer, the SDQ sent to the child's teacher, the SDQ sent to the young person (if over 11) and background history from case records and feedback from social workers. While there are those who are positive about its use (see, for example, Lehmann et al, 2014) there are also those who have expressed concerns about the fact that it is administered inconsistently (see Lavigne et al, 2016).

One proxy measure of the increasing level of complexity may be the characteristics of the telephone calls being received by helplines such as the National Fostering Helpline. According to Blackburn (2015), 'the time spent by the helpline worker on phone calls has increased and...the nature of calls have become more specific, complex and detailed, requiring more expertise' (p16).

## **The rise in the number of special guardianship orders**

As noted above, between 2008 and 2015 local authorities saw a 22 per cent rise in referrals and a 16 per cent increase in the number of children in care.<sup>15</sup> At the same time there was a steep increase in special guardianship orders (SGOs) from 2010 to 2016. Despite the positive aspects of SGOs in offering the opportunity for children to be looked after outside the care system, most key informants, from both the local authority and IFA sectors, saw this both as a reaction to one particular court judgement (see also Bentley, 2014) and to attempts by local authorities to keep costs down as, in most cases, such orders will be cheaper than other out-of-home placements (see also *Community Care*, 1 April 2016 and cases such as [Barrett v Kirklees Metropolitan Borough Council](#) [2010] EWHC 467 (Admin)).

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<sup>14</sup> The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3–16-year-olds. There are several versions to meet the needs of researchers, clinicians and educationalists. The SDQ was standardised in a looked after sample in 2012 (Goodman and Goodman). It has also been validated against the Child Behaviour Checklist (CBCL) for children in residential care, as measure of change over time, but not in terms of how 'meaningful' the distance between the point scores are (see Mason et al, 2012).

<sup>15</sup> LGA, [The LGA's Budget 2015 Submission](#), Local Government Association, 2015.

A judgement in 2013 by the President of the High Court Family Division led to a change in direction, with fewer babies and under-fives coming into care. In presenting his argument in the case of *Re B-S*<sup>16</sup> Sir James Munby was perceived to have changed the threshold for adoption. Since the Children Act 1989 family members should be assessed as potential carers when a child is removed from their parents but this judgement appeared to take it one step further and left some local authorities under the impression that courts would be reluctant to make adoption orders if family members were available, even if the local authority felt adoption was still in the child's best interests. Informants to this review from local authorities and IFAs expressed their belief that the rigorous application by the courts of the principles set out in case of *Re B-S* led to an increased number of SGOs and fewer adoption orders.

Whether causal or not, this was followed by a sharp rise in the number of kinship placements, particularly for babies and young children for whom SGOs had never been intended.<sup>17</sup> Between April 2013 and March 2014, 3,330 SGOs were issued compared with 1,290 in 2010 (DfE, 2014a). Harwin et al (2016) recognised that the judgement may have contributed to the sharp increase in SGOs, as may the introduction of the revised Public Law Outline with the requirement to complete cases within 26 weeks. According to Masson (2016), following the decision in *Re B-S* the number of placement orders almost halved and appeals to the Court of Appeal in care and adoption cases increased by 30 per cent.

Wade et al (2014) found that children on an SGO were usually older than those who were adopted, but since their research was completed there has been a noticeable increase in the numbers of children under the age of one year leaving care on SGOs. The research contributing to that study was conducted before the impact of the decision in *Re B-S* would have been felt. [An investigation by the BBC](#) obtained data from local authorities and found the number of babies who became the subject of SGOs in England tripled in two years; the number rose from 160 in 2012 to 520 in 2014. Wade et al (ibid) analysed the national statistics on the use of SGOs and found a year-on-year rise in the use of SGOs since 2011, with 87 per cent of SGOs awarded to grandparents or uncles/aunts, and the majority of the remaining children on SGOs awarded to former foster carers. They also found some evidence of an increase in the use of SGOs for children on the 'edge of care'. In line with Harwin et al's (2016) research they also speculated that the use of SGOs may increase further as a result of the provisions of the revised Public

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<sup>16</sup> *Re B-S (Children)* [2013] EWCA Civ 1146.

<sup>17</sup> As noted above, on 31 March 2016 only 5 per cent of looked after children were under one year old and 13 per cent were aged between one and four years.

Law Outline requiring proceedings to be completed within 26 weeks, with an emphasis on identifying and assessing relatives at the pre-proceedings stage.<sup>18</sup>

Wade et al (2014) confirmed the findings of Selwyn et al (2014) that SGOs were linked with greater placement stability but the researchers also raised some concerns. These focused on the speed with which some SGOs were concluded, not allowing for the full assessment of children's needs. Bowyer et al (2015) noted that the assessment process for connected persons wishing to be considered as special guardians is much briefer than for non-kin foster carers and adopters, and the threshold for approval lower. There was also emerging evidence from the interviews conducted for this review, particularly with those from IFAs but also from some in local authorities reporting practices in neighbouring areas, that long-term foster carers were sometimes told to accept an SGO arrangement or lose the child and that they then felt under pressure to make a decision.

A few of those who were interviewed also said they had heard that there are growing numbers of children who are returning to care following an SGO but no recorded data are available to confirm or refute this. In Beckett et al's (2016) report they note that concerns about placements usually involved children who were older (with a mean age of ten and three-quarters years at the time of the final hearing). There was widespread concern amongst informants in both the local authority and IFA sectors that a proportion of these children will come into care at a later stage and some will have been left in unsuitable and unsafe homes. It is certainly an area that needs to be carefully monitored.

Concerns about the quality of the assessment process around SGOs were raised in the responses to the DfE's consultation on SGOs<sup>19</sup> and as a result the DfE published a review of the operation of SGOs (DfE, 2015b). The review drew on:

- the call for evidence
- an analyses of Cafcass and local authority case files
- analysis of data trends in the use of SGOs and the use of SGOs with supervision orders
- the research conducted by Wade et al (2014) on the operation of SGOs.

The review found that most SGOs are made to carers who have an existing relationship with the child and who intended to care for the child until age 18, with appropriate support. But it also reported a minority of cases where assessments

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<sup>18</sup> The revision was part of the Children and Families Act. It came into force in April 2014, making it a legal requirement that all but 'exceptional' care cases should be completed within 26 weeks.

<sup>19</sup> See, for example, [The Law Society's response](#) and [TACT's response](#).

had been done too hastily and where there was insufficient support for the guardians. There was a particular concern about making orders where the relationship between the child and the special guardians had not been established. As a result, in February 2016 the government amended the special guardianship regulations to ensure that assessments specifically address any risk of future harm to the child, and the special guardian's 'ability and suitability to bring up the child until the child reaches the age of eighteen' (Special Guardianship (Amendment) Regulations 2016). It also issued revised statutory guidance (DfE, 2016b). But according to one informant to this review there is as yet no evidence about the impact of the regulatory change and they found it hard to judge how the regulation might be used.

In subsequent cases the President of the High Court Family Division has made it clear that it was not his intention to change the focus on the child's best interests in adoption law. For example, in 2014 he said that children's welfare was being put at risk by 'a new obsession' with keeping them within their wider family circle 'at all costs' if their parents could not care for them:

I wish to emphasise, with as much force as possible, that Re B-S was not intended to change and has not changed the law...Where adoption is in the child's best interests, local authorities must not shy away from seeking, nor courts from making, care orders with a plan for adoption, placement orders and adoption orders. (Re R (A Child) [2014] EWCA Civ 1625)

Several informants to this review, based in four local authorities, indicated that there were foster carers who had specialised in younger children who had left the pool and gone into employment because they felt underused when not offered placements, but had not been prepared to take other age groups. One commented:

As a result (of the clarification) are we going to return to more adoptions for children? If that is the case it will mean we shall need to increase the number of carers we have for very young children. We have not seen that trend enacted at the moment, but it's certainly something we're mindful of. A year ago we would probably have said we don't need applications for under threes, they're not our priority, whereas now, we'd look at it and determine whether it was offering something that we might need. (Manager, local authority fostering team)<sup>20</sup>

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<sup>20</sup> According to Hugh Thornbery, Chief Executive of Adoption UK, there is emerging evidence that the attempts to counter the misinterpretation of Re B-S are

It is possible that the clarification provided by Sir James Munby may mean that in the future more carers for this age group will be needed but not necessarily be available, indicating this is an area that will require monitoring.

The design of special guardianship support in the amendments to the Children Act 1989 was strongly aligned to the Adoption Support Framework set out in the Adoption and Children Act 2002. This identified that a local authority must undertake an assessment of need upon request of the applicant. It also required that the local authority make available a prescribed set of support services. With special guardianship the duty to assess was identified for any child who had previously been looked after. Where this was not the case, then the local authority had discretion to undertake an assessment and if it decided not to assess, then it had to explain why that was so. It was also made clear that there was an expectation in most assessment requests that an assessment would be undertaken whatever the previous status of the child.

One consequence of the increased use of SGOs has been financial. Special guardians commonly have significant support needs, including finance, housing and other practical input. Where special guardians were previously approved as foster carers, there is a requirement to pay them the fostering allowance for up to two years after the making of the order to enable a transition to be made to the new status of the placement. In the early stages of the implementation of special guardianship this required legal clarification.<sup>21</sup> In the longer term, it can be in the financial interests of local authorities for foster carers to become special guardians which, according to informants to this review, is increasingly realised. The financial allowance does not include any enhanced payment for specialised skills that foster carers may have. The Special Guardianship Regulations 2005 have been updated by the Special Guardianship (Amendment) Regulations 2016, as have amendments to the Adoption Support Fund provisions which have, from 1 April 2016, been extended to special guardians who care for children who were previously looked after. The local authority continues to have responsibility to undertake assessments upon request and to provide special guardianship support services as defined in law.

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having an impact in local authorities but not on the judiciary (*Community Care*, 22 October 2015).

<sup>21</sup> See, for example, [Barrett v Kirklees Metropolitan Borough Council](#) [2010] EWHC 467 (Admin).

## Independent fostering agencies

According to Ofsted (2017) there are 297 active IFAs in England as at 31 March 2016, compared with 300 the previous year. Over three-quarters (79%) of IFAs are in the private sector and the rest (21%) are in the voluntary sector. The same report records that the majority of short-term, respite and long-term placements are offered by local authorities while IFAs offer most emergency, parent and child, and multi-dimensional treatment placements, but they are far from absolute distinctions. Data from Ofsted show that of the 51,805 children and young people in placement on 31 March 2016 two-thirds of all placements were in local authority fostering places (34,395), and the remainder (17,410) were placed through IFAs. While the proportion remains the same across the two years, the data for 2014–2015 (Ofsted, 2015a) were collected about all children in placement at any point during the year, which means the numbers are not comparable between years.

According to informants from local authorities, they do not have the capacity to look after the number of children entering the care system, particularly the number requiring specialised placements. As a result, they have turned more frequently to IFAs which, in turn, have grown both in size and in number. As Sellick (1999b and 2007) has demonstrated, this trend had been perceptible for some time, and according to Harber and Oakley (2012) accelerated after the Care Standards Act 2000 allowed IFAs to recruit, assess and approve foster carers. At around the same time as the legislation was introduced, Sellick (1999b) referred to the increasing difficulties local authorities faced in recruiting and retaining sufficient numbers of foster carers through the 1990s. He quotes Waterhouse (1997) who found that the shortage meant that only 20 per cent of English local authorities could offer a choice of placement to children aged under 10 years and only 3 per cent could do so for children over that age. She found that 73 per cent of local authorities in her sample were using IFAs, albeit for small numbers of placements. Sellick (1999b) surveyed 22 local authorities using IFAs and found that, however reluctantly, they recognised that IFAs were successful at recruiting carers and in providing specialist therapeutic placements. Sellick's view was that local authorities 'would be well advised to view the IFAs in that light and to see them as family-based alternatives to therapeutic residential care, and as complementary to local authority family placement services' (p13).

In a later article Sellick (2007) again referenced the mismatch between demand and supply of local authority placements but also pointed to a more welcoming attitude towards IFAs, which he interpreted as reflecting the role it was envisaged IFAs would play in the Choice Protects initiative (see above).

When Sellick was writing at the end of the 1990s, IFAs were still generally regarded as providing specific types of placement, such as for teenagers, children from specific ethnic groups and religions, children with disabilities and children

needing specific therapeutic support. Over the coming years they became an integral part of mainstream fostering, helped by the fact that the best were able to provide differing placement options, offering a variety of skills, experience and geographical locations. When Clarke (2010a) conducted a review for The Fostering Network in 2010 she expected the rapid rise in the use of IFAs to continue, not least to meet the general demand but also for more specialist placements in response to reports from carers that they were fostering children who had needs for which they did not have the experience or training. Reducing the number of IFA placements would only be possible if there were to be a corresponding increase in in-house foster carer capacity.

There are, however, a number of very large IFAs in the sector which are viewed by the local authorities and smaller IFAs informing this review as having considerable financial influence. [A report by Corporate Watch](#) records the financial strength of 16 operating in this country and their income from foster care. There have been a number of acquisitions of agencies, including those involving private equity. In recent years many medium and small agencies have been taken over. In the past these smaller IFAs would be absorbed and become part of the bigger operation, but there is now a trend to leave them to operate under their own name. This means it is not always clear who the owners are and this has implications for the tendering process as it is possible that a large IFA could, in fact, be tendering under different names. If, for example, it owned four preferred providers in the bidding process the owning IFA would have a monopoly.

One informant from an IFA whose agency had been taken over spoke of being caught between competing pressures – pushed by local authorities to reduce costs and by managers in the ‘umbrella’ company to report ‘almost constantly’ and to justify numbers and breakdowns. Writing in 2009, Rome (2009) said that the entry of private equity and venture capital was a new development. He acknowledged that there was the potential for this to increase the level of professionalism and innovative practice in the sector but emphasised that commissioners needed to be familiar with the less positive implications. On the other hand Sellick (2013), who has in the past recognised the strengths of IFAs, drew on international examples to warn of the dangers if and when the foster care market became dominated by a few large IFAs. Amongst these dangers are monopolisation (from an Australian study by Barber, 2002), increased bureaucracy (from a US study by Riccucci and Meyers, 2008), and near and actual financial disaster (again from a US study, by Steen and Smith, 2012).

In their study of adoption and fostering services in local authorities, Easton et al (2012) identified the key drivers for local authorities as the need to create efficiency savings and reduce the cost of placements whilst improving outcomes. In their opinion, this was bound to lead to tensions between IFAs and some local authorities. In 2011 Sellick (2011) reported that any ideological opposition amongst

local authority social workers to IFAs had diminished, although not right across the board:

For some local authority staff, IFAs are and remain pioneers rather than predators. For others the reverse is true. For some in the IFAs, those they do business with in local authorities are partners but for others, they are simply procurers, remote from the day-to-day realities of child placement practice. (p41)

But two years later he reported that the significant financial pressures on the public sector were beginning to undermine the trust which had been built up (Sellick, 2013). There are obviously localities where the sectors work very well together, and over the years a symbiotic relationship appeared to be developing, despite there not always being positive perceptions of the other. The independent sector is sometimes reported to consider local authorities not to be very good at detail and not interested in working with them to make things better; on the other hand, local authorities are said to think the independent sector is only about making money.

As well as the overall pressures on local authorities to reduce their level of spending, two other events were reported by informants in both sectors to have had a negative impact on collaboration. The first was a judicial review. In late 2015 the Administrative Court granted the Nationwide Association of Fostering Providers (NAFP) permission to launch a judicial review claim against three local authorities in respect of the placement of looked after children. The NAFP sought to challenge the authorities' compliance with Section 22C(5) of the Children Act 1989 which imposes a duty on local authorities to place looked after children in the 'placement which is, in their opinion, the most appropriate placement available'. The NAFP argued that this required local authorities to adopt an equitable approach when considering commissioning placements from in-house and independent and voluntary sector providers. However, Justice William Davis ruled against the claim by deciding that local authorities do not have to consider all available placements for children in their care.

The second event is the Competition and Markets Authority's (CMA) investigation of the completed acquisition by SSCP Spring Topco Limited of Acorn Care 1 Limited. In September 2016 the CMA served an Initial Enforcement Order on Stirling Group and SSCP Spring Topco for an allegation that they acted anti-competitively in their recent acquisition of Acorn Care 1 Ltd, a provider offering special needs education, residential and foster care for children and young adults with complex needs. In February 2017, the CMA announced that it is to consider proposed undertakings offered by the parties and that its provisional view is that the proposed undertakings offered, or a modified version of them, might be acceptable as a suitable remedy to the competition concerns identified during the phase 1 investigation.

At the time of writing, as far as informants to this review were concerned, the complexity of the relationship between IFAs and local authorities appears to be one of the fundamental difficulties at the heart of foster care, reflected in this comment from a senior manager in the independent sector:

Five years ago there was a kind of acceptance within the fostering sector that there were two ways of providing fostering placements. There's always some people who want to say, well, your way's failing, your way would never be any good, but on the whole, my experience was that the two sides worked together pretty well. Local authorities had got to the stage where they recognised that the independent sector was around to stay...some of them are doing a pretty good job and some of them do a very good job for some children. In the five years since then I think we've gone back to this feeling of mistrust ... the independent sector is worried local authorities are not being fair, they're trying to encourage carers to leave the independent sector. It's interesting, five years ago it was the other way round and people were moving the other way; now people are moving from the independent sector into the local authority sector.

Informants in all sectors considered that the cuts in local authorities' budgets continued to be an aggravating factor. It is reported by informants to this review to be leading some local authorities to consider whether or not it will be more cost effective to bring everything in-house. Each additional 'home' placement spreads the fixed costs more thinly, and local authorities would then benefit from real economies of scale over some of their activities. Local authorities continue to claim that the cost of placing children with some IFAs is too high. For example, in his [evidence to the Education Select Committee on Fostering](#) in March 2017 the Corporate Director of Social Care, Health and Wellbeing in Kent, Andrew Ireland, said:

At the height of the unaccompanied asylum seeker issues in 2015, we found that we were forced to use agencies that we would not normally look at because we considered that the prices were much higher than we need to pay ordinarily. That had an impact on the overall local market and an escalating impact on prices generally....Whether that organisation is profitmaking is a secondary concern, provided that the fee is one for which the local authority is getting sensible value.

However, as noted above, the actual cost differential may not be as large as it is sometimes claimed to be while local authorities do not cost their in-house services on a full cost-recovery basis (see Section 5).

As a result of reductions in central government funding since 2010 there have undoubtedly been attempts by local authorities to bring more placements in-house.

However, Sellick (2013) considers self-sufficiency to be an impossible aspiration for three reasons:

- Despite efforts to recruit more foster carers (see Section 6) there are just not enough local authority placements.
- The number of children and young people entering and staying longer in care is continuing to increase.
- Financial constraints on local authorities have led to reductions in staffing, including social workers who are responsible for the recruitment, assessment, training and supervision of foster carers.

## Residential placements

There are other consequences of the problems facing local authorities in recruiting and retaining foster carers, particularly those willing to take the most vulnerable and traumatised children, and as a result they are more likely to be placed out of area (see NICE, 2010).<sup>22</sup> Sometimes this is for their welfare and safety but, as explained later in this review, it is usually preferable whenever possible to maintain contact with their support networks. The second consequence of identifying placements for these groups may be that, in the long term, it contributes to a rise in the number of children in residential placements. Berridge et al (2012) charted the decline in the use of children's residential care from 32 per cent of the care population in 1978, to 21 per cent in 1986, to 9 per cent in 2010–2011. At that time local authority planning was based on fewer long-term residential placements being required as a result of interventions such as Multi Systemic Therapy (MST)<sup>23</sup> and 'fostering plus',<sup>24</sup> designed to support children on the edge of residential care and enable them to have a stable fostering placement or return home, but after a decline in recent years the numbers have started to rise slightly. In 2016, on 31 March over 7 per cent of looked after children were in children's homes or hostels, with 3 per cent in other residential settings (DfE, 2016). There is an increase in the proportion of those in residential care who are older.

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<sup>22</sup> Out of area placements are discussed in Section 4.

<sup>23</sup> MST is an intensive family- and community-based treatment programme designed to make positive changes in the various social systems (home, school, community, peer relations) that contribute to the serious antisocial behaviours of children and adolescents.

<sup>24</sup> Fostering Plus is aimed at children who have experienced significant harm or trauma and have high levels of need; most have not previously settled in local fostering placements.

While conducting their study, Berridge et al (2012) came to the conclusion that residential homes were usually used for older children with more complex needs, for those who might have difficulty settling into foster care, where placement breakdown occurred and where placements could not be found immediately. In the workforce census for children's homes, 79 per cent of managers interviewed reported children were being placed in a children's home following foster placement breakdown (see Thornton et al, 2015).

The two forms of care – residential and fostering – have sometimes been seen as distinct provisions but more attention is now paid to how they may support one another. Munro et al (2013) reported the experiences of 15 local authorities, sampled on the basis of their use of out-of-area residential placements or the number of such placements within their boundaries. They identified what was then a small number of authorities which reported a change in their approach to residential care: from using it when 'all other options have been exhausted' to regarding it as an appropriate 'stepping stone' into foster care, supported lodging or return to the birth family. Research is suggesting that residential care may provide a more effective basis for delivering short-term therapeutic programmes of support to adolescents at risk of coming into care. Residential treatment was usually considered to be a long-term intervention but there is a body of research which indicates that the length of stay is not a good indication of treatment outcome when considered on its own; rather, it is the placement into which a child or young person moves that is the most important indicator of outcome (Hair, 2005; Lyons et al, 2009). Biehal et al (2012) suggested that good residential care has the potential to address the more challenging and complex needs of adolescents in contrast with ordinary foster care where the structured programmes of support are not available.

Flynn et al (2005) investigated residential care in New South Wales, Australia, as part of the Association of Children's Welfare Agencies' (ACWA) Out-of-Home Care Development Project. They concluded that residential care should be used selectively for children and young people with high support needs, sibling groups, young people moving on to independent living, and children and young people following a foster placement breakdown. Other Australian researchers, Delfabbro et al (2005), went further and argued that the care continuum itself should be re-evaluated. Children and young people were usually placed in home-based care and only placed in residential care following multiple placement breakdowns. The authors suggested that residential care should be considered when children first enter care, so they can be assessed and, where necessary, receive treatment. Even though the role of residential care in Australia has reduced significantly in

recent years<sup>25</sup> it does not undermine the potential for the ‘continuum of care’ idea to be considered. In his review of residential care Martin Narey (2016) commented on another project within the Innovation Programme, the ‘No Wrong Door’ (NWD) initiative in North Yorkshire (see below), writing:

...there is considerable merit in more frequently viewing residential care, not as the end of a journey, but having the potential to act as a bridge to a different fostering experience, not least by blurring the boundaries between fostering and residential care (by, for example, bringing prospective foster carers to work in a children’s home, getting to know the child for whom they might eventually care). The NWD approach acknowledges that some children will move between residential care and foster care and back and forth again but crucially, back and forth to the same foster carers. (p22)

## **Therapeutic interventions: The influence of attachment theory and neurological research**

Therapeutic treatment is not confined to residential placements (discussed above) and has been a feature of foster care for many years. The work of Bowlby<sup>26</sup> and of his contemporaries defined the theoretical approach to therapeutic interventions with children in care and specifically in foster care. The term ‘attachment’ has most often been used to refer to the relationship between the parent or caregiver and a baby/young child. It is based on research indicating that a secure attachment in infancy is essential for good social and emotional outcomes. Since Bowlby’s work the theory has been developed nationally and internationally and now also points to the importance of secure attachments in middle childhood and adolescence. Much has been written about the various forms of attachment and the interventions associated with them which are relevant to fostering. Basically, the interventions are based on having a caregiver who provides consistent, responsive care, which helps children to learn to recognise their own emotions and responses and so be able to regulate their own behaviour and emotional states. This, in turn, is linked with a range of protective factors that promote good mental health and reduce the likelihood of antisocial behaviour and offending. The child develops social competencies, empathy and emotional intelligence, and learns how to relate to other people and understand what to expect from them. However, in light of the number of children entering care who have experienced abuse and neglect, particular attention has been paid to disorganised attachment. In these cases

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<sup>25</sup> Although [the rate that this is happening varies from state to state](#).

<sup>26</sup> See, for example, Bowlby, J. (1951) *Maternal Care and Mental Health*. Geneva: World Health Organization Monograph.

children have often been left distressed for long periods of time and go on to display contradictory and conflicted behaviours. Many childhood mental health disorders are associated with this type of attachment and there is evidence that such difficulties may continue into adulthood (Millward et al, 2006; Fonagy et al, 1995). Interventions such as Circle of Security (Marvin et al, 2002) are designed to support children to move from disorganised to organised attachment.

In addition to work from other disciplines and other countries, most notably psychology and the US, the Secure Base model for promoting attachment and resilience was developed within the UK foster care arena. It was described and recommended in *Care Matters: Time for Change* (Department for Education and Skills, 2007) as a framework for 'promoting confidence and competence' in foster carers and has since been part of Skills to Foster.<sup>27</sup> It is an accessible framework for applying attachment theory and research to fostering and adoption practice. Since 2006 (see Schofield and Beek, 2014) [the Secure Base model](#) has grown and is used in fostering practice in Norway and other parts of Europe, Australia and diverse countries developing foster care such as China, Thailand and Iraq. Work is also underway to examine what can be learnt from the responses on premature babies to support foster carers (Gribble, 2016).

Multidimensional Treatment Foster Care (MTFC)<sup>28</sup> or Intensive Fostering (IF), as it is known in England, is a very specialised and resource-intensive form of foster care, underpinned by social theory. It was developed by the Oregon Social Learning Centre in the US during the 1980s, where it was initially intended for work with boys engaging in serious criminal behaviour. It has since been adapted for use with other groups of children and young people (Biehal et al, 2012). Evaluations of MTFC programme in the US (see Chamberlain, 2003)<sup>29</sup> and in this country (DfE, 2011) have shown that it can lead to positive outcomes on foster placements and individual child outcomes, although amongst Sinclair et al's (2016) sample this only applied to those with the higher levels of antisocial behaviour. The results came from an RCT conducted with hard-to-manage young people in English foster or residential homes. There might be value in further follow-up studies to examine the long-term effectiveness of these programmes.

Gibble (2016) references research which shows that parent–premature infant attachment can be developed by close proximity and nurturing touch, helping

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<sup>27</sup> The Fostering Network core training for foster carers, 2009, 2014.

<sup>28</sup> Now known as Treatment Foster Care Oregon for Adolescents (TFCO-A).

<sup>29</sup> Where there were indications of significant cost savings for public finances.

parents to interpret their child's cues and understand their needs. She suggests that similar methods could be applied to foster parenting and that training on interpreting children's behaviour and cues increases carers' ability to respond.

In 2004 Sainsbury (2004) concluded that there was an absence of research to show a link between therapeutic intervention and children spending a shorter time in care. This does not seem to have changed, although the importance of therapeutic parenting is now widely recognised (see Hughes et al, 2015). It is closely associated with research on brain development that is identifying how early abuse and trauma may produce different neurological patterns and lead children to view the world and their carers as threatening and to have difficulty making and maintaining healthy attachments (see Shonkoff and Levitt, 2010). It is important that foster carers recognise that a child's behaviour might reflect their early rather than present experiences (Archer and Gordon, 2013). Different types of training and treatments are available to help carers work with traumatised children, including parenting teams of professionals such as a supervising social worker, therapist and teacher or someone else from a school who work together to support the foster child's needs, particularly in relation to challenging behaviours (see Caw and Sebba, 2013).

Children's challenging behaviours may have an impact on carers themselves, leading to what Hughes and Baylin (2012) term 'blocked care'. Blocked care occurs when stress interferes with the capacity to maintain love and empathy towards his or her child and represents self-preservation in the face of threat. Although the impact of trauma can be long lasting, brain neuroplasticity (see Seigel, 2010) suggests that change is possible for both children and their carers. Other studies have pointed to the benefits of training in attachment theory but they have also called for more large-scale studies.

## **Social pedagogy**

Social pedagogy is practised widely in education and social care in many mainland European countries, but there is no real tradition of the approach in the UK (Cameron with Moss, 2011). It adopts a more holistic approach to understanding each individual child's needs and finding a way of working with them. The Fostering Network introduced Head, Heart, Hands programme into seven fostering services in England and Scotland between September 2012 and June 2016. It was the subject of a very thorough evaluation by researchers at the University of Loughborough (McDermid et al, 2016a) that involved surveys and interviews with foster carers and social care staff. While the findings were generally positive some questions remain as to the best way to introduce social pedagogy and, indeed, how widely it should be introduced. The researchers concluded that it enabled some foster carers to make changes that did have an impact on their households,

especially in relation to how they 'parented' and interacted with children. There were also specific benefits for some in improvements to the relationship with their supervising social workers and in feeling part of the professional team around the child. Many of the problems were attached to the way the programme was implemented – for example, difficulties arose where a foster carer approached a problem using social pedagogy when other professionals applied a 'business as usual' model. This was further complicated by the rapid turnover in some social work teams which diluted the overall awareness and use of the model. McDermid et al concluded that:

The analysis suggests that the overall impact of the programme was deep rather than wide. A relatively small proportion of fostering households reported that the programme had reaped substantial benefits, but from the wider perspective these benefits are less evident from the quantitative or cost analyses. (p22)

But other lessons can be learned from this implementation process about the importance of foster carers being treated actively as part of the team around the child, receiving regular supervision and having a shared focus on maximising the child's development and wellbeing.

## Reflections

This section has explored some of the factors that have contributed and contribute to developments as well as those that have challenged the foster care sector and continue to do so. When commenting on the subject of children in care, local authorities told the National Audit Office (2014) that more children with complex needs and disabilities were coming into care. This is the same message that we have heard, but it is also one that has been repeated over many years, and without empirical evidence it is too easy for it to be dismissed. However, this is the message shared by those working in this area from the different professional domains and so it is important not to dismiss it, but to consider how better evidence can be achieved.

Another feature of fostering, and one also identified by the National Audit Office, is the dynamic nature of the sector. Changes of policy, financial realignment and legal rulings can impact on the number and profile of the foster carers required. The rise in the number of kinship placements is continuing to have a considerable impact, although informants to this review reported what one described as 'a less rapid acceleration'. If that is the case one consequence could be an increase in demand for non-kinship foster carers. Local authorities are looking for ways to reshape their services in the context of smaller budgets and so all outgoings will come under increasing scrutiny. But as the National Audit Office points out,

attempts to forecast demand can also be overtaken by events. In 2008–2009 the Looked-After Children – Children, Schools and Families Committee of the House of Commons (House of Commons, 2009) recommended that the government assess at a national level the supply of placements that will be needed to make the *Care Matters* reforms a reality. The attempt to do so was thrown off course by the demand for services following the death of Baby Peter Connolly. The continuing pressures experienced by children’s social care are still attributed, at least in part, to the clamour that followed his death and the subsequent two serious case reviews.

## Section 4: Types of foster care placements

The most usual categorisation of placements is set out below and examined in this section. These include:

- long-term foster care placements
- short-term foster care placements
- family and friends care placements
- parent and child placement
- placements in concurrent planning
- intensive fostering placements
- remand fostering placements
- step down placements
- emergency placements
- short break or respite placements
- out of area placements.

### Long-term foster placements

As covered in Section 3 The [Care Planning and Fostering \(Miscellaneous Amendments\) \(England\) Regulations 2015](#), which came into force on 1 April 2015 provided for the first time in regulations a definition of a long-term foster placement. All the following conditions must be met:

- foster care is the child's plan for permanence, as recorded in their care plan
- the foster carer has agreed to be the child's foster carer until they cease to be looked after
- the child's responsible authority has confirmed the arrangement to the foster carer, the child and their birth parents.

These regulations and guidance were developed by an expert group of stakeholders and academics as a framework for practice. They set out a degree of flexibility in the number of social work statutory visits to children and in the frequency of looked after children review meetings. Where planned long-term placements are settled and the child is thriving, looked after children review meetings need only be annual although the IRO will need to conduct a review process at the intervening six-month interval – for example, receiving a report from the foster carer, social worker and the school. This flexible plan for visits and

reviews must be agreed with the child and also with the team around the child to ensure that the child's wellbeing and progress continue to be positive. As mentioned above, it will be important to investigate how these new regulations are being implemented in practice and the impact on long-term foster care planning and outcomes.

Research on planned long-term foster care has confirmed its value in providing a successful permanent placement in which children can experience security and a sense of belonging as part of the family (Schofield and Beek, 2009, Biehal et al, 2010, Schofield et al, 2012); a family which for many young people continues to provide support in adult life (Schofield, 2003). The comparative study of permanence options by Biehal et al (2010) also found that where long-term foster care placements were stable, emotional and behavioural development and education outcomes were similar to adoption. However, as all researchers acknowledge, the big challenge is to achieve stability, which needs to be supported by clear care planning, assessment, matching and high-quality support for foster carers, the child and the birth family (Sinclair, 2005, Schofield et al, 2012, Biehal et al, 2010).

## **Short-term foster placements**

These are placements where children and young people need a temporary home, usually because there are concerns about their safety and wellbeing. In the late 1980s, Berridge and Cleaver (1987) found that temporary placements were less likely than permanent placements to break down; they suggested that this was because they were time limited.

In some circumstances a temporary placement may be approved to allow a child or young person to stay with a friend or relative. In Fisher et al's study (1986) parents did not usually see short-term, out of home placements as a threat, unless court proceedings were initiated. However, many short-term fostering placements are for children and young people who are either in care proceedings or whose parent(s) or caregivers are unable to look after them. Care proceedings may lead to a range of permanence options being considered, including reunification, family and friends care, long-term foster care, SGO or adoption. Short-term foster carers provide care during this period of assessment and uncertainty, moving to support children through the transition to a permanent placement or, for older adolescents, to independent living arrangements. Transition to adoption is often a particularly challenging task for foster carers who may have cared for an infant from birth. A new project funded by the Sir Halley Stewart Trust at the University of East Anglia, led by Neil, Beek and Schofield, is developing a framework to support successful transitions from foster care to adoption, including supporting the foster carer in their role.

Without a rigorous and timely approach to assessment there is always the danger that short-term placements continue without a thorough assessment of the child's needs. Sinclair et al (2005) found that for children placed in 'short term' foster care it lasted on average for a year. They attributed this to ongoing court proceedings, determination of whether reunification was possible or the processes to fit a suitable match.<sup>30</sup>

In her study of adolescents, Biehal (2005) found that one-third of short-term placements for that age group lasted less than a week and 46 per cent less than a month. Those that lasted between one to six months were to give time for assessments and therapeutic work in some instances. Short-term placements allowed parents to have a break and the opportunity to work on problems. Schofield et al's (2012) study looked at 230 children from six local authorities where permanence in foster care was the care plan. Of these 230 children, two-thirds had become 'permanent' placements because their short-term foster parents were willing to offer a permanent home and this was deemed to be in the child's best long-term interests. The remaining third had moved from short-term carers to a permanent long-term foster home, which shows how difficult it is to lay down strict boundaries between short- and long-term placements but also how important it is to make careful assessments when a decision is being made about whether it is in the child's best interests for their short-term placement to become long term.

## **Family and friends care (kinship placement)**

Family and friends care refers to the care of children by relatives and it is often the preferred placement because it is intended to maintain the children's connections with their families. Evidence from Broad (2001) is that related kinship carers are often older and poorer than traditional foster carers and that children and young people usually enter kinship placements because of child protection concerns, or the inability of the previous carer to cope, or because of the young person's problems or difficult behaviour. Informants in this review expressed concern about the absence of research on the long-term outcomes of children in these placements, especially in light of their experiences of children being placed with family members when they were very young and placements then breaking down

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<sup>30</sup> A clearly articulated plan to achieve permanence for the child must be prepared by the second statutory looked after children review, which is held within four months of the child becoming looked after. See the [statutory guidance](#) to the Children Act 1989 and the Care Planning, Placement and Case Review (England) Regulations 2010 [The Children Act 1989 Guidance and Regulations: Vol. 2: Care Planning, Placement and Case Review, as updated July 2015].

around the age of six or seven or as they became adolescents. Further research is needed to examine the extent to which this may be happening and why.

## **Parent and child placements<sup>31</sup>**

These may be arranged where a mother or father or both are experiencing difficulties, and a placement with their baby or young child is considered to be the best course of action. This is often an alternative to a parent and baby residential unit and is frequently as a result of a court referral. The foster carer has an important role in observing and recording how the parent looks after the child. They are frequently used for teenage parents, including those who become pregnant while in care, but, as Luke and Sebba (2014) found, much of the literature on these placements has a focus on teenagers with very little on adult parents who live in foster homes with their children by arrangement, and there is a bias towards mothers rather than fathers.

The review conducted by Luke and Sebba (2014) also found that findings from the studies of outcomes of parent and child placements were very mixed, with the likelihood that parents and children will be separated varying from 15 per cent in a study in the US (Barth and Price, 1999) to 84 per cent in a UK study (Martin and Davies, 2007a, 2007b). Luke and Sebba suggested that the variation may be a consequence of several reasons including the small number of placements studied, differences in the placements and the populations included and the services offered. Although the researchers made recommendations for policy and practice they did so cautiously in light of the absence of robust evidence and went on to suggest the types of studies which are needed, including longitudinal studies and outcome-focused evaluations.

## **Placements in concurrent planning**

Concurrent planning is designed to place the child with foster parents who can assist rehabilitation work with birth parents, but who will become adoptive parents if rehabilitation is unsuccessful. In England, an evaluation of the effectiveness of this approach compared to traditional adoption plans revealed that the use of concurrent planning meant children spent significantly less time in 'temporary' care and experienced fewer placement moves (Monck et al, 2003).

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<sup>31</sup> Luke and Sebba (2014) point that the correct term for an adult parent (who is not in care) living in a foster home with their child is a 'parent-and-child arrangement' (Adams and Dibben, 2011).

The New Orleans Intervention Model (NIM) (Zeanah et al, 1997 and 2001) is a variation on this type of placement and focuses on relational assessments by exploring the relationship between, for example, the child and mother, child and father, and child and foster carer, and may last for up to a year. The team is then in a position to make recommendations to a court about the best placement outcome for a child. Following referral to the service, a multidisciplinary team of specialists in infant mental health and social care work with the families of children aged between six months and five years who have been abused and placed in foster care. The birth families receive an intensive intervention while the child is in a nurturing placement with foster carers who are also observed and supported to provide appropriate care. Despite the absence of a robust evaluation, NIM has been adopted in various parts of the US as well as in South Australia. It has been introduced into Glasgow, in a project supported by the NSPCC, where it is the subject of a feasibility randomised controlled trial (RCT). The feasibility study results were not published prior to the actual RCT commencing. It has been introduced into the London Borough of Croydon, also through the NSPCC, and the implementation stage evaluated by Baginsky et al (forthcoming).

## **Specialist placements**

In these placements, carers provide more specialist care and attention for children and young people, whether this is dealing with complex needs arising from physical and learning disabilities or managing special medication, care routines and behaviours. There is a range of specialist fostering schemes across England. They usually offer time-limited placements to address specific needs, most often for adolescents with behaviour problems. Two RCTs have found no evidence that specialist placements are more effective than other placements (Minnis et al, 2001, and Macdonald and Turner, 2005). These placements also include Intensive Fostering and Team Parenting™,<sup>32</sup> as well as those for unaccompanied asylum seeking children, generally known or assessed to be 16 years or under (Humphris and Segona, 2016).

## **Intensive placements (Intensive Fostering)**

Multidimensional Treatment Foster Care (MTFC), or Intensive Fostering (IF), were introduced in Section 3. IF provides young people with short-term foster care from

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<sup>32</sup> Team Parenting™ is described as a model of supporting children in care which involves foster carers and professionals working together to create stable and therapeutic foster placements (see Caw and Sebba, 2013).

highly trained and well-supported foster carers, alongside a therapeutic programme delivered by a professional team. The time-limited programme is followed by a short, three-month period of aftercare (Biehal et al, 2012). Key elements of the programme include: the provision of a consistent reinforcing environment in which young people are mentored and encouraged; a clear structure, with clearly specified boundaries and consequences for behaviour; close supervision of young people's activities and whereabouts at all times; diversion from associations with antisocial peers; and help to develop positive social skills and promote the formation of relationships with more positive peers (Biehal et al, 2012). The Social Services Improvement Agency (SSIA) and Institute of Public Care (IPC) report (2008) contained examples of schemes operating at that time but, as Schofield et al (2014) found, several of these schemes have closed due to budgetary restraint.

In 2005, the Youth Justice Board commissioned agencies to trial IF in England for serious and persistent young offenders for whom the alternative was likely to be custody (Youth Justice Board, 2010). An evaluation of that trial, carried out just over one year after the programme's launch, compared 23 young people who were placed in the IF programme to 24 who had been sentenced to custody. During the year after they entered the placement, outcomes were significantly better for the IF group than for the group in custody. However, these benefits quickly dissipated once the young people left the programme, and within a year of leaving their IF placement or custody there was little difference between the groups (Youth Justice Board, 2010). A further, independent evaluation of IF in England by Biehal et al (2011) reported similar findings. It concluded that:

IF may be effective in containing persistent young offenders in a community setting, reducing the use of custody, delaying reconviction and reducing the number of offences recorded during the time they are on the programme. However, the dissipation of the positive effects of the programme after the young people left their foster placements indicates that it was difficult to sustain positive changes in maladaptive learning and relationships once they were re-exposed to the risk factors in their local environment. (p2048)

Both evaluations highlighted aspects of the programme that might be reconsidered in order to sustain the benefits seen during the course of the programme after participants (the children/young people) had left the placement. One of the issues identified with IF has been the lack of support offered to young people at the end of specialist foster care placements and the impact on outcomes of withdrawing support too soon (Economic and Social Research Council, 2014). This relates to the importance of consistent relationships, and to the need for coherent approaches to how relationships are viewed within interventions, including within short-term foster care.

## Remand fostering

Remand foster care provides placements for children on remand, who are committed for trial or sentence under the Children and Young Persons Act 1933 or Crime and Disorder Act 1998, who are detained in local authority accommodation under the Police and Criminal Evidence Act 1984, or who are the subject of a supervision order with residence requirement. The use of foster care for children on remand in the UK dates back to the early 1980s when initiatives were set up which sought to replicate the benefits of successful schemes which had been reported on in Sweden during the 1970s (Lipscombe, 2003). Only some children who are on remand are placed in foster care (others are remanded to young offenders institutions, secure training centres and secure children's homes): these include children who literally have no home; those whose offences or alleged offences are deemed too serious to allow a return home; those who live near to, or with, the victim or alleged victim; and those whose parents refuse to accept them back into the home (Lipscombe, 2003).

Statistics on the exact number of children and young people placed in this type of foster care each year are not publicly available but the numbers are relatively small. The most recent figures released by the DfE show that on 31 March 2016, 240 children were deemed looked after on the grounds of their youth justice legal status, but only some of these children will be in remand foster care placements (DfE, 2016a).

By its nature, this is a short-term arrangement, usually lasting only a few weeks. It is viewed as a complex and specialist foster care role. Foster carers are sometimes nervous about taking on remand foster placements as they fear that the children and young people are more complex than other children (see <https://www.tactcare.org.uk/foster-with-us/types-of-fostering/remand/>). There is very little literature available on this subject but, as Lipscombe (2003) contends, it seems reasonable to surmise that this type of foster placement would be subject to similar, if not greater, difficulties than other adolescent foster placements in terms of the complexity of the child's needs and the potential for challenging behaviour. The role unusually requires carers to bridge a difficult gap between providing 'the care of the welfare system and the control of the criminal justice system', a situation which those from a welfare-based fostering environment may see as anomalous (Lipscombe, 2007).

Nonetheless, the limited research suggests that this kind of placement can be successful in achieving both welfare and justice aims. A study by Lipscombe (2003) found that offending whilst in the remand foster care placement was limited and that the benefits might continue once the placement had ended. Young people also expressed appreciation for the focused care and the chance to 'sort

themselves out', and some reported an increase in feelings of self-worth and confidence, which could promote behavioural change and social inclusion.

## **Step down placements**

These placements provide one-on-one care and support for young people who have been in residential care and need further support before they move into a full-time foster family. Havlicek et al (2012) described the development in the USA in the 1950s of a short-term transitional programme for children returning to families from residential treatment programmes and how this evolved as Treatment Foster Care (TFC). The programme grew in the late 1960s with the move away from residential care. The researchers estimated that there are approximately 2,000 programmes providing TFC across the US. Aspects of MTFC (see Section 3) have been adapted to support step down placements on both sides of the Atlantic but in a study conducted in the US Havlicek et al (2012) concluded that there is no evidence that supported interventions or effective models of coordinated care assist in the transition from restrictive to less restrictive care settings. They described a qualitative study they undertook to examine the processes and experiences around 'stepping down' from residential care to TFC of older young people coming up to leaving the care system. Amongst other things they highlighted the importance of providing developmental opportunities to enable young people to access the normal life experiences of late adolescence and/or early adulthood. Plumridge and Sebba (2017) concluded an evaluation of a programme to support step down placements with recommendations around the support structures needed to sustain them as well as on the involvement of young people in decision making.

## **Emergency placements**

These are unplanned placements made in an emergency where no other placement type has been identified by the local authority. For a child this will usually mean that there are immediate concerns for their safety and they need to be removed from their home environment as quickly as possible while the care planning process establishes the best option for the child. Emergency placements will also be used when there are placement breakdowns in foster care or adoption and a child has to be placed as a matter of urgency. A study by Rowe et al (1989) found that social workers reported that 75 per cent of admissions were 'emergencies', although in most cases the families were already known to social services. Ten years later Waterhouse and Brockelsby (1997) found that two-thirds of placements were unplanned and that children aged under five or over 15 years were particularly vulnerable to unplanned admissions. Masson et al (2008)

reviewed 386 care application cases, noting that nearly half of the cases had been known to children's services for five years or more, and proceedings had only been initiated following a sudden event or emergency.

Sinclair et al (2000a and b) and Triseliotis et al (2000) also observed that most placements were made at times of emergency, and Farmer et al (2004) found that with adolescents emergency placements were more likely to break down than planned placements for reasons linked to factors leading to the 'emergency'. A great deal is expected of foster parents' ability to provide care for children who have been raised in difficult environments and who have behaviour problems, but in these circumstances foster parents may be uncertain about how to manage these behaviours (see Hyde and Kammerer, 2009). Work by Baugerud and Melinder (2012) showed that children taken into emergency placements often displayed symptoms similar to those who have been bereaved, experiencing similar levels of trauma. In a Norwegian study, Storhaug and colleagues (2016) reported that 40 per cent of parents of the children involved had prior contact with children's welfare services and had asked for help, which chimes with studies conducted in the UK. The Norwegian researchers also found that representation of families from advantaged backgrounds was higher for planned placements than for other types of placement.

In light of data that showed that 50 per cent of children in emergency placements returned to their families within 12 months, Baugerud and Melinder (2012) explored how they may be supported. One approach was to use a 24-hour residential care unit that included a support service where family therapists, psychologists and social workers worked with children and families at risk.

## **Short break or respite placements**

This type of placement forms part of a planned series of short breaks. Particular circumstances or conditions mean that the child/young person and/or their carer may benefit from therapeutic services or periods of respite. Respite placements have long been viewed as a deterrent to 'burn out' (see, for example, Meadowcroft and Trout, 1990) and Cowen and Reed (2002) linked them to decreased levels of stress and increased satisfaction with fostering. According to Boddy et al (2009) the use of respite models, either in foster or residential care, for non-disabled young people at risk of family breakdown is far more usual in other countries. Their research on preventative support for young people and families across four European countries found that both respite models and therapeutic interventions played a less prominent role in the English care system than in Denmark, France and Germany. Dixon and Biehal (2007) conducted one of the few studies in this area in England. This was a study of 24 young people referred to a respite service that reported the experiences of 20 of this group and of their families. They found

that respite placements played an important role in helping to prevent family breakdown and relieve stress, although they were less successful with young people 'with long-term and/or internalising problems and parents whose parenting style was predominantly cold and rejecting' (p82).

Dixon et al (2015) conducted an evidence scope of supporting adolescents on the edge of care in England and the role of short-term stays in residential care. This review found emerging evidence from a few small-scale evaluations and internal monitoring reviews that short-term respite options can represent cost savings to local authorities by reducing the numbers coming into full-time, longer-term care. The same authors also described a model of specialist short-term foster placement used in Israel to carry out a full assessment of children in crisis to assess whether they can remain at home or might need to be received into care. This is used when problems reach the point where it is necessary to remove the child to provide an opportunity for full assessment and treatment. The review also found several examples where respite foster care was used to provide short breaks for young people on the edge of care, as well as those already in care but where existing foster carers were unable to care for the child temporarily or when a placement was needed to try to prevent a placement breakdown, and to support reunification.

Roberts (2016) examined the use of part-time fostering as part of a family support package. 'Support care' is a service to support families who are experiencing crisis and who are at risk of becoming separated. It has been sponsored by The Fostering Network in England and Wales since the 1990s (see The Fostering Network, 2013) and is based on a Canadian model where foster carers work with the child and their family. The 'fostering' is part of a broader support package usually lasting for between six and twelve months. The arrangements are designed to meet families' needs and are said to usually involve one or two overnight stays a month with support carers. This was a small-scale study involving three support care schemes and 10 support care placements, so it was not a representative sample. All the families were said to be experiencing acute social and economic disadvantage. There were positive indications in terms of parental engagement and changes in children's behaviours but there was also an element of necessary monitoring of families and protecting children which, the author noted, made families uncomfortable and was downplayed in favour of stressing partnership with parents and non-judgemental support. But the study also raised an interesting question about how much can be expected to change as a result of a short-term intervention.

In Ottaway and Selwyn's research (2016), foster carers commented on how inflexible respite care could be and the lack of access to consistent carers providing it. They were required to take a minimum number of weeks off every year, and sometimes they felt they had to take a break when they did not need it and could not access respite care when they did. In their opinion it reflected a lack

of understanding about fostering traumatised children. It may also reflect, in part, the decline in the number of available short-term placements. According to Ofsted (2017) the number of short-breaks carers decreased from 3,020 in 2015 to 2,795 in 2016 and the number of households exclusively providing short breaks decreased by 8 per cent. In feedback to Ottaway and Selwyn carers said that some agencies emphasised that friends and family should be caring for the children, which could work well, but the demands were sometimes too much for friends and family to manage. It was suggested that more investment was needed to enable friends and family to become respite carers. Some of the concerns over respite appear to be addressed by the adoption of the Mockingbird Family Model (McDermid et al 2016b), discussed in Section 6.

## Out of area placements

The term 'out of area placement' is used to refer to placements located outside the boundary of the responsible authority. A distant placement is an out of area placement that is not within the area of any adjoining local authority. It must be approved by a nominated officer, or if that placement is a distant one, by the Director of Children's Services. In 2015–2016, 62 per cent of new foster placements were within the 'home' authority and 35 per cent outside that boundary.<sup>33</sup> Ten per cent of new placements were outside the boundary and over 20 miles from the child or young person's home (DfE, 2016a).

Except where a very specialist placement is needed or there is a reason to place a child a long distance from home – for example, some children in care may need to be placed out of area for reasons of their own safety – it is better to place children within or close to their local community. The better outcomes achieved by children placed locally may be the result of a combination of factors, such as proximity to family and friends; greater scope for good coordination of services at a local level; better contact between child and social worker, and ease of supervision. Schofield et al (2012) also found that care placements for young people were more successful when secure attachments could be sustained or made and when their engagement with the community was promoted, all of which would be easier to achieve when the placement is not far from home.

There are two reports that examined the issue specifically that are worth consideration, although, for the most part, they do not distinguish between residential and foster placements. Research conducted for the London Safeguarding Board (Brodie et al, 2014) concluded that out of area placements

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<sup>33</sup> Information was not available for 5 per cent.

should not be 'demonised' as invariably representing poor practice. The evidence from that study was that children and young people were usually placed out of area so they could access more specialist provision to meet their needs:

The assessment of placements should be, and is, driven by consideration of a range of factors, of which distance is one. (p55)

The findings also pointed to the need for greater consistency in ensuring that children and young people placed out of area have access to good health and education services to improve longer-term outcomes. The researchers identified specific difficulties associated with access to child and adolescent mental health services (CAMHS) and housing for care leavers.

A report by Ofsted (2014a) drew on evidence from nine local authorities and examination of 92 cases involving children who were living outside their home local authority area and more than 20 miles from their home community. On one issue this report differed from that of Brodie et al (ibid) in that they found that children were mainly placed out of area due to a shortage of suitable carers close to home.

Several key informants from IFAs commented that social workers from some local authorities did not attend meetings about children they had placed in out of area placements. They recognised the pressures that additional travel and time required placed on social workers. In at least one instance the IFA and home authority were working together to implement a video link for at least some of the meetings, although this did not address the importance of the social worker being in contact with the child or young person.

## Section 5: Securing the stock of placements

### Key findings

- The rise in the number of looked after children, the changing age profile of looked after children and the increasing number of special guardianship orders (SGOs) is reported to be having an impact on the demand for foster carers. (See Section 3)
- The actual capacity within the system is not known – guesstimates are made on the basis of figures drawn from Ofsted data and surveys such as those conducted by The Fostering Network, but more needs to be done to use data to inform actual demand and supply.
- The quality of forward planning for sufficiency is not well developed and from the literature and interviews with key informants there appears to be very little attempt by local authorities to model what future needs may be.
- There is no agreed formula to calculate the costs of placements or to compare actual costs across local authority and IFA placements.
- Despite the number of framework contracts in place, a great deal of commissioning happens outside them to allow local authorities to meet the demands and specification.
- Local authorities should be encouraged to cost their services to achieve transparency in purchasing.
- Many local authorities have split their commissioning and delivery functions, which leads to concern that those commissioning placements do not have the expertise to judge the quality of what is being commissioned and are not taking full account of the needs of the child or young person.
- Notwithstanding the National Minimum Standards for fostering services and references to quality assurance frameworks in the interviews that informed this review, it was not clear how local authorities judged the ‘quality’ of placements.
- There appears to be additional work that must be undertaken before local authorities will be able to use Dynamic Purchasing Systems to procure foster placements.
- Despite earlier optimism that outsourcing of fostering services would be embedded in children’s services generally and in fostering specifically this has not yet happened to any significant extent.

This section deals with the demand for placements and the placement capacity that exists, as well as examining the costs of placements and how they are commissioned.

## What is needed?

Section 9 of the Children and Young Persons Act 2008 placed a general duty on local authorities to take steps to ensure sufficient accommodation that is appropriate for the needs of the children they look after within their local authority area. The sufficiency duty for looked after children came into force from April 2010.<sup>34</sup> In light of some of the issues discussed later in this section it is not surprising that, according to informants from both local authorities and IFAs, many authorities have a great deal of difficulty in fulfilling that duty. All the informants to the review were at best neutral, and at worst negative, about the impact of sufficiency statements, viewing them as little more than reflective exercises that were difficult to use in practice. In the words of one informant from an IFA:

I've read every single sufficiency statement in (this region)...obviously, local authorities have a duty to produce a sufficiency statement, and everyone has them. I think most of them are not very good. A sufficiency statement should be saying, do we have the services we need for young people in our area, and if they don't, what are we going to do about it? But they try to do a number of things far beyond just that basic premise of do we have the services. They miss the mark on that and they usually become broad strategic documents. (Informant in the independent sector)

This was confirmed to some extent as the practitioners working in local authorities interviewed had either little or no awareness of these statements.

The 1.3 per cent increase in the number of children in care from 2014–2015 to 2015–2016 (DfE, 2016) has implications for the number of foster placements needed. The number of fostering households fell by 1 per cent between these two years and there has been a 4 per cent decrease over the number of available placements since 2013 (Ofsted, 2017). It is, however, difficult to gain a clear picture of what is happening. A commissioning manager in one local authority said:

This last 12 months has felt definitely worse than any other year that I've dealt with, and as I say, I've been doing it since 2010. I think this last 12

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<sup>34</sup> See [Securing Sufficient Accommodation for Looked After Children](#) (Department for Children, Schools and Families, 2010) and [The Children Act Guidance and Regulations Volume 4: Fostering Services](#) (HM Government, 2011).

months is the only time that we've come across times where we've had children where we've thought to ourselves, these children really, really should be in a family and we've not been able to find one. (Informant from a local authority)

However, a very similar point was made by Clarke (2010b) some years previously. Based on interviews with 76 fostering services in England, Scotland and Wales (61 local authorities and 15 IFAs) the report records their concerns as the number of children coming into care rose.<sup>35</sup> In the intervening years the number of children in care has continued to rise while the profile of the population has changed and the available budget to meet needs has come under significant pressures.

In 2010 Clarke (2010b) reported that the rise in the demand for placements for children under four years of age was creating a particular pressure. As has been noted in Section 3, the number of one- to four-year-olds in care fell from 12,400 in 2010–2011 to 9,140 in 2015–2016 while the demand for placements for older children has increased, and these are more difficult to secure. In a review of foster care in several US states conducted some time ago, the incidence of children under the age of five entering into foster care was double that of children aged five to 17 (4 per 1,000: 2 per 1,000), with the implication that it was easier to place younger children in foster care (Goerge and Wulczyn, 1998). Given the differences in policies and priorities between countries, while the report is interesting, it needs to be treated cautiously, although it reflected the message given by a number of informants to this review. The second point relates to the significant levels of cuts to local authority budgets that have occurred since 2010.

This section examines the literature, informed by the views of key informants, on the processes around securing the necessary levels of placement and how these have changed in recent years.

## Capacity

On the face of it there appears to be sufficient capacity. There were 83,175 approved fostering places in England as at 31 March 2016, a 3 per cent increase from the previous year, representing a 5 per cent rise for local authorities and a less than 1 per cent fall for IFAs (Ofsted, 2017). But some of this increase is accounted for by the rise in the number of approved 'family and friends' placements (see Section 3). Ofsted also reports a 23 per cent vacancy level at 31

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<sup>35</sup> By the year ending 31 March 2009, local authorities in England had seen a 9 per cent rise in the number of children starting to be looked after compared to the previous year.

March 2016. On the other hand, in 2016 The Fostering Network estimated a shortfall in England for that year of 7,600 carers (The Fostering Network, 2016). While The Fostering Network acknowledges that these figures are not based on research but are ‘targets for awareness raising purposes’ they are not always reported by others in this way. They are often taken to represent the true extent of a national shortfall, whereas in reality that figure is not known. National figures can distort the picture of what may be happening in localities and they do not provide details of how foster carers are distributed across the country. Several informants to this review proposed a national register, or at least a national database, of foster carers, although there was concern that this should not be used as a matching device. It was not clear who would administer it and it was even suggested that the register would be used as a record of those ‘unfit’ to be foster carers.<sup>36</sup>

Matching is based on factors such as location, age and specific needs, as well as carers’ availability when required, all of which means fewer placements may be available than are needed at any time or for particular groups such as adolescents, sibling groups and disabled children. There is a clear need for more detailed investigation of the actual capacity that exists and how IFAs and local authorities’ current arrangements support or hinder the position. One [suggestion by the Nationwide Association of Fostering Providers](#) is for local authorities to work more closely with local independent providers to try to ensure maximum use is made of local provision and avoid out of area (and out of region) placements.

Discussions with key informants to this review from both the local authority and IFA sectors identified one of the main problems as being the mismatch between foster carers’ preferences and placements required. One local authority informant summed this up by saying:

We could fill all our foster care placements but only if they were willing to take on all ages of children and not just those from birth to aged four.

According to local authority informants one of the consequences of the level of complexity of the needs of children and young people entering foster care is that foster carers, in both local authorities and IFAs, may only want to take one child even though they may be registered for two or three. The foster carers will then be paid a solo fee, which increases the cost of the placement and removes potential placements from the pool:

You see some of these statistics that say there’s all these vacancies up and down the country with all these carers but, in reality, carers who are

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<sup>36</sup> The idea of a national register was also discussed in evidence given to the Education Select Committee on 1 March 2017.

approved for three, but because they've got complex children in, they can't possibly fill the other two beds because they're concentrating all their efforts on the one child that they've got, and that's sometimes where I think some of the paperwork's misleading... It does mean that it looks like there are more vacancies than there are sometimes. (Local authority informant)<sup>37</sup>

Many informants from local authorities said they believed IFAs 'over-recruited' foster carers so they were able to respond to late and emergency requests. If this is true it is not new as it was identified by Sellick and Connolly in 2002.

## The costs of placements

According to the House of Commons Briefing Paper on Children in Care (Zayed and Harker, 2015) in the 2013–2014 financial year an estimated £1.4 billion was spent on foster care services in England. The Centre for Child and Family Research at the University of Loughborough developed the Cost Calculator for Children's Services and used it in its 2010 report (Holmes and Soper, 2010) updating an earlier analysis of the level of funding required to resource a foster carer service (see Ward et al, 2004 and 2008; Ward and Holmes, 2008). The researchers estimated that the cost for maintaining a child in residential placement was 8 times the cost of a foster placement and 9.5 times the cost of a kinship placement. They also found that the children with the most costly care pathways were also those with the least positive outcomes, frequently with additional care needs and usually having entered the care system when they were older.

The National Audit Office (NAO, 2014) commented on the difficulties encountered in reaching a clear understanding of the comparative cost of placements in local authorities and IFAs. Although the Cost Calculator is widely used in research, the NAO found local authorities did not use it very often for their fostering services while the Chartered Institute of Public Finance and Accountancy's (CIPFA's) [Children Looked After Benchmarking Club](#) was widely used. The NAO estimated the annual cost of a local authority foster care placement to be in the range of £23,000 to £27,000, compared with a range of £41,000 to £42,000 for a placement with other providers. The Local Government Association reported (Freeman and Gill, 2014) on costs of local authority placements and found these lay between £20,885 and £23,279.<sup>38</sup> It is worth noting that even a small fluctuation in the

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<sup>37</sup> The [dataset](#) accompanying the Ofsted report on 2015–16 (Ofsted, 2017) does contain details of the number of approved placements by type of placement.

<sup>38</sup> The two figures arise from a comparison of the Benchmarking Club returns for the 77 local authorities in its membership with the Section 251 returns for the same 77 local authorities.

numbers of placements may have a significant impact on a local authority's budget.

The NAO also found considerable variation among local authorities' spending on foster care. It calculated that annual spending ranged from £15,000 to £57,000 for their own foster care provision, and £18,000 to £73,000 for other providers' foster care. It associated the absence of reliable data with the inconsistent use of benchmarking tools, referencing the DfE's own tool and the difficulties that arise from the different approaches adopted by local authorities to costing services and completing the data return. The House of Commons Committee of Public Accounts (2015) also commented on the lack of consensus among local authorities on how to cost services or complete data returns.

In his report on residential care in England, Martin Narey (2016) noted the differential cost of an IFA and local authority placement. He acknowledged that the discrepancy could be accounted for by local authorities underestimating the real cost of their provision, or the private and voluntary sector agencies receiving more challenging children and/or using more staff to support placements. Sellick (2011) referred to the persistence of 'economic illiteracy' when citing the work of Knapp and Fenyo (1989) who even at that time questioned the accuracy of government figures on the cost of placements. They estimated that the real costs of foster care were on average 176 per cent above the direct costs quoted by local authorities when social work and administrative staff time, alongside services for foster children, were taken into account.

Two consequences of the apparent differential costs of local authority and IFA placements were reported consistently by informants from the independent sector to this review. One was that some local authorities had 'threatened' to terminate placements unless the carers moved over to them from an IFA; the other was that specialist therapeutic placements had come under threat once improvements in children and young people's wellbeing were reported, seeming to disregard the work that had been required to achieve the change and the work still needed to sustain it. Similar examples were reported to the Demos team (Vibert, 2016) who described local authorities' reaction to the financial crisis as 'polarised'. While they found some had applied innovative ways of delivering services, usually resulting in a greater reliance on outsourcing, some local authorities have sought to deliver more services in-house.

## Outsourcing

In the US, outsourcing of fostering services to non-governmental agencies is very common.<sup>39</sup> While there have been examples of outsourcing in children's services in this country, as Vibert (2016) pointed out it has often been as a response to failure which may, in turn, be linked with the mixed outcomes achieved. However, a prediction made by Harber and Oakley (2012) that outsourcing would have transformed fostering services in England by now has not come to fruition. For example, they reported Suffolk County Council was planning to contract out its adoption and fostering service to an external organisation but, in the event, this did not happen. Even where independent trusts have taken over the running of children's social care – or are planning to do so – as in Doncaster, Slough and Birmingham – and where it might be expected that a contracting-out model might have been considered, it has not yet happened. There was also an expectation that the Social Work Practices (SWP) initiative, introduced by the then Labour government in 2009, might have opened the door for further delegated services but again this was not the case. The Social Care Practices Working Group was established by the then Department for Education and Skills (DfES) and tasked with taking forward the commitment in *Care Matters* to explore the feasibility of piloting SWPs (see Le Grand, 2007). The SWP pilots tested proposals to allow local authorities to delegate to independent organisations some of their functions relating to looked after children. Despite some positive elements that emerged in the evaluation (Stanley et al, 2012) none of the five sites survived and neither have they been used as a model. However, in *Putting Children First* (DfE, 2016c) the government sets out its commitment to mixed economy delivery models:

Our ambition is that, by 2020, over a third of all current local authorities will either be delivering their children's services through a new model or be actively working towards a different model. (p45)

Vibert (2016) identified what was needed for successful outsourcing, as well as some impediments. The former included establishing strong relationships, using data effectively and having clarity on outcomes. The challenges were failures to provide appropriate levels of funding and to develop adequate plans.

A significant move in the direction of outsourcing was the [appointment of TACT](#) (The Adolescent and Children's Trust), the UK's largest fostering and adoption charity and voluntary agency, to run Peterborough City Council's new permanency

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<sup>39</sup> See [The Privatization of Child Welfare](#) for those who argue that this is a positive development and Albowicz (2004) for those who do not.

service under a 10-year contract. It is the first such arrangement and will commence in April 2017, with the expectation that it will deliver savings of £1 million a year once fully established. It remains to be seen if this will be emulated elsewhere and if the savings are realised.

## Commissioning

The NAO (2014) noted an absence of data on the detail of commissioning of foster placements. There is also limited literature reflecting on what is happening at the present time, especially in light of local authority efficiency drives following their budget reductions, so the interviews with key informants with recent and relevant experience were particularly valuable in this respect.

With the entry of IFAs into the market, local authorities usually used the 'spot purchase' model<sup>40</sup> to acquire placements. Sellick (2007) identified three problems attached to this process:

- IFAs were not able to predict how many placements might be needed.
- Neither local authorities nor IFAs could plan effectively.
- Too often it failed to take account of children's needs.

Despite a number of very large IFAs, the fostering market continues to be highly fragmented and one that is still populated by many small agencies. As noted in Section 3, in 2015–2016 66 per cent of all placements were in local authority fostering places (34,395), and the remainder (17,410) were placed through IFAs (Ofsted, 2017). Cooper and Thompson (2014) estimated optimum provision to be 85 per cent internal provision by local authorities to realise the benefits of a mixed economy. This would, of course, rely on local authorities recruiting sufficient carers to attain and sustain that mix. Only one informant from a local authority contributing to this review claimed not to use IFAs to any great extent. In that authority the duty desk was officially responsible for matching the child and the carer, but in effect they make a proposal and the social worker for the child makes the decision on its viability. If it is not possible to match in-house they use a preferred providers list. While there has been no intention to change the approach, the informant expressed some uncertainty about whether they would be able to continue this if the suggestion to make Regional Adoption Boards into regional permanence hubs (DfE, 2015c) is implemented. The same informant also identified another problem:

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<sup>40</sup> Spot purchasing (or spot contracting) happens when a service is purchased by a local authority as and when it is needed.

When we need an external placement we have to rely on a spot-purchasing model, and we end up with very little choice, because I think it is now more about partnership working or more about delegating service delivery to independent providers and I think we buck the trend in some ways on that, but that isn't without its problems.

By its very nature, commissioning foster care placements is an ongoing activity which should focus on attempting to achieve the best outcomes for children in the most efficient way. Local authorities are currently commissioning places from a mixed market of in-house and independent providers, balancing price and the needs of children and quality. Ofsted (2014a) found that local authorities often choose to place children in their own residential or foster care because they have already committed costs and so need to fill places. Local authorities thought that overall their own provision was cheaper than that of the private sector.<sup>41</sup> Local authorities and providers also told the NAO (2014) that services are often procured on the basis of cost and that there is only limited use of commissioning to achieve specific outcomes, such as educational attainment or healthcare. In the authorities consulted for this review, data were not available to demonstrate whether outcomes and/or placement stability are better with IFA or with in-house placement. Informants from local authorities to this review said that the size of an IFA and their costs are not necessarily related, with some big commercial IFAs<sup>42</sup> charging less than some small ones, including those run by charities. As competition has increased and local authority budgets reduced, some medium-sized IFAs, in particular, have been reported to have lowered their prices.

Over the past 10 years yet more authorities have moved away from complete reliance on spot purchasing to formal commissioning processes. The then Department for Children, Schools and Families (DCSF) and Department of Health's (DoH) Commissioning Support Programme had been introduced in 2008 but Schofield et al (2011) found that the requirement for the establishment of large regional commissioning groupings of local authorities had at the time of the interviews not been widely implemented. However, many local authorities currently work together to buy services from the private sector, again using framework agreements. Regional commissioning groups with large single frameworks operate in parts of England but, as key informants to this review pointed out, significant difficulties can be encountered in attempting to establish regional needs analyses across an area where what individual authorities require differs considerably. This was reported to be leading some local authorities to act independently of the group

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<sup>41</sup> Although this may not be the case when a full economic costing is concluded.

<sup>42</sup> Big IFAs have been defined as those with 1,000 beds – see *Community Care*, 1 February 2010.

arrangement in order to meet their own priorities.<sup>43</sup> When Sellick (2013) interviewed managers in IFAs he also found the same thing was happening:

...local authorities are acting independently, even those in regional consortiums, in order to drive down costs and the numbers of external referrals they make, in reducing the number of preferred providers which they select and of encouraging competition between them. (p1796)

In providing [evidence to the Education Select Committee](#) on 1 March 2017, Harvey Gallagher, Chief Executive of NAFP, commented on the problems that also arise when framework contracts have capped pricing. IFAs that provide very specialist services may then opt out of these contracts. Moreover, if insufficient agencies with the skills that are required are 'inside' the contract then local authorities may end up making arrangements outside the contract.

A report from the Institute of Public Care (2015) also found that a significant proportion of placements were still made by spot purchasing despite the existence of framework contracts and observed that prices obtained through framework agreements were only marginally better than those achieved through spot purchases. In Spring 2015 the House of Commons Committee of Public Accounts (2015) concluded that the DfE had paid insufficient attention to improving commissioning and done too little 'to ensure that the market works in the interest of children' (p6).

One consequence of concentrating the commissioning in dedicated teams is to split commissioning from practice, which means it could be undertaken by people within local authorities who have not worked within fostering services and may not be well placed to judge the quality of the service (Malley and Fernández, 2010). Informants from both local authorities and IFAs reported that where there was this divide it was more difficult to focus on specific needs of a child. Some informants from local authorities commented that, depending on the arrangements in place, social work expertise could be removed completely from the decision making process. Vibert (2016) claimed that there is evidence that where local authorities (or trusts) outsource successfully there tend to be strong relationships between the internal commissioning and operational functions but the evidence is not made explicit and neither is the definition of 'successful'. She does report that respondents to her survey cited 'greater engagement with the market' by local authorities as one of the main ways to improve commissioning. However, as one of

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<sup>43</sup> Ofsted (2014b) found that the commissioning of placements for children at risk of or subject to child sexual exploitation were undertaken through spot purchasing.

our informants from an IFA providing specialist therapeutic placements for children pointed out:

I think there are a number of local authorities that we work very well with and, once they get to know how we work, they work much better with us, but I think there's a general reluctance to use us as they see that as a way of saving money.

This, of course, resonates with Sellick's (2013) observations, covered in Section 3, on the tensions that were developing between local authorities and the independent sector as financial pressures on the public sector were beginning to undermine the working relationships that had started to develop.<sup>44</sup>

There were also concerns from informants working in IFAs that the division between practice and commissioning meant that they were asked for information by the commissioning arm of a local authority which they were not required to collect – or provide – but which was collected and recorded in other parts of the same local authority. Thus many years after the attempts made in the *Care Matters* initiative and the subsequent Child and Young People Act 2008 to bring about greater coherence in securing sufficient placements, Ofsted (2014a) concluded that due to poor planning and the poor commissioning of an initial placement the needs of some young people were not being met.

In the discussions that took place with informants to this review it was not clear how 'quality' of placements was judged, despite references to quality assurance frameworks. These frameworks are linked, at least in part, to Ofsted inspection outcomes. While some local authorities said they would only commission services from external fostering agencies with an Ofsted rating of 'Good' or 'Outstanding', others said that, while they would scrutinise reports and not take risks in relation to safeguarding, they would place children with IFAs that have been judged to 'require improvement' as long as the issues which had led to a 'requires improvement' judgement did not indicate that it would be risky to do so. One IFA that had been judged as 'requiring improvement' reported that it had not seen a negative impact on referrals being made to them. Another informant from the independent sector drew a parallel with the situation in the local authority sector:

In-house local authority fostering services aren't commissioned – they are the automatic preferred provider but with no procurement process. No

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<sup>44</sup> For an excellent summary of the issues involved in commissioning, based on research conducted with six study local authorities (local authorities) and secondly with 16 staff of six independent fostering providers (IFPs), albeit in 2008–2009, see Chapter 9 of Schofield et al (2011).

account of quality or value for money enters into the policy of 'in-house' first. In fact, failing local authorities will still place in-house first before they consider an outstanding IFP placement.

There is also very little research into how commissioning may be linked with outcomes, but a few accounts are beginning to emerge. Outcomes-based commissioning has been a feature of health services for some years (see Taunt et al, 2015) but has been slower to take off in children's services. Recently Demos (Vibert, 2016) and the Social Finance/Big Lottery (2015) have drawn attention to the potential of social impact bond (SIB) for commissioning. Both reports contain accounts of Multidimensional Treatment Foster Care (MTFC) projects being introduced – in one case into Manchester and in the other Essex, supported by SIBs. The intention was to divert young people from entering care or remove them from care if they were already there, and the return to investors was linked to the reduction in days spent in care. In Manchester the idea was to support young people to transition from residential care to foster care by targeting individuals who had experienced the breakdown of multiple foster placements. As far as the investors were concerned their reward was linked to positive outcomes so they were encouraged to donate money and training, in addition to their investment, to improve data collection procedures.

Seen from the perspective of the independent sector in the interviews conducted for this review, the commissioning process is time consuming, designed to drive down costs and widen the divide between those with knowledge of the child and practice *and* placement procurement. Very similar messages appeared in the report of a survey conducted by the Nationwide Association of Fostering Providers (NFPF) and two other bodies.<sup>45</sup> One of the findings in the report (NFPF, 2012) was that procurement activity had become too focused on cost rather than on the needs of the child. A recommendation that emerged was that government should create a national procurement framework for all local authorities and reduce paperwork for providers who often work with multiple authorities. In his report on the residential sector, Narey (2016) went even further and recommended that local authorities come together into larger-scale commissioning consortia, which is in line with the recommendation of the Institute of Public Care (2015) to create one market covering fostering, secure accommodation and residential care.

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<sup>45</sup> Independent Children's Home Association (ICHA) and the National Association of Independent Schools and Non-Maintained Special Schools (NASS).

Parts of the public sector are moving to Dynamic Purchasing Systems (DPS).<sup>46</sup> Easton et al (2011) found that a dedicated DPS in Norfolk County Council enabled the local authority to manage a list of IFAs according to quality and cost and based on their recruitment of foster carers and their Ofsted rating for placement stability. At that point it was reported to have helped drive up standards and at reduced costs.<sup>47</sup> Perhaps as a result of a review following more recent [Ofsted findings](#) that its looked after children services were inadequate, the contract was abandoned in 2016 in favour of an open framework whereby all IFAs are contacted at the same time and each IFA can put forward a maximum of two carers.

An evaluation by Asquith and Barker (2016) indicated that a DPS system covering placements in independent and non-maintained special schools (INMSS), independent children's homes and foster care did not meet the requirements of those in the fostering sector. The purpose of that [Innovation Programme](#)-funded project was to explore the feasibility of establishing a DPS across six partners. While the evidence suggested that the new outcome framework 'broadly' met the project's requirements and that most stakeholders believed it was 'broadly' suitable for use, two providers who were both involved in the delivery of fostering and residential provision indicated that it would not be suitable for their type of services. Their opinion was that the outcome framework assumed a linear progression, which would be more suitable for school or education-based interventions.

It is evident that there are variations in placement supply and demand and commissioning practices between local authorities. While this may not be helpful, or indeed not equitable, it is not new. Dickens et al (2007) recognised the challenges facing the 24 local authorities they examined in balancing three imperatives – to ensure the safety and wellbeing of children, to support families (parents and other relatives) and to make maximum use of limited resources – but they also noted that similar inconsistencies had been observed during the 1980s (Rowe et al, 1989; Packman et al, 1986; Bebbington and Miles, 1989).

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<sup>46</sup> The [Dynamic Purchasing System](#) is a procedure available for contracts for works, services and goods commonly available on the market. As a procurement tool it has some aspects that are similar to an electronic framework agreement, but new suppliers can join at any time. Typically this will be for lower value goods and will involve the [contracting authority](#) linking its purchasing IT system with the supplier's systems.

<sup>47</sup> However, the service received an Ofsted judgement of 'inadequate' in 2013, which was repeated in the Single Inspection of Norfolk's Children's Services in 2015 and the subsequent monitoring visits during 2016.

## Reflections

The provision of the most appropriate placement is vital for securing stability for looked after children but the complexity of the interdependent relationships makes it difficult to plan in an unpredictable and shifting environment. This section has highlighted the difficulties involved in predicting the future of the foster care market. The pressures on local authorities to place as many children with their own carers are very great. This, in turn, is resulting in some IFAs having empty placements and facing the risk of losing foster carers to employment or to local authorities. In the long term many local authorities may struggle to maintain this increased self-sufficiency even if, to date, they have managed to do so to some extent. While it is in no one's interest for poorly performing IFAs to survive, they are part of the fostering sector and it is also in no one's interest for good IFAs to disappear because they have been linked with local authorities that are not procuring the same number of placements as they once did. The profile of the carers required at particular times may change so demand could reflect a very temporary situation but lead to some IFAs going out of business. Rome (2009) suggested that commissioners should attempt to give providers more predictability through greater regional, and even national, review of demand and possibly assurances from the independent sector that they would agree a common pricing structure in exchange for guaranteed revenue. While such an approach may appear difficult in the present financial climate it would be worth considering ways in which it might be possible to achieve that end.

## Section 6: Recruiting, retaining and supporting the foster care workforce

### Key findings

- It is increasingly difficult for local authorities and, to a certain extent, IFAs to balance the profile of foster carers and the profile of the children and young people needing care, which means it is becoming necessary to recruit carers with a wider skill set.
- Financial reward appears to play a role in recruitment as it does in retention of foster carers.
- Improved cooperation and coordination are important between all those involved in developing strategic regional recruitment strategies which need to be based on current and reliable needs analyses.
- Media driven strategies are expensive and do not necessarily help agencies target the specific groups they need to reach to meet their needs.
- The growing importance of social media in recruiting foster carers has not yet been studied.
- It is vital that agencies respond to enquiries from prospective foster carers in a timely and appropriate manner and that while delays are sometimes necessary every effort should be made to reduce unnecessary delay between initial visit and attendance at a foster panel.
- There is no evidence from the literature that the use of tools designed to support the assessment of potential foster carers is linked with better placement outcomes.
- Support plays an important role in retaining foster carers, including that provided by their agencies, their peers and helplines; those who do leave fostering are more likely to say they were poorly supported.
- Training is linked in a general way to the retention of foster carers and over the past 20 years there has been a considerable increase in the amount of training offered. Until recently there has been little empirical evidence of the effectiveness of training and there is no identifiable link between the types of training offered and retention.
- Foster carers have to be able to negotiate their role as 'quasi employed' individuals, as well as the line between 'parent' and 'carer'. When they are able to do this successfully, they are less likely to be subject to stress or role conflict.

- Foster carers need to be recognised for the expertise they have about the child(ren) they care for – when this is the case they are more likely to be content and to continue in their role.
- ‘Staying Put’ is reported to have led to foster carers being forced to choose between keeping a young person beyond 18 and ceasing to be a foster carer *and* asking the young person to leave the home.

## Background

The recruitment of foster carers is important to ensure children are not left without placements but as Held (2005) found it is also a key factor in placement stability. According to Ofsted (2017) there were 44,320 approved fostering households on 31 March 2016, which represented a small decrease (less than 1%) from the previous year (44,625). However, the number of ‘family and friends’ households rose to 4,665 on 31 March 2016, an increase of 13 per cent from 2015 (4,145).<sup>48</sup>

In 2015 Ofsted reported that:

- the number of initial enquiries to become a foster carer fell by over one-fifth between 2013 and 2015 while the number of completed applications decreased by over one-fifth in local authorities and rose slightly in IFAs
- a smaller percentage of completed applications were approved in 2014–2015 (44%) than in 2013–2014 (47%). (Ofsted, 2015a)

The fall in initial enquiries continued in 2016:

- there was also a drop of one-third in the number of applications
- fewer applications were considered and completed in the year,<sup>49</sup> but a higher proportion of applications were approved than in previous years. In 2015–2016 only 13 per cent of applications were rejected compared with 23

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<sup>48</sup> In the 2015 report, the figure of 36,890 fostering households excludes some fostering household types, whereas the figure in the 2016 report of 44,320 is the overall total number of fostering households. To clarify, the following three types of fostering household have been included in the 2016 figure but excluded in the 2015 figure: family and friends fostering households; connected people fostering households (households temporarily approved with children placed with them under Regulation 24 of The Care Planning Regulations 2010); and households exclusively approved for short breaks.

<sup>49</sup> At 71 per cent, it was the lowest completion rate in the last four years. However, almost one-quarter of agencies (105) did not submit data about their prospective households.

per cent in 2014–2015; 25 per cent of applicants were rejected or withdrawn by IFAs and 19 per cent by local authorities

- more fostering households were approved than were de-registered in 2015–2016 (Ofsted 2017).

Despite the fact that Ofsted data (2017) show there is capacity in the system (see Section 5) there was a consensus amongst those interviewed in both sectors that at the start of 2017 there had been a shortage of foster carers, particularly amongst those willing and skilled to take children and young people with complex needs. One consequence was to increase the number of out of area placements to find these skills (see Brodie et al, 2014). Shortages are not new and have been a feature of the sector for many years (for example, see National Foster Care Association, 1977) but it could now be aggravated by demographic shifts. The profile of the foster care workforce is skewed to those over 50, which means that very experienced, longstanding carers are retiring or will approach this soon and it is proving difficult to replace them (see Fostering Network, 2016 and Clark, 2009).

## Recruitment of foster carers

### Considerations of potential foster carers

Although one study is now 20 years old it contains a valuable exercise that has not been replicated. Oldfield (1997) compared the wage (fee) paid to foster parents in six countries<sup>50</sup> with the average female wage. In no country where foster wages were paid did the level of wage approximate to the average female wage. Even though financial reward is not usually identified as providing significant motivation for someone to become a foster carer, alternative activities providing greater reward may act as a disincentive to even consider fostering. It is perhaps inevitable given the high proportion of carers who are women that their supply will be affected by more women entering the labour market, many with the same qualifications as their male equivalents and with raised career aspirations, at a time when two incomes have become necessary for many families. One key informant in a local authority fostering service said:

We thought in this financial climate there might be families who were trying fostering as an income-earner, really, because sometimes jobs are hard to come by and we thought maybe there might be families who would see it as an income-earner, but the agencies are telling us they're finding recruitment really, really tricky, and some of the big agencies that we've worked with

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<sup>50</sup> Denmark, France, Germany, Luxembourg, Portugal and Norway.

over the years have got very few vacancies and there's been issues within the agencies that have led to recruitment being put on the back foot and there isn't a lot of capacity in the system at all.

Another factor that will influence the supply of foster carers is their ability to provide accommodation appropriate to foster a child. Tunstall (2014) conducted a survey for The Fostering Network to gain a better understanding of the costs involved in providing the accommodation needed for fostering children. While this is the most comprehensive exploration of this aspect of fostering available, all the 705 responses were self-selected and represented less than 2 per cent of all foster carers, so it must be treated with caution. Tunstall calculated that in the UK in 2012, the cost of providing the average additional space needed by homeowners in the 'mid-range' part of the country was £24,000–£125,000. For those renting in the same 'median range' in the social sector the extra costs for the typical additional space were in the range of £10 –£20 a week and in the private sector it was in the range £20–£30 a week. Tunstall concluded:

The evidence presented in this report of the tensions between housing costs and fostering needs points towards the conclusion that some consideration should be given to the merits of a mechanism for reflecting housing costs in the system of fostering allowances, especially if a shortage of foster care placements is a problem in particular geographical areas or for particular children such as sibling groups. (p46)

## **Recruitment strategies**

While there is a great deal written about the recruitment of foster carers, very little appears to have been done recently to evaluate the effectiveness of strategies to increase their number. Nearly 20 years ago Triseliotis et al (1999) found the approach to recruitment of Scottish foster carers to be largely unsystematic and lacking a long-term strategy. They identified the key factors that contributed to effective recruitment, including detailed needs analysis of the placements required and regular advertising/media campaigns. Earlier in the report we addressed the difficulties that surround needs analyses and sufficiency statements; it makes sense to link the types of children who are entering care with the types of carers recruited.

In the interviews that took place during this review, informants in local authorities and IFAs reported an increased demand for placements for children over five years of age and specifically the 10-plus age group. It was proving particularly difficult for them to find carers with the required skills to manage children and young people with more challenging behaviours, those on the edge of the criminal system and those involved in gang-related activity. Some authorities were not recruiting people who were not interested in fostering children over eight, because they already had

sufficient carers registered for children under this age who did not have regular placements. Balancing the shifting profile of those coming into fostering with the complexity of the needs they bring would indicate that recruitment processes should focus specifically on attracting what McHugh and Pell (2013) call 'multi-skilled specialists' who are capable of dealing with the varied and complex needs of their foster children. This was what informants from local authorities and IFAs said they would like to be able to do, alongside identifying and recruiting carers who could specialise in specific groups of children. They would also find it helpful to be able to retain such people as 'standby carers' even if they were not needed immediately.

Some of the local authorities we spoke to join with others just for advertising campaigns and we were provided with mixed reports of their success by informants to this evidence review. This enabled them to reach a wider audience if they were able, for example, to buy a slot on primetime television. However, as a result of authorities' specific needs often being quite different, the focus of the advertisement tended to be a very general message about fostering. Sinclair (2005) was critical of campaigns that did not focus on the professionalism of the role, but since then some of the advertising seems to have moved in a very different direction. Much of the advertising is now also social media-driven, particularly through Facebook. Thirty-eight per cent of all enquiries are now reported to come through the web (The Fostering Network, 2016). If someone is searching the web for fostering, details of several foster care agencies will appear. Local authority informants were concerned that prospective foster carers attracted by local authority advertising may not realise at first that they are making an enquiry to a private agency.

Substantial money is reported to be spent on marketing by local authorities and IFAs. One local authority informant estimated that each carer was 'worth' about £40,000 a year so it is not surprising that the competition to secure each one has intensified. A report (Scott and Duncan, 2013) was commissioned by the DfE on the barriers, triggers and motivations that exist in relation to both fostering and adoption. It was based on the views of a cross-section of the population completing an online survey<sup>51</sup> and contributed to the development of a marketing approach to encourage greater public engagement with adoption and fostering. Amongst the recommendations was the importance of recognising the anxieties attached to consideration of becoming a foster carer (or adopter) including the ability to be successful and the effect an adopted or fostered child would have on their own life and that of any existing children. They concluded that potential foster carers (and

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<sup>51</sup> A small number of interviews were supplemented by responses from nearly 5,000 people.

adopters) needed 'more consistent information in order to engage with services' (p 4).

The same study also found that the following groups were predisposed to fostering:

- those involved in altruistic activities (that is, they have done voluntary work, are active in their local community or are currently working for a not-for-profit organisation)
- those with previous experience of fostering (that is, they knew someone who is currently or was formerly a foster carer)
- those aged 25–44 years of age
- those who are married, or heterosexual and single (as opposed to non-married but in an enduring relationship, in a civil partnership, or gay/lesbian/bisexual)
- those who actively practise a religion
- those working in higher managerial, intermediate managerial or skilled manual work.

One of the drawbacks of this research is that, for the most part, the data in relation to adoption and fostering are not disaggregated and further research on the issues explored in the study might be helpful at regional and authority levels.

Cosis-Brown et al (2015) reviewed international research on of the recruitment as well as on assessment, support and supervision of LGBT foster carers and found that for the most part effective social work practice was the same as for all carers but that foster carers and social workers need to be mindful of the impact of homophobia at many levels. They found that potential LGBT foster carers may be deterred by their own assumptions that their sexuality would be a barrier but were helped when agencies had clear statements to counter this in their recruitment literature.

There have been reports of some IFAs paying carers 'golden hellos' to move to them from local authorities and other IFAs. This was heavily [criticised by the Local Government Association](#) (LGA) for raising the cost of fostering services, reducing the amount of money available to help vulnerable children and failing to increase the overall number of carers.<sup>52</sup> But it became clear that local authorities are also attempting to attract foster carers from IFAs, sometimes justified by claims of providing a higher level of support and guaranteed placements. Informants from

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<sup>52</sup> The issue was also discussed in the [Education Committee of House of Commons first hearing of oral evidence on fostering](#) (1 March 2017).

IFAs either gave examples of where this had happened or reported instances of which they had heard. The cases described included instances of carers being told that if they did not agree to transfer to the local authority and/or SGOs the children would be removed and placed in a local authority placement as they would not continue to support the IFA placements. One explained:

It's interesting, five years ago it was all the other way round and people were moving into IFAs; now people are moving from the independent sector into the local authority sector. The movement is very heavily that way, because they know that's the way they're more likely to get children placed with them. (Informant in an IFA)

One informant from a local authority confirmed it was happening, albeit to a limited extent:

Very, very occasionally, we will target a carer and say we feel your skill set would match our portfolio. We did not have any carers who would look after mums and babies, but we worked with an agency carer who is really good so we did actually target her and say we would like you to come and work for us. The IFAs aren't too happy if we do that, but we did do that on that occasion but, in the main, they do come to us because they like to work with us. We haven't got any targeting campaign to take carers from IFAs. Some authorities have; we haven't.

It is difficult to know from such reports the extent to which this is happening but there were two additional sources of evidence. The first is a small survey conducted for the Nationwide Association of Fostering Providers (Fayle, 2015) that found similar practices and reported that there was:

...a small but significant number of cases, spread over a wide area, where children have had a stable and beneficial placement threatened for purely financial reasons. (p15)

The second source was a limited search of local authority websites for this review that revealed that this is something that not only goes on between individuals but is also part of some publicly available recruitment strategies.

Nearly 20 years ago Triseliotis and colleagues (1999) wrote about the power of word of mouth as a recruiting tool. This has been confirmed by several larger and smaller-scale studies. For example, in Rodger et al's (2006) survey of foster carers in Ontario, the most usual response to the question on how they had come to consider fostering was through knowing those who fostered. Sheldon (2000) found that most of the foster carers in his sample of 82 carers across one Trust in Northern Ireland would recommend fostering through the Trust to family and

friends. According to the Fostering Network's 2013–2014 Benchmarking Report<sup>53</sup> 16 per cent of new enquiries to local authorities come through this route (The Fostering Network, 2015). The idea of recruiting new carers through existing carers was repeated in the interviews conducted for this review. One local authority has such faith in the power of word of mouth that it has created an ambassador scheme through which their foster carers attend information sessions for people who are interested in fostering as well as other events and visits, for which they are paid £10 an hour. We were told that many other authorities have also adopted this approach and frequently involve existing carers in their recruitment and retention work, for example in speaking to prospective foster carers, taking part in 'recommend a friend' schemes and producing marketing materials.

Little attention has been given in the literature to recruitment of foster carers for specific types of children; what there is focuses on adolescents and disabled children.

Social workers have complained that it is difficult to find placements for teenagers and that decisions are too often resource led rather than needs led (Biehal, 2009). Research highlights the need for skilled foster carers and the importance of training to equip them with the skills to care for this age group (Lipscombe and Farmer, 2007).

Schofield et al (2012) highlighted the difficulties in recruiting foster carers to work with young people with challenging behaviour. This kind of work is especially difficult for foster carers when there are other children in a foster home, particularly where children are of different ages. Working with adolescents who have offended is a demanding role: carers are required to support the young person with the problems that have led to their offending behaviour, to deal with the behaviour itself and to manage contact with other agencies such as the local Youth Offending Team or Court. There is some evidence of reluctance on the part of some foster carers and residential care staff to work with girls due to the fear of allegations of abuse and gendered stereotypes about girls' challenging behaviour (Staines, 2016).

Foster carers working with very challenged young people require training to help them develop relationships with the young person and they need clear guidance

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<sup>53</sup> The Fostering Network's benchmarking data are compiled by combining data collected through Ofsted and CIPFA with what is described as 'the addition of pertinent fostering performance statistics' to arrive at 'a snapshot on performance in key areas' (The Fostering Network, 2016, p4). However, the data collected from local authorities and the independent sector are limited; in 2015–2016 only 21 local authorities and two IFAs took part in the survey.

about how to deal with troubled, risky and even dangerous behaviours (Schofield et al, 2012). Whilst stable foster care can be protective and prevent offending, unstable foster care can cause further damage to a child, exacerbate offending behaviours and lead to a move to residential care (Schofield et al, 2012).

Narey's review of residential care (2016) highlighted the role specialist foster carers might play in helping care for extremely challenging adolescents. The review cited with approval the Together Trust's employment criteria for such foster carers: they look for carers without children under 16; couples in solid, long-term relationships are preferred; professional experience of childcare is sought; and individuals must be able to demonstrate strong evidence of resilience and emotional and mental stability. Crucially, they must be prepared to make a long-term commitment to a child. Costs for this kind of specialist care are high, higher than the standard fostering rate, but there are indications that substantial financial savings can be made.

As far as recruitment of foster carers for disabled children and young people is concerned, according to Welch et al (2015) the literature differentiates between 'specialists' who have existing knowledge or experience of disability (personal or professional) and are specifically seeking the placement of a disabled child and 'generalists' who may consider fostering a disabled child (Gould, 2010). Beek and Schofield (2004) suggested that potential foster carers without knowledge of disability could be encouraged to see how their existing parenting skills might fit those needed for a disabled child.

There is a substantial body of work on what motivates people to become foster carers, which is covered in Section 8.

## **Response to enquiries**

An important part of managing supply is responding to and assessing potential foster carers. Although authorities run advertising campaigns and events, key informants from local authorities and IFAs considered that they are not always targeted appropriately or evaluated. The importance of capturing the responses is vital when only 10 per cent of enquiries are reported to translate into approved foster carers (The Fostering Network, 2016). Work conducted by the Victorian Department of Human Services (2003) in Victoria, Australia has suggested that when a media campaign is planned, foster care agencies should develop a strategy for managing enquiries to avoid losing potential applicants because they are unable to deal with the volume of responses. In another Australian study, this time conducted by Keogh and Svensson (1999), 96 per cent of callers had not become carers 10 months after their enquiry. Just over half had withdrawn for personal reasons but over a quarter of callers did not proceed because they had not been contacted and they believed it was an agency's responsibility to contact

them if they were needed. Overall, two-thirds of the callers were not satisfied with the outcome of their enquiry despite what had been judged by the agency to have been a successful advertising campaign.

The foster carers in Tewary's (2014) study had chosen to work with one particular local authority because of the speed of response to their enquiries compared with that of other authorities and IFAs. It may have indicated to them, whether accurately or not, the quality of support they would receive were they to become foster carers. In a US study Cox et al (2002) found that the perception of the support that would be available was relevant to the recruitment of foster carers as well as to their retention. Enquiries will often have been generated by expensive advertising campaigns yet dropout rates are high. According to The Fostering Network's benchmarking report (2016)<sup>54</sup> only one in ten enquiries progresses through to approval and fewer are now progressing to an initial visit – 26 per cent in 2015 compared with 31 per cent in 2014 (The Fostering Network, 2016). Obviously some people will fall out of the process for many reasons – they will change their minds or fail to meet one of the criteria. It may also reflect a failure to focus marketing strategies on particular carers who are needed. But the one in ten figure was an average and ranged from one in three to one in thirty, suggesting that systems are operating differently and some are more efficient than others. In Sebba's (2016) study of 102 people who were in the process of enquiring or being assessed there were reported misunderstandings over such matters as the acceptability of other employment and allocation to bedrooms.

Local authorities and IFAs have different ways of capturing and assessing information at enquiry stage. One example is the Self-Assessment Toolkit for Handling Enquiries from Potential Foster Carers developed as part of a pilot project on a collaborative fostering front door covering eight local authorities within the north-west.<sup>55</sup>

## Assessment for fostering

As well as responding to enquiries, an important part of managing supply is assessing foster carers in a timely manner. A number of those interviewed who worked in local authorities said that workloads sometimes meant a backlog of assessments built up which slowed down the rate at which potential foster carers would be available. Again, The Fostering Network's Benchmarking Report (The Fostering Network, 2016) provides valuable data on the journey from enquiry to

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<sup>54</sup> This report has proven to be invaluable in providing relatively recent data on the issues covered in this section.

<sup>55</sup> Contact first author for details.

initial visit and then to panel. The average time between the enquiry and the initial visit is 24 days, but there must be a wide variation as two key informants to this review (one in a local authority and one in an IFA) reported going out on the same day as the enquiry was received or very soon afterwards. Then there is an average of 249 days between the initial visit and the first panel decision,<sup>56</sup> of which 133 days lapse before the assessment is completed. Anecdotally it was reported that delays at this stage are aggravated by a shortage of social workers to complete the assessments.

According to The Fostering Network (2016) there were a small number of authorities that lost as many as two-thirds of applicants during training, which might indicate poor preparation for what fostering involves, or poor quality training. However, Peake (2014) highlighted the importance of providing potential foster carers with accurate information at this stage, to paint genuine rather than 'sweetened' versions of what their lives may be like if they are accepted and wish to proceed.

The Prospective Foster Carer Report (Form F) or its equivalents<sup>57</sup> are primarily about identifying whether an applicant should be approved as a foster carer, as well as determining the type of fostering for which they are suitable, and any specific terms of approval. The Fostering Services National Minimum Standards 2011 (para 23.6) requires that any person 'involved in assessing the suitability of persons to be foster carers are social workers, have experience of foster care and family placement work and are trained in assessment'. The assessing social worker should consider the extent to which the applicant has resolved past traumas or losses; has the capacity to make and sustain close relationships; is able to empathise and understand other people's feelings and is able to reflect on emotive matters.

Recent work by Sebba (2016) recording the experiences of applicants contains complaints of delays and paperwork throughout this period as well as feedback on the intrusive nature of the process. There were also complaints about too much focus being placed on their relationship with previous partners and insufficient attention paid to their ability to care for a child. There was a clear recommendation to prepare applicants by explaining early on why intrusive questioning and delays may be necessary.

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<sup>56</sup> This had fallen slightly and the fall may be linked with the 2013 amendment to the Children Act 1989 in relation to the assessment and approval of foster carers which introduced a two-stage process designed to remove unnecessary delays.

<sup>57</sup> This, or a close variation of it, is used by most providers, but some IFAs have developed their own equivalent.

Given the association between placements judged to be successful and the characteristics of foster carers (see, for example, Sinclair et al, 2005) attempts have been made to find ways of identifying successful traits at an early stage. The British Association of Fostering and Adoption (BAAF)<sup>58</sup> drew on a series of research reports (including Dozier et al, 2002; Farmer et al, 2004; Dozier, 2005; Sinclair, 2005; Sinclair et al, 2005; Dozier and Lindheim, 2006; Dozier et al, 2009) to identify a some key factors that are associated with positive outcomes for the children and young people. These are the ability to:

- provide warmth, empathy and encouragement
- set structure and boundaries with fairness and empathy
- show durability, resilience and commitment.<sup>59</sup>

A review of programmes and assessment tools by the Department of Communities of the Queensland Government (2011) found that assessments usually served one of two purposes: either to assess a person or family's suitability to be approved as a carer or to identify carer strengths and needs, to assist with placement matching processes and to identify training and support needs. Colton and Williams (2006) examined the question of the capacity to foster and suggested that carers should be assessed in terms of their capacity (which can grow over time) and not the ability they initially display. They argued that there is a lack of appropriate assessment measures to evaluate the potential psychological fitness of prospective carers. There have also been studies that examined the role of foster carers' own attachment style in the carer-child relationship. For example, Bernier and Dozier (2003) found that carers' attachment state of mind was associated with infant attachment security. Dozier et al (2001) suggested that that this was evidence that the carers' characteristics were the primary determinant of children's attachment strategies in substitute care. But as Taylor (2009) points out, as the children's attachment was not measured before they entered the placement no such inference can be drawn.

Luke and Sebba (2013a) conducted an international review to assess the usefulness of instruments by examining the available evidence of their validation against placement outcomes. They concluded that there was a 'lack of research linking the characteristics and competencies of new foster care applicants to later measures of success' (p4). However, while acknowledging the lack of evidence on the predictive value of most of the instruments, they identified a potential role as

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<sup>58</sup> Now CoramBAAF.

<sup>59</sup> Guidance notes for Prospective Foster Carer Report.

long as they are not used in isolation or considered capable of predicting successful outcomes.<sup>60</sup>

## **The debate on the ‘status’ and ‘professionalisation’ of foster carers**

An Employment Appeal Tribunal (EAT) held that foster carers are not workers within the meaning of the Employment Rights Act 1996 and Employment Relations Act 1999 (See *Bullock v Norfolk County Council* EAT/0230/10). Foster care allowances are regarded as income, so foster carers register as self-employed with HM Revenue and Customs and pay national insurance contributions and taxes, although they are entitled to tax exemptions and national insurance credits. However, they are only allowed to work for one provider. In September 2016 a group of foster carers joined the Independent Workers Union of Great Britain (IWGB) as part of their attempt to gain employment status. In part this was said to have been initiated because at present they are not able to challenge a decision or make a complaint, they are not protected by whistleblowing legislation and, in some cases, their fees and allowances were being cut.<sup>61</sup> But some local authorities operate professional foster carer schemes, where the carers’ full-time employment is the care of a child or young person. According to the report by the Social Services Improvement Agency (SSIA) and Institute of Public Care (IPC) (2008) these schemes are intended to provide placement and other services for young people considered ‘difficult to place’ because of their behaviour or because of a number of previous placement breakdowns, as well as an alternative to out of area placements and residential care.

While the ‘employed status’ debate reflects the inherent tensions in a role that both provides the child with a family life and acts as an agent of the state, so does the broader debate about the ‘professionalisation’ of foster carers:

A delicate balance [needs] to be struck and maintained in order that further professionalising measures do not undermine the personal and familial aspects of foster care that are crucial to its success’ (Kirton, 2007, p6).

According to Barth et al (1994) the move towards professionalised foster care took root in the US in the early 1990s and was linked with more women entering employment and the negative impact this had on the numbers of families wanting to become foster parents. The shift from a volunteer to

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<sup>60</sup> Luke and Sebba’s review describes a number of tools and how their validity has been tested. It is outside the scope of this review to describe these in more detail.

<sup>61</sup> See [Foster carers vote to unionise in fight for pay and working rights](#), *The Guardian*, 20 September 2016.

(semi-) professional status opened up the debate on this side of the Atlantic as well. Wilson and Evett (2006) drew on theories from the sociology of work and professional groups when they explored this area, particularly a categorisation developed by McClelland (1990) which:

...differentiates between professionalisation 'from within' (successful manipulation of the market by the group) and 'from above' (domination of forces external to the group). (p42)

It suggests that it would be wise to approach the arguments of Hutchinson et al (2003) and others on the advantages attached to the development of professional identity with some caution. Wilson and Evett argued that foster carers should recognise that professionalisation 'from above' is unlikely to lead to their 'empowerment as practitioners'. In 1997 Warren claimed that a lack of professionalism ran right the way through foster care services and cited a Social Services Inspectorate report (SSI, 1996) that identified a 'lack of understanding [amongst social workers] which carers describe as the most frustrating aspect of foster care' (Warren, 1997, p31). A few years later Kirton (2001) referred to what he saw as a crisis in the recruitment of foster carers, accompanied by high levels of placement breakdown and poor outcomes for foster children, and suggested that:

...the resolution to the crisis requires a thoroughgoing professionalisation of foster care, with adequate remuneration being vital to recruitment and retention...[that] foster carers' payments should reflect their skills forms a key plank in the professionalisers' platform (with training often cited as a crucial element within any graded payment structure. (p204)

Schofield et al (2013) found that among long-term foster carers identified primarily as 'professional carers' or as 'parents', most saw themselves as professionals to some degree. But while some could move easily between these roles others could not. When foster carers were able to integrate these roles the researchers found that it was helpful to children and was less likely to lead to stress or role conflict.

## **Retaining foster carers**

### **Setting the scene**

A US quantitative, longitudinal study by Gibbs and Wildfire (2007) conducted in New Mexico, Oklahoma and Oregon used administrative data to examine if there was a relationship between the length of service and retention. The data did not provide information on why foster carers stay – or leave – but those with greater length of service were likely to be older and had cared for more children at the

same time. This makes this group a very valuable resource and explains why retention is sometimes seen as part of the recruitment strategy.

According to The Fostering Network's Benchmark Survey (2016), the main reasons why foster carers leave fostering is to retire. Substantial proportions also leave because of change of circumstances or because they become adopters or special guardians. But there are also those who leave because, for whatever reason, they have had enough. On average, according to the Benchmarking report – and it is acknowledged that averages do not always give an accurate picture – a foster carer stays for 7.8 years, but that will, of course, mask many who stay a lot longer and some who leave in the first year.

Before going on to explore the factors that drive people out of fostering and what can be done to halt the flow it is interesting to take note of some data from an earlier time. When many parts of children's social care appear to be going from one crisis to a worse crisis, Maclay et al (2006) reported how in 1975 Jones found that 40 per cent of carers ceased to foster within their first year and Soothill and Derbyshire (1982) reported an annual dropout rate of about 25 per cent amongst foster carers. The reasons why people give up and what can be done to keep them are, of course, two sides of the same coin, which makes it all the important to understand why carers do give up. But based on data from the Fostering Network's Benchmarking Survey in 2015–2016 not nearly enough is being done to capture this information, with just 5 per cent of respondents who had left fostering reporting that they had exit interviews.

Several factors have been identified as contributing to foster carers' decision to remain or to quit the role. Some of these – for example support, reward and training – are more tangible than others, such as how they are regarded by the professionals with whom they work and how they view their status. A longitudinal study conducted by Sinclair et al (2004) confirmed the importance of support in retaining carers, based on a combination of regular social work support, a professional package of relevant training, opportunities for contact with other carers and adequate remuneration.

## Training

Skilled foster carers are essential if the highest care and protection are to be afforded to those in their care (Hutchinson et al, 2003; Schofield and Beek, 2005). It is also an important aspect of the support provided to carers in providing the skills and confidence needed to fulfil their role and keep them in fostering. When Sinclair et al (2000a and b) asked how many hours of training the 944 respondents to their survey had received prior to commencing their first fostering placement, their answers ranged from 'nothing' to '200 hours' with an average of 26 hours.

They were then asked about training they had received after commencing fostering and a quarter had had no training since starting. Since that time there has been a significant improvement which should be recognised. The government responded to the challenge of providing high-quality foster care by launching a number of initiatives (see Hutchinson et al, 2003), including the Minimum Fostering Standards.<sup>62</sup> The green paper *Care Matters: Transforming the Lives of Children and Young People in Care* (Department for Children, Schools and Families, 2006) referenced the shortage of skills and qualifications in both foster and residential care and to address this deficit the CWDC and partner organisations developed the Training, Support and Development Standards (TSDS) for Foster Care (Children's Workforce Development Council, 2007), introduced in May 2007 and applied to all approved foster carers in England.

The TSDS still provide a national minimum benchmark to set out what all foster carers should know, understand and be able to do within the first 12 months of approval. The National Minimum Standards of 2011 require the completion of the TSDS, and Ofsted assess whether fostering services have properly prepared their approved foster carers for their work with children and young people. In addition to pre-approval training (such as Skills to Foster or a similar programme) foster carers are required to complete core training within their first 12 months of fostering and repeat this every three years, and are usually required to access other training to support their work with the children they foster. Many authorities operate a tiered system, linked with competencies that foster carers use to demonstrate their skills and abilities and often attached to a payment structure. For example, tier 1 (or equivalent) will be for new carers working towards completion of their core training courses and TSDS. Upon completion of those courses carers transfer to tiers 2 and 3. Tier 2 is aimed at fostering children with some additional needs, including those with disabilities and unaccompanied asylum seeking children, and tier 3 targets children with severe or complex needs requiring specialist care, such as intensive, structured multiagency support. Tiers 2 and 3 have been called Treatment Foster Care (TFC), although as Dorsey et al (2008) acknowledged, the line between that and core training has a 'fuzzy edge', as aspects of TFC inform the training to bolster the skills of all carers.

See Section 8 for foster carers' experience of training.

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<sup>62</sup> The Minimum Fostering Standards, now revised by The Fostering Services (England) Regulations 2011, apply to local authority fostering services, independent fostering agencies and voluntary organisations. Together with regulations relevant to the placement of children in foster care, they form the basis of the regulatory framework under the Care Standards Act 2000 for the conduct of fostering services.

## Support

In their review of peer support amongst foster carers Luke and Sebba (2013) commented on the evidence that points to the stress that accompanies fostering, which suggests that foster carers are particularly in need of support. The types of stress associated with fostering are examined in Section 8. Several studies, some of which are examined in Section 8, report carers leaving fostering because of lack of support (Sinclair et al, 2004; Triseliotis et al, 2000), exhaustion and burnout (Ottaway and Selwyn, 2016; Fuentes-Peláez et al, 2016; Farmer et al, 2005), the impact on their families (Sutton and Stack, 2013 and Höjer et al's 2013 review of international studies) and the complex and challenging needs of children they are fostering (Lipscombe et al, 2004; Selwyn and Quinton, 2004). Selwyn and Quinton (2004) found that long-term foster carers faced difficulties in accessing extra or specialist support. Hudson and Levasseur (2002) reported that when foster carers believe that they are receiving adequate preparation and training, respite, timely crisis intervention, and a sense of being valued and respected by the agency, they are more likely to continue to foster. These issues are explored in more detail in Section 8.

## Financial reward

Previous studies have not found financial reward to be an important motivation for fostering (see Sebba, 2012) but there does appear to be a link with retention. Although the majority of carers in Kirton et al's study (2003) would prefer to have increased levels and types of support than an improved financial package, when Tearse (2010) asked foster carers if they were paid enough she found the majority (65%) thought the payment they received was insufficient and, as a result, 36 per cent had considered giving up fostering.

Over 20 years ago Pithouse et al (1994) drew attention to the 'confused and confusing' systems of payment associated with foster carers' status as employees, volunteers or professionals. One of the areas examined by Colton and his colleagues (2006 and 2008) was the tension between professionalism and altruism, where more skilled people were working in systems that still, however unconsciously, shunned the idea of making money out of children in need. They described it as a system that:

...[was] overcoming our revulsion towards allowing organizations to profit from the miseries of children in need. But we are not overcoming that same revulsion in relation to allowing individual foster-carers to profit. (Colton and Williams, 2006, p874)

As carers respond to increasingly needy or challenging children it has been found that proper payment can help with retention. Chamberlain et al (1992) are cited in

the New South Wales Department of Communities' report (2006) as supporting the importance of appropriate financial support when caring for a child with higher needs and the impact that not doing so can have on recruitment and retention.

In its [submission to the Parliamentary Select Committee](#), the London Borough of Wandsworth's Foster Carers' Association wrote:

In Wandsworth, foster carers currently receive a flat weekly fee of £156.57 for one child, rising by £50 a week for a second child and the same again for a third child. This fee is supposed to reward carers for the complex and challenging work that they do that encompasses (but is not limited to): keeping fostered children safe and secure; nursing babies through drug-withdrawal; supporting children who go missing, who get in trouble with the police, who are violent and disruptive; supporting children with their education; accompanying to and from school, medical appointments and co-curricular activities, providing fun and stimulating leisure experiences, managing the fallout from contact with birth family, helping young people find their interests, passions and talents, being the safe and consistent attachment figure, managing transition to adoptive parents or back to birth parents, managing the grief of those goodbyes, advocating for looked-after children with fellow professionals, accessing additional support services, contributing to looked after children reviews and EHCP reviews, writing adoption profiles and maintaining a weekly log. Since fostering carries responsibilities 24/7, the £156.57 per week fee in Wandsworth equates to 93p an hour.

In a Canadian study, Rodger et al (2006) explored why carers choose to stay or to leave fostering using equity theory, which suggests that perception of fairness is gained by comparing rewards with those of others in similar situations. Other researchers (including Brown and Calder, 2000, and Sanchirico et al, 1998) found that foster carers wanted professionals to help them eliminate some of the ambiguity around their role. Rodger and colleagues observed that foster carers who were not considering giving up reported more positive relationships with the professional staff within their local child welfare agencies.

Sebba (2012) reported that potential foster carers took account of whether or not they would be able to cover costs and replace any income forfeited when employment ceased. These considerations are probably just as valid in relation to the decision to remain and have been recognised for a considerable time. Forty-two per cent of carers responding to The Fostering Network's most recent biennial survey (The Fostering Network, 2017) thought their allowance covered the costs of fostering whereas two years previously the figure was 80 per cent. In addition carers also reported that mileage allowances, one-off payments for initial placement costs and for special occasions were also being cut, all of which could

be significant at a time when there is already a shortage of placements. The Fostering Network also conducted a survey of foster carers in 2016 specifically to explore the impact of funding cuts to local authorities (The Fostering Network, 2016). It is important to note that it was a self-selected sample of 732 carers who responded but the majority indicated that in their opinion the cuts were having a considerable impact on many aspects of their role including fees and payments (72%), allowances (68%), access to the child's social worker (68%) and supervising social worker (60%) and access to training (54%). Further evidence might be needed on the impact of levels of remuneration received by local authority foster carers and agency foster carers and to possibly explore the potential for a national remuneration system potentially tied to experience and skill set.

A further report from The Fostering Network (Peake, 2014) explored foster carers' employment before and after approval to foster and canvassed opinions about combining fostering with other work. It drew on different sources of information – a survey of foster carers, discussions with fostering services and employers, and desk research. Again the foster carers that responded were a self-selecting group of just over 700 respondents from across the UK. The key findings were:

- eighty-eight per cent of respondents were in employment when they applied to foster, many in health, social care and education
- forty per cent of respondents said their fostering service required or pressurised them to give up their job to become a foster carer; 29 per cent were expected to reduce the hours they worked
- thirty-seven per cent of respondents were currently working in addition to fostering – over half worked more than 20 hours per week
- fifty-two per cent of respondents who were required to give up work to foster thought stopping work was the wrong decision for a number of reasons: fostering did not provide a steady income; decisions should be based on the needs of children; foster carers should be positive role models but they were clear that they needed support from employers to make fostering possible alongside other work
- some foster carers chose to give up other work and they were aware of the financial risks in doing so but many felt that it was not realistic to work at the same time.

Based on Peake's report The Fostering Network made a series of recommendations for fostering agencies, including the need to:

- be open to foster carers working as long as this is balanced with the interests of the child

- allow foster carers to continue working until the first placement is made to avoid carers not having a placement or income
- ensure that when a fostering service asks that one foster carer must be at home they should ensure that the level of fee reflects that requirement and that carers can access any training required to move up to a higher fee level
- ensure that delegated authority is clear, so foster carers can make appropriate arrangements.

## Other factors impacting on retention

Key informants identified two further factors affecting retention. One was the Staying Put initiative, although the extent of its impact was not known as there has not been a national evaluation of the initiative since the piloting stage. A 'former foster carer' offering a Staying Put arrangement may continue to offer foster placements to other children who are looked after. However, if they have space for one placement they will be forced to choose between the young Staying Put person or ending the arrangement to take a child or young person. In many cases the decision will be very hard because the young person will have been living in the home for some time. Statutory guidance suggests that the previous fostering allowance paid by the fostering service prior to the young person becoming 18 should continue, but take into account any financial contribution made by the young person from employment, benefits or other sources as an applicable financial support. The problems associated with these arrangements are set out very well in an article by Stevenson (2015) where he quoted Kevin Williams, Chief Executive of the Fostering network as saying:

There's a real implication of 'can foster carers afford to keep young people?' We're seeing some local authorities not fully understanding that actually those foster carers not receiving the same level of funding means that has a direct impact on their ability to continue to foster.

As noted in Section 3 a quarter of eligible 18-year-olds remained with their foster carers in 2014–2015 but there are no data on how many carers then left the role.

The second issue that was identified by informants as impacting on retention was unfounded allegations against foster carers, which is dealt with more fully in Section 8.

## Reflections

Recruitment and retention of foster carers may challenge the implementation of policies designed to improve the lives of children and young people. As the number

of children coming into care grows the number of foster carers does not. International and national research, as well as feedback from informants to this review, show that 'word of mouth' is one of the most effective recruitment strategies. The main reason they are attracted to being foster carers has a lot to do with their commitment to children and young people but they want to be seen as partners in the professional team working with the child and their families. It is vital that enquiries are dealt with immediately and potential foster carers are nurtured through a process that might or might not confirm their appointment. At the moment there are too many reports of poor and delayed follow-up and long periods between contact, assessment and final decision. Once foster carers have been appointed, retaining them is equally important to maintain and improve safety, permanency, and wellbeing for children. It is evident from many studies that foster carers want to be involved in decision making and case management and they also want their expertise and skills to be valued. Foster parents are often effective recruiters. Foster parents who feel supported by their agency and who are happy and satisfied with their role as foster parents are more likely to speak to others about their experience. But they also want to be rewarded appropriately. While it is not clear where the line is drawn between a reward as a motivator or as a demotivator, research is indicating that it may now have tipped towards the latter.

## Section 7: Foster care placements: How they are made, kept stable and supported

### Key findings

- There is an assumption that finding the best available match for a looked after child is fundamental for ensuring a positive outcome from foster care, but there is little evidence of the extent to which social workers take account of relevant factors when identifying potential placements.
- Little is known about current matching practice in light of the reported shortage of placements and the turnover of social workers in children's service departments.
- While there is a strong presumption in favour of involving children and young people in decisions about placements, there is very little evidence of the extent to which this is happening.
- Poorly matched placements are more likely to break down and this is often the result of a lack of placement options, and rushed decisions due to strict time restrictions on emergency placements.
- While earlier studies did not find a relationship between self-esteem and racial/ethnic identity, in relation to transracial adoption, there is limited evidence on which to draw as far as ethnically matched or cross-racial fostering placements are concerned. There is also an absence of evidence on matching children/young people and foster carers based on the religion of the child or young person.
- Placement breakdowns are more likely where foster carers are provided with insufficient, inaccurate and out-of-date information on children and young people.
- Placement stability has been linked with strong monitoring, case planning, placement choice and multi-agency support. Other studies emphasise the importance of the relationship between the child or young person and carer, and the networks/support available to the carer.
- Foster carers' understanding of an individual child/young person's behaviours, perceptions and understanding has an impact on the relationship between the child and carer and on the stability and security of the placement.
- Stability is also associated with good support and training for foster carers, as well as access to services such as mental health services, and handling

and understanding the behavioural problems of the child or young person and of other children and young people in their care.

- Both quality of practice and quality of caregiving are important for stability and outcomes.
- Some 'instability' or 'moves of placement' may mean that the child goes on to receive more sensitive and active foster care that improves their outcomes for the better.
- While some research points to the behaviour of the child/young person as the most usual reason for ending a foster placement, other studies emphasise the fact that breakdowns were more closely associated with a combination of the quality of the placement and the match. These factors will often interact, alongside the child's commitment to the placement and events in the foster family, such as illness and bereavement, to precipitate a placement ending.
- Evidence explored in Section 9 indicates that some studies have found that placement breakdown is associated with the existence of a birth child close in age to the child being placed.
- There is a link between increased stability and high-quality social work conducted by experienced and confident social workers.

## Decision making and matching

National Minimum Standard (NMS) 15.1 makes it clear that a placement should not be proposed unless it can be reasonably expected to meet a child's needs. The Care Planning, Placement and Case Review (England) Regulations (2010) and Fostering Regulations 9, 11, 17 refer to the process by which placements are made and the information that must be considered. The most important considerations in selecting an appropriate placement include:

- contact needs
- placement of siblings together whenever possible and in the best interests of the children concerned
- the maintenance or securing of a stable educational placement unless there are other overriding considerations
- racial, cultural, religious and language background
- needs arising from a disability
- foster carer's family, including their birth children
- available space and bedrooms.

Successful matching depends on good assessments supported by robust plans based on information sharing between professionals. But the NMS also recognises that it will not always be possible to meet all a child's needs and states that 'where gaps are identified, the fostering service should work with the responsible authority to ensure the placement plan sets out any additional training, resource or support required'. On the basis of her previous work and that of others, Thoburn (2016) concluded that:

Matching the needs and wishes of the child with the motivations/aspirations of the proposed carers (and taking into consideration the hopes of birth relatives about the role they can continue to play in their child's life) is essential to successful long-term placements, but often gets left out of a check list of necessary skills and attributes.

[Involving children and young people in decisions that affect them](#) is now well recognised at a policy level and in many areas of practice. However, there is an absence of evidence of how children and young people are involved, if at all, in the decisions over their placements. The report of The Care Inquiry (2012) noted that:

We were struck by the consistent messages about the importance of involving people in planning and decision-making. Children and young people said that, too often, they were neither listened to nor involved in decisions about their lives. (p10)

Although, as Schofield et al (2011) found, sensitivity to the child's wishes over how and when they want to be involved is equally important.

Schofield et al (2011) also observed considerable variation between local authorities over decisions on matching but in some the impact of the shortage of long-term and permanent carers cut across all discussions on the topic. In light of the continuing shortage of foster carers in the UK it would have been interesting to have identified a recent study that explored how matching was working in practice. In a study conducted in Scotland at the end of the 1990s Triseliotis et al (1999) noted that matching was often supply led rather than needs led, and that with the exception of children requiring long-term placement, the assessment and matching of children was 'piecemeal'.

Over 10 years ago Sinclair et al (2005) observed that in 50 per cent of cases social workers reported having no choice over placements, with 20 per cent saying they had some choice and 30 per cent not knowing if a choice was possible or available. The interviews with key informants indicated that that may still be the case. The consensus amongst those interviewed was that the pressures to find placements meant that thoughtful decision making was not always possible and too often gave way to finding the best possible available option, meaning foster carers were being asked to accept children outside the categories for which they

were approved. It makes sense that poorly matched placements are more likely to break down and we know that it is not uncommon for children to experience a number of 'short-term' placements before being more appropriately matched (Ward et al, 2006).

An area which received more attention in the past than currently was matching on ethnicity and racial grounds (see, for example, Thoburn et al, 2005 and Tizard and Phoenix, 2002) but not so much in recent years.<sup>63</sup> There is also very little on matching based on the religion of the child or young person. It has been argued that ethnically matched placements encourage a more positive self-identity (Banks, 2003). However, earlier studies on both sides of the Atlantic have not found a relationship between self-esteem and racial/ethnic identity in relation to transracial adoption (Tizard and Phoenix, 2002; Moffatt and Thoburn, 2001). More recently Selwyn and Wijedasa (2009) revealed that the debate about how and where to place BME children is often polarised into two camps, with one arguing that children's needs are best met in an ethnically matched placement and the other opposed to this on the grounds that placing a child by race is not supported by the research and is deeply divisive. They report that studies in the UK and US have found that between 20 and 25 per cent of 'transracially' adopted children have experienced serious problems in adjustment, which is about the same proportion as found in 'same race' placement. The key factor in terms of success appears, as is so often found to be the case, to be the quality of care received. This was the conclusion that is supported by recent studies with unaccompanied asylum seeking children which are referred to below. Issues with identity within transracial placements have been found in some studies, with children reporting concerns and difficulties relating to their ethnic identities and concerns being raised about the ability of White foster carers to help children develop resilience to cope with racism (Selwyn and Wijedasa, 2009 and Kirton, 2016). According to statistics from the DfE (2016a) White children make up the largest proportion of children in care at 75 per cent of the looked after population. Children of Mixed Ethnicity are the next largest group (9 per cent), then Black or Black British (7%), Asian or Asian British (4%) and other ethnic group (3%). There was a rise in the numbers of children from the groupings 'Any other ethnic group', 'African' and 'Any other Asian background' (which excludes Indian, Pakistani and Bangladeshi children). The government surmises that [this reflects the increase in numbers of unaccompanied asylum seeking children](#). Selwyn and Wijedasa (2009) found an absence of robust data on minority ethnic children entering the foster care system. They discussed this within the context of this country's increasing diversity but they found little to help social

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<sup>63</sup> There has been more recent research on ethnicity matching and adoption (see, for example, Wainwright and Ridley, 2012).

workers assess the specific needs of minority ethnic children in order to match them with a foster carer. Indeed, they seem to wonder if it is possible to provide such guidance when other factors such as culture, religion and class will be operating (see also Ridley and Wainwright, 2013). As Kirton (2016) pointed out, there is limited investigation of foster carers' experiences of transracial placements, what exists has largely focused on discussion of ethnic matching policies and their impact (see, for example, Sinclair et al 2004).

According to Ofsted (2017) 87 per cent of approved foster carers define themselves as 'White'. Several studies have indicated the importance of and challenges that surround recruiting foster carers from minority communities (see, for example, Clarke 2010a and McDermid *et al* 2012). But as Kirton (2016) has demonstrated the proportions of BME foster carers in the total carer workforce vary enormously by locality:

In some, notably London Boroughs, BME foster carers were 'overrepresented' by up to five or six times, with two inspection reports (Westminster, Hammersmith and Fulham) referring to shortages of white carers. Conversely, eight local authorities had over five times as many white as BME carers relative to adult populations. There are doubtless complex reasons behind these statistics, but this enormous variability invites closer scrutiny and in that context it is interesting to see how inspections addressed issues of ethnicity. (p499)

On examining Ofsted inspection reports of IFAs Kirton failed to see the statements contained in Ofsted Guidance (2012a) in relation to inspection of equality and diversity of the Equality Impact Assessments (Ofsted, 2011) were being translated into practice. Kirton concluded by stating that:

In many cases, sufficiency appears to be considered without reference to ethnicity, seemingly at odds with Ofsted's own policies and with wider statutory duties. From this study, while the challenges relating to ethnicity and sufficiency appear generally more acute in predominantly 'white' areas, there is enormous variety here and in multi-ethnic areas and hence scope for lessons to be learned from those local authorities that perform well in their recruitment and support. (p 500)

Several informants in local authorities discussed the difficulties they had encountered in recruiting foster carers from BME communities, although one informant in a local authority with a high proportion of families from the Asian subcontinent had managed to address that deficit and was now short of White foster carers. However, it remained a challenge for most informants, particularly those outside London and other large cities, who sometimes admitted making the best of an inadequate solution:

We don't have a great choice culturally for some children. We don't have any Black carers at all. We have a few from Asian communities, but again, there's an assumption, isn't there, that you get somebody who might be Indian or Bangladeshi and then you get an Asian child that comes through, but he or she might be from a completely different area, and not even culturally matched, but there may still be an assumption that it's near enough, but it's actually very, very different... I think probably most people would say we struggle to match culturally. The thing we do try and do is, if we're matching children out of their cultures and we do have a carer who is open to new ideas, we try and do a peer mentoring with our carers, where we'll link them up with organisations that will support them. (Manager in an IFA)

Another area where there is a shortage of evidence is on matching of placements for disabled children and very young children. In 2015–2016 just under 10 per cent of children who were fostered were disabled compared with 7 per cent in the previous year (Ofsted, 2017). According to Welch et al (2015) there is a consensus in the literature on the important role played by the provision of specialist services in achieving successful placements. Several studies have indicated that access to these services is often difficult and as a result pointed to the unmet needs of disabled children (see two studies from the US – Lauver, 2008 and Shannon and Tappan, 2011). Welch et al (2015) also reported a review of the literature on assessment of young children in foster care (Robertson, 2006) which found an absence of good quality assessment tools capable of identifying the difficulties experienced by children.

The shortage of local placements combined with the characteristics of particular children and their associated needs sometimes result in children being placed out of their home areas (Holland, 2005). This can obviously lead to discontinuities over contact with family and friends as well as education. In 2005 Gillen identified an increase in the number of young people placed in out of authority placements because 'home' placements were unavailable, rather than on the basis of the child's assessed needs. But since then the [numbers have continued to rise](#). The same data also show an upward trend in terms of the levels of out of area placements across almost all regions of England. In 2013 the Local Government Association (LGA) commissioned the University of Bedfordshire and Channon Consulting (Brodie et al, 2014) to undertake a research study to examine the use of and approaches to commissioning of out of area placements for children in care in London. Social workers considered the needs of children and young people placed out of borough (local authority) were greater than those of children placed within borough boundaries and there appeared to be an association between the degree of specialisation required and the distance of the placement. One conclusion was that out of borough placements should not automatically be

considered in a negative light but improvements were needed. These included greater consistency in ensuring that children and young people placed out of area have access to good health and education services to improve long-term outcomes. The findings indicated the need for the 'home' and 'receiving' local authorities to share responsibility for children and young people in their care.

Two European studies on matching are worth noting and follow-up work from these researchers should be monitored. De Maeyer and colleagues (2016) at the Vrije University in Brussels studied the decision making processes amongst 20 social workers and found that they were in a constant search for the closest possible match. However, their decisions were influenced not just by the facts of cases, but also by their own personal preferences as well as organisational and external factors and a lack of resources. Based on responses from 139 social workers, Finnish researchers (Poso and Laakso, 2014) at the University of Tampere concluded that matching requires balancing professional discretion, legal norms and principles, subjective views of the children and their parents as well as the economic and bureaucratic conditions of the service provision administration in the municipality. In their experience it is also surrounded by uncertainty and compromises and, in view of its importance, they considered it to be an area requiring further research.

Linked with the process of matching is the information passed to foster carers on the children and young people. In his review of messages from research Sinclair (2005) found that placements were less likely to be successful when carers were given inadequate information, which has been confirmed by the feedback from carers informing the two last *State of the Nation* reports from The Fostering Network (2014 and 2016). There were repeated references from most informants from IFAs on the poor quality of information that was too often sent out to them and, in turn, to foster carers. These three managers from IFAs shared their recent experiences. In some cases key facts about a child were omitted, presumably not to put off potential carers, and in other instances facts were subsequently diluted or deleted:

They're putting the referrals out so late, so that, even if you've given 28 days' notice, they're not going, right, beginning a 28-day process, let's put this child out now and have some time to think about the best place for them, they're putting it out a couple of days before they need it, or the day before, and then all you're getting is people sending information, and the local authority's in crisis making emergency placements. And what you're ending up then with is that you see placements that last two, three days. And then the children smash up the places, attack people, but what you're not seeing is key information that should have been included such as don't place with single female carers, please don't place where there are other children, do not place where... (Manager in an IFA)

You see a referral coming out, and the child is damned in the referral, it's really, really, like, wow, this is serious, and then they can't place so they doctor the referral and they start taking things out, and then these children are then going into placements where people think their behaviours are normal and they don't last because you've not prepared anyone for the types of placements these children need. (Manager in an IFA)

But there were also examples of reports being sent that contained information on children that was considered to be no longer relevant:

If a child, for instance, has lit a fire in the bedroom, they will mention that in the report. It might have been 10 or 15 years ago, but the date is not necessarily mentioned, so that makes foster carers very wary. We spend quite a lot of time checking things out and phoning the previous carers or residential unit where the child was to actually try and get more information on them, because the referrals are often very general and verging on the useless. (Manager in an IFA)

Quinton (2012) suggested that as far as adoption was concerned it was not known to what extent attention to matching played a difference because although studies had examined predictors they had not examined child and adopter predictors concurrently. The same is equally true of fostering.

## **Stability and quality of placements**

### **Stability: Some basic messages**

As Christiansen et al (2010) and Unrau (2007) identified, the definition of stability in the research and policy literature is inconsistent, having been taken to variously mean the number of moves and placements, the different paths and trajectories taken, as well as the number of disruptions and breakdowns. Based on a review of 43 research studies<sup>64</sup> investigating placement moves, Unrau suggested that this inconsistency seeps into research to undermine the usefulness of adding to an understanding of what contributes to stability. What he was criticising was over-reliance on data sets and the absence of the voice of the carer and the cared for, which have, however, been addressed in many of the studies conducted in this country.

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<sup>64</sup> Mainly conducted in the USA but also studies from the UK, Australia, Sweden, Finland, Canada and Ireland.

Stein (2005) identified that young people who experience stable placements providing good quality care are more likely to succeed educationally, be in work, settle in and manage their accommodation after leaving care, feel better about themselves, and achieve satisfactory social integration in adulthood than young people who have experienced further movement and disruption during their time in care.

Although a move may sometimes be in the best interests of a child, too many looked after children and young people experience multiple moves and placement instability (see Munro and Hardy, 2006, and Ofsted, 2017). With instability comes an increased chance of children going missing, with the attendant risks. Research conducted by Wood and Selwyn (2015) found that 38 per cent of those aged 11 or over reported experiencing at least one change of placement in the previous 12 months, including a quarter who had moved twice and 16 per cent who had moved three or more times. Placement instability is recognised as contributing to a range of poor outcomes, including increased risk of involvement in offending behaviour (Schofield et al, 2014 and Rock et al, 2013) and poorer educational outcomes (Sebba et al, 2015).

One way of improving the overall level of stability is to improve the quality of permanency planning, the purpose of which is to develop pathways that allow children to move out of temporary care into permanent family homes as quickly as possible. According to Ofsted (2017) 2,910 children experienced 3,490 unplanned endings. The majority of children (86% or 2,495) experienced a single unplanned ending, though a small number of children (15) experienced five or more unplanned endings.<sup>65</sup> The most commonly stated reason, according to Ofsted data, for unplanned endings was that they were made at the foster carers' request (55% or 1,610). Information on the reasons why children move placements was collected for the first time in 2016 by the DfE and was published as 'experimental statistics' illustrating the caution with which they should be read (DfE, 2016). Those figures suggest that the most common reason for a placement change for children in foster care is attached to the care plan, either relating to its implementation or amendment (32%); 11 per cent of changes followed a request from a carer and 32 per cent changed for 'other reasons' with no further explanation. The government's stated intention is that recording and collection should improve in future years so that the situation becomes clearer.

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<sup>65</sup> It is difficult to compare years as in 2014–2015 the data were presented as the number of unplanned endings. In 2014–2015 data were not collected on how many children experience unplanned endings; there were 7,245 unplanned endings in 2014–2015, affecting a maximum of 8 per cent of all placed children (Ofsted 2015).

Stein (2005) argued that stability can promote resilience for looked after children by providing the young person with a secure attachment, making placement disruption less likely and by providing the opportunity for continuity over school and friendships. Sinclair (2008) identified the measures for stability that are most usually referenced. These are:

- the proportion of children in care on 31 March who have had three or more placements in the course of the year
- the proportion of children in care for four years who have been fostered with the same carer for the past two
- the proportion under 16 who have been looked after continuously for 2.5 years or more and have been living in the same placement for at least two years, or who are placed for adoption.

Held (2005) identified some key messages relating to placement stability. These include:

- strong monitoring and case planning to ensure that drift is avoided and improve the chances of achieving permanency
- early intervention
- increasing the availability and use of placement choice
- increasing multiagency support.

However, in Sinclair's (2008) view the most significant determinants are:

...the way the placement is made, the wishes and behaviour of the child, the quality of the carers, the *chemistry or fit* between child and family, how the child gets on at school and contacts between birth family and child. (p4)

Although an attempt is made to explore the literature for links between stability and various characteristics of those involved, as Schofield and Beek (2005) pointed out a great deal is determined by:

...the inter-relationship of child, the foster-carers, the birth family, agency networks and the community evident (which are) evolving and interacting across time and in the context of the child's developmental stages. (p6)

In concluding that too little is known about which groups of young people are located in different placement types, Farmer et al (2008) linked this with an absence of knowledge on what promotes stability for different children and young people. Research also underlines the importance of ensuring that children are moved in and out of their placements as a result of identified need and not because of placement (un)availability (Gillen, 2005).

## **Stability: Reasons related to children and young people**

Placement breakdowns are most common amongst older children, sometimes resulting from the poor quality of the placement or a poor match but also responding to the wishes and behaviour of the child.

Webster et al (2000) conducted a study in California and found children who had two or more moves during their first year of care being more likely to experience placement instability in long-term foster care than children who had two or fewer placements during their first year. According to Webster et al (2000) empirical evidence shows that children who have been physically or sexually abused experience more foster care placements and have more behaviour and emotional difficulties. In Sinclair et al's (2007) study almost half the adolescents who had experienced abuse and/or neglect were in placements that lasted less than six months. When children returned to care after a failed reunification attempt they were very unlikely to return to previous carers and were more likely to experience further placements and change. Boddy et al (2009) found that over 40 per cent of young people who re-entered aged 10 to 15 years had already had three or more previous periods in the care system.

Biehal's (2009) work is amongst a number of studies indicating that placement stability is greater where children were younger at placement and with lower levels of emotional and behavioural problems. Of the 135 children in the sample who had not left the care system (or who had remained with their former foster carers on a new legal order) children in stable foster placements had entered their index foster placements at a mean age of 4.1 years, whereas those in the unstable care group had only begun their final episode of care at an average age of 5.3 years.

Similarly Biehal (2009) concluded that the severity of the child's emotional and behavioural problems also appeared to increase the risk of placement disruption. For a sub-sample of 90 children, where data was available for five and eight years prior to their study, children in the 'unstable care' group already had significantly worse scores on their measure of emotional and behavioural difficulties (using the SDQ) eight years earlier, compared with children who went on to experience stable foster care or to be adopted. In an earlier longitudinal study conducted in the US, Hartnett et al (1999) found that the behaviour of the child/young person was the most usual reason for ending a foster placement.

However, the work of Schofield and Beek (2005) underpins the role the natural resilience of the child plays in this alongside the importance of providing security and promoting actions to actively promote resilience. In a later study Schofield et al (2011) concluded that in their sample of where a placement had broken down (for just over a fifth of children) the child's characteristics, needs or background did not appear to be significant factor in predicting that would happen. The researchers

suggest that breakdowns were more closely associated with a combination of the placement quality, the match and factors relating to the local authority.

The association between early placement and stability does not mean babies and young children may not experience a number of moves. In their sample of children aged 0–16 years, Ward and Skuse (2001) found the most common reason for placement changes was ‘planned transitions’. These represented 54 per cent of moves. Children aged 0–1 had the highest number of planned moves with two-fifths of the sample having three or more placements in the first year they were looked after. There were also temporary moves to cover holidays and other events, which were not always recorded. When these were examined further it emerged that two-thirds of these babies had had four or more primary carers during this time.

## **Stability: Reasons related to foster carers**

The suggestion that placement stability might be related as much to foster parent characteristics as to the characteristics of foster children was made in research conducted in the 1980s and 1990s in the US (for example, Doelling and Johnson, 1990, and Teather et al, 1994). Doelling and Johnson described a ‘goodness of fit’ between foster family and child that could predict placement success. Placements with foster mothers with what were described as having ‘rigid temperaments’ caring for children with ‘negative moods’ were more likely to break down than others. Several studies also found that stability correlated with better matching of children with difficult behaviours with foster parents with relevant training (for example, Dore and Eisner, 1993; Proch and Taber, 1987; and Crum, 2010).

Schofield et al (2000) subsequently pointed out the importance of carers understanding different patterns of thinking and behaviour of the children they looked after and that this could have an impact on their relationship and, in turn, affect the stability and security of the placement. Schofield and Beek (2000) also found that the degree of ‘sensitive parenting’ demonstrated by one or both carers, particularly the extent to which they were able to put themselves ‘in the shoes of the child’, was associated with whether children settled in their placement and made good progress. Dozier and Lindheim (2006) similarly concluded that a significant determinant of placement stability is the quality of relationships between foster carers and children (see also Section 6). They found that the life experience of the foster carer might have greater influence over placement outcomes for older children and adolescents than commitment. However, there was no significant relationship between either the number of years a carer had been fostering or the number of children they had looked after and placement success for the adolescents.

Biehal et al (2010) also explored the role of carer-related reasons in placement disruption, although as a contributory rather than a significant factor. Five years previously, the index carers of the children whose foster placement was subsequently disrupted had been rated as less accepting on a measure of carer rejection, compared with the carers of the children who subsequently remained in stable foster placements. The authors concluded that children's emotional and behavioural difficulties might lead to rejection by carers which, in turn, might contribute to children's worsening emotional and behavioural difficulties and raise the risk of disruption.

A positive factor that appears to improve stability is to provide foster carers with support and training in handling and understanding the behavioural problems of the children in their care (see Chamberlain et al, 2006) and providing access to advice. The use of the Multidimensional Treatment Foster Care (MTFC) model for young people is discussed in Section 11. The approach has also been used with pre-school children and led to significantly fewer failed placements compared with children in the control (services as usual) foster care group (Fisher et al, 2005). The Keeping Foster and Kin Parents Trained and Supported (KEEP) programme, an intervention developed in 1996 by the [Oregon Social Learning Center](#)<sup>66</sup> was adapted from the Treatment Foster Care Oregon programme, designed to strengthen child wellbeing, reduce parenting stress and avoid placement disruptions (see Section 8). Both approaches support foster carers (including those in kinship placements) to achieve a deeper understanding of the child's experience. The increased understanding in turn helps them to deal with and reduce behavioural problems, which improves the chances of maintaining placements.

## **Stability: Professional and system-related reasons**

Schofield (2003) suggested that foster care is able to provide stability where there is planning towards that end. This is based on a follow-up study of what was described as a high-risk group in terms of age at placement being put into well-planned placements. Of the 52 children aged 4 to 12 when placed nearly three-quarters (73%) of the group were still in the same placement after three years. In contrast, placements that are made in response to a crisis are more likely to break down (Framer et al, 2004) as are those where there is a shortage of placements, which makes matching more difficult (Wilson, 2006).

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<sup>66</sup> Where Multidimensional Treatment Foster Care was also developed.

Two studies from the USA in the 1980s and 1990s showed that the time a caseworker spent on a case and the attention paid to the foster carer were linked with placement stability (Stone and Stone, 1983 and Teather et al, 1994). Twenty years later McSherry et al (2013) suggested that there is also a link between stability and high-quality social work. This fits with studies that have linked high levels of vacancies within social work teams and a high proportion of inexperienced social workers with poor decision making and, in turn, a high level of placement breakdown (Holland et al, 2005 and Rock et al, 2015). Ottaway and Selwyn's study (2016) found that foster carers were often living with enormous stress but most did not believe that the social work professionals they encountered had appropriate knowledge and understanding of attachment and trauma, and how these impacted on children and carers.

In a US study (James, 2004) there was evidence that system- or policy-related reasons, such as a change of case worker or how to handle a case, accounted for 70 per cent of moves. Ward and Skuse (2001) found that a change of social worker often increased the level of disruption to the child and family and was associated with planned and unplanned moves. In a Danish study (Egelund and Vitus, 2009) the consistency of the relationship with a social worker was seen as very important and changes of social worker were considered to be a predictor of placement breakdown. Related to this theme is a study by Potter and Klein Rothschild (2002) in the US which found that the fewer workers a child had the more probable it was that the child would be reunified with their parents.

A researcher at the University of Pennsylvania (Hernandez-Mekonnen, 2012) also found that placement instability was associated with system or agency events that policy and proactive interventions could address. These findings were corroborated by the work of Norgate and colleagues (2012) in this country. The aim of the research was to examine social workers' views on factors influencing placement instability. The research was conducted in a local authority with higher than average rates of placement change. Eight groups of social workers across the area were identified and members from each team (n=71) completed a questionnaire and participated in group interviews. While children's challenging behaviours and foster carers' unwillingness to manage, or their inexperience in managing, were identified as a contributory factor, the main themes emerging were the difficulties experienced in accessing mental health services, the lack of placement options, and rushed decisions due to strict time restrictions on emergency placements. They also identified the need to offer more support to foster carers, with a view to improving recruitment and retention, as a key aspect in reducing the need for placement moves.

Munro (2012) and Holland and colleagues (2005) demonstrated that in practice local authorities have implemented a range of interventions designed to promote

stability and continuity for looked after children. As yet, many of these innovative approaches have not been evaluated and further research is needed.

## **Stability: Comparisons with adoption**

It is worth heeding the warning provided by McNeish and Scott (2013) that any comparison of outcomes for children who have been adopted with those who have been fostered must be done cautiously. They cite three reasons: it is very difficult to find samples in each group whose characteristics are similar enough to allow comparison; studies often vary in the details of the outcomes examined; and, reflecting a general health warning attached to this review, as many studies originate in the US, they should be read with awareness of the difference between the systems in England and the US. The studies cited below have not all been conducted in England but are all UK studies.

Thoburn and Rowe's (1991) study was based on a large sample (1,165 children in adoptive and long-term fostering placements) to allow comparison in terms of age and placement stability where fostering placements were planned to be long term, and the placements were made and supported by a specialist voluntary organisation that focused on permanence. They found that, if the age at placement was held constant, there was a similar success rate of around 75 per cent for both planned long-term foster care and adoption. However, just over 10 years later Triseliotis (2002) reviewed 21 studies and found average breakdown rates of 43 per cent for long-term fostering and 19 per cent for adoption. While interesting, the differences between this and the Thoburn and Rowe study are most likely aligned with the different methodologies and data collection processes across so many studies.

Selwyn et al (2006) followed up children who were in planned long-term foster care following an unsuccessful adoption plan. These placements had a breakdown rate of 46 per cent compared with 17 per cent of the adoptive placements, although a retrospective study of 374 children (Biehal et al, 2010) found lower figures in both groups, with 28 per cent of foster children leaving their index foster placements after three years, compared with 13 per cent of those adopted. Lower breakdown rates were also found in a longitudinal study conducted in Northern Ireland where 374 children were tracked over a seven-year period (McSherry et al, 2013) and where long-term foster care placements were very stable (87%), as were adoptions (99%).

## **Reflections**

The current emphasis on permanency planning is to increase the likelihood that children move into permanent placements as quickly as possible and to achieve

greater placement stability. This requires improvements in the matching processes of child and carer. Despite the importance of placement stability in promoting positive outcomes for looked after children, the number of placement disruptions continues to be too high. Existing research has identified child/carer factors that contribute to placement disruption, which undoubtedly include the behavioural problems of some children and young people, the characteristics of carers as well as the likelihood that older children are more likely to experience placement disruptions than younger children. But this is far from the whole story. Stability is closely linked with a sufficient number of skilled foster carers to whom children and young people can be matched according to their needs, as well as a stable, experienced social work workforce. At the present time there is a shortage of both carers and experienced social workers, which is undermining efforts to improve both permanency and stability for children and young people.

## Section 8: The experiences of foster carers and their families

### Key findings

- Fostering is enormously rewarding and challenging for families but can also be hugely stressful. Research suggests factors linked to increased stress include children's challenging behaviour (and carers' perceptions of it as such); the type of fostering provided; the length of time they have fostered; the individual relationship between members of the foster family and the child; and difficult contacts with birth families.
- Factors that may help to protect foster carers from stress and strain include: the rewards of fostering; higher parenting efficacy; high-quality social work support, and matching procedures that assess the foster family and child and do not place the child where the carer feels unsure about accepting the placement.
- Foster carers are at risk of experiencing stigma and social isolation, particularly if the children they care for have behavioural problems. Kinship carers (especially those who are grandparents and siblings) may be particularly at risk of feeling isolated by their caring responsibilities and may need additional support.
- The extent to which children of foster carers are currently informed and involved in fostering varies. However, the research shows the huge range of impacts (positive and negative) fostering has on them and highlights the need to train, prepare, involve and support them as part of the fostering team.
- Good quality support (including both formal and informal support) is consistently found to be essential to foster carers. Foster carers want social workers to be reliable, available and provide consistent contact and support for them and the children they care for.
- Foster carers want to be given enough information about children prior to placements; to be involved in decision making and planning for children; and to be trusted and involved as an integral and valued member of the team around the child. The absence of information can lead to difficulties in effectively caring for the child and result in unnecessary problems, such as exposure to avoidable risks within the household or with birth families.
- Allegations have an impact on the whole family (including other foster children) and effects can be long lasting. The impact can be emotional and/or financial and can lead to health and relationship difficulties. Foster

carers can lack information about the process following an allegation and can feel unsupported by their agency.

This section draws on research about foster carers and their families from their perspectives. It examines what we know about the motivation of foster families, their experiences of fostering and its impact upon foster carers and their children. It will also look at support and training from the foster carers' perspective. Other important aspects such as recruitment and retention are covered in Section 6. The experiences of foster families are obviously likely to differ and are dependent on a range of factors. It is important to bear in mind that most studies in England on foster carers and their families have been small scale; some of those conducted before 2006 were, however, on a larger scale and we have drawn on them where relevant. We also draw heavily upon *The State of the Nation's Foster Care* reports from The Fostering Network because they provide data on the views and experiences of several thousands of foster carers, providing a rich and useful source of data. However, as pointed out earlier, it is important to bear in mind that these are not nationally representative samples and reflect the experiences of a small proportion of the overall population of fostering households.

## Background

On 31 March 2016 there were 44,320 approved fostering households (Ofsted, 2017). These carers provide love, support, encouragement and stability for some of our most vulnerable children 24 hours a day. Very little data are routinely collected about foster families, so research studies help to construct a picture of the characteristics of families. McDermid et al (2012) highlighted that the majority of fostering households are couple carers, in middle age, with below average household income and that Black and Minority Ethnic and Mixed Ethnicity carers are under-represented when compared with the national population of looked after children. However, this profile clearly obscures other carers who do not fit the majority characteristics.

Fostering requires an enormous commitment on the part of families and currently each year about the same number of families cease to foster as commence. Ofsted (2017) figures show that in the year 1 April 2015–31 March 2016 there were 4,610 de-registrations and 4,835 applications approved (both figures include long-term and short-break carers only). In order to develop the recruitment and retention strategies discussed in Section 6, it is important to gain an understanding of carers' views and experiences.

## Foster carers' motivations

Statham et al (2008) suggested that it would be useful for those devising recruitment strategies to pay more attention to motivation. Our search identified two key literature reviews of motivation to foster undertaken in the last five years. The first by McDermid et al (2012) was a review of the motivation of foster carers in the UK based on six main studies conducted in the UK between 2000 and 2011. The second review, by Sebba (2012), covers the international literature and identified 32 studies from Canada, the US and Australia. Also useful in understanding the motivation of foster carers are the survey conducted by Peake and Townsend (2012), the surveys by The Fostering Network funded by the DfE (The Fostering Network, 2013 and 2015), and the most recent *State of the Nation's Foster Care* report from The Fostering Network (Lawson and Cann, 2017).

The reasons that foster carers gave for feeling motivated to foster non-kinship children are similar across UK and international studies and are primarily child centred, including:

- wanting to make a difference to the lives of children in care
- feeling they have something to offer children – for example, love and commitment, and a positive experience of family life
- a fondness/liking for children and a wish to work with them
- experience of having been in care or of having fostered children in their own families during their childhood
- an opportunity to create or extend their family.

Other reasons include a fit with family circumstances, responding to the fact that their own children have left home and having partners who wish to foster (Lawson and Cann, 2017; McDermid et al, 2012; Sebba, 2012). An international literature review by Cosis-Brown et al (2015) which examined the motivation of lesbian, gay, bisexual and transgender (LGBT) foster carers suggested that many of the reasons for wanting to foster were the same as for heterosexual foster carers. However, for many LGBT foster carers/adopters, adoption or fostering was their first choice for being involved with, and responsible for, the care and upbringing of children rather than to have their own 'birth' children. Unlike other foster carers, many want to parent for the first time. However, this was not always viewed by assessing agencies and social workers as a positive factor. The authors also highlight that recruitment of LGBT carers may also be hampered by their own perception that their sexuality may be a barrier to fostering.

The authors state that their recruitment may, however, be hampered by their perception that their sexuality may be a barrier to fostering.

McDermid et al (2012) reported that similar intrinsic reasons were given by foster carers for continuing to foster as had motivated them initially. Knowing a foster carer or having spent time in care or as part of a family that fostered when growing up were important motivating factors. The degree to which this influenced prospective carers' decision to foster varied across different studies. Shuker (2012) quoted Baum et al (2001) who found such contacts to be a factor for 21 per cent of people whilst other studies have found it to be much higher, such as Rodger et al's study (2006) where it was 56 per cent of their sample. In a small-scale study in the London Borough of Tower Hamlets, Tewary (2014) found that many applicants from ethnic minorities knew someone who fostered and chose to foster for that particular local authority; they were aware of the shortage of foster carers from their communities and felt motivated to do what they considered to be the 'right thing' for these communities. The reviews by McDermid et al (2012) and Sebba (2012) both confirmed that payment is not usually the primary reason for foster carers to start fostering, although there is some debate about how free people feel to say that money is a motivating factor (see Section 6 on reward).

Most of the studies about motivation used retrospective accounts of what motivated foster carers to start fostering, with fewer studies examining the barriers to embarking on fostering (McDermid et al, 2012). Studies in Australia by Randle et al (2012 and 2014) have investigated reasons why people have not considered fostering, as well as exploring whether these factors are related to characteristics such as age, ethnicity and income. Randle et al (2012) found a few attempts to understand what might act as deterrents and cited the following common reasons drawn from several studies:

- potential carers' lack of confidence in their ability to perform the role successfully
- the level and length of the commitment
- the possibility that it would disrupt their biological family
- fear of having to deal with challenging behaviour
- perceived financial difficulties arising from caring for a child
- conflicting work commitments, and
- a perceived lack of fit with their current lifestyle.

The Fostering Network conducted research into the intrinsic motivations of foster carers (The Fostering Network, 2013). A classification system called Values Modes™, based on Maslow's hierarchy of needs, was used to reach a better understanding of the needs of foster carers, especially around the decision to foster. Maslow (1954) identified three motivational levels – the Settler (sustenance driven), the Prospector (outer directed) and the Pioneer (inner directed) as well as

four different sub-groups within each. Their unmet needs lead people to have different sets of attitudes and beliefs, which influence their ways of seeing the world. A subsequent survey, commissioned by The Fostering Network, of 2,300 carers found that 73 per cent were Pioneers compared with 42 per cent of the adult population, 22 per cent were Prospectors and only 5 per cent were Settlers. Pioneers need to connect actions with values, explore ideas, experiment and innovate, and like to make their own networks and debate issues. Maslow called them 'inner directed' as they look within themselves to decide right and wrong. The Fostering Network recognised the ways in which fostering services could use the values insight to develop their recruitment strategy and worked with 25 local authorities during 2013–2015.

An IMPOWER-led fostering service improvement programme ran across five sites from January 2013 to May 2015 using the Values Modes with the intention of having 81 per cent of fostering placements delivered in-house and setting the pattern for a national saving of £150m each year. Although there is no record of this programme having been evaluated a number of local authorities informing this review reported that they were constructing a profile of their current and future foster carers to target their campaigns in ways that appealed to potential carers' intrinsic motivations.

## **Foster carers' identity**

Much of the literature on foster carers' experiences has focused on what is described as the 'role ambiguity' (also see Section 6 ). This arises from the tensions between a 'parenting role', requiring enormous levels of personal commitment to a child, and a professional role, requiring training, qualifications and being part of a wider professional network to support the child (Kirton, 2007). Schofield et al (2013) commented:

For foster carers, however, in very significant ways, their family is their work and their work is their family – so roles are not so clearly separated and boundaries are not so clearly defined. (p46)

Being a foster carer has been found to have both positive and negative effects on wellbeing. Blythe et al (2014), in a review of international literature, suggested that foster carers' wellbeing may be mediated by several factors including how they see their role, the relationships they have with child welfare personnel and their ability to manage challenging behaviours. Foster carers can struggle to define their role. They may see themselves as primarily a parent, or a professional working within child welfare services or as a hybrid of the two. Kirton (2001) suggested that how foster carers see their role can vary between individual placements. Attachment may deepen over time in longer-term placements and foster carers may then take

on a parental identity. This is supported by several Australian studies that reached similar conclusions (Smyth and McHugh, 2006; Blythe et al, 2012a; and Riggs et al, 2009).

The findings of Schofield et al (2013), based on work conducted in this country, presented a rather more complex picture. They interviewed 40 long-term foster carers and found that some carers primarily saw themselves as undertaking a professional role that required skills, expertise and knowledge as well as a commitment to the child, whilst others saw themselves primarily as parents and viewed the child who was living with them as part of the family. While some people were able to manage the two roles alongside each other, others struggled to do so. Where this was possible it was an enriching experience for themselves and the children involved and proved that it is not inevitable that professionalisation of foster care will make it harder for carers to develop loving, committed relationships with children. However, some battled to manage different role expectations and demands, lacking the confidence and, at times, the capacity to handle the ambiguities created by the role. This led them to feel anxious and even ineffective. The researchers recommended that social workers consider the ways in which foster carers view their roles and identities and help support them to move flexibly and appropriately between roles, recognising the potential for different roles to enrich each other.

## **Foster carers considered as part of the team around the child**

Closely aligned with the 'identity' of foster carers is the role they play in the team around the child or its equivalent. This is a group of practitioners working with a particular child or young person and can be known by different names. The generic Foster Carers' Charter (The Fostering Network, 2016) emphasises the skills and expertise of carers and similar emphasis can be found on the websites of many local authorities and IFAs. Pavkov et al (2010) reported that poor outcomes in any form of foster care are related to lack of collaboration across agencies, including with carers. Key informants to this review from local authorities and IFAs confirmed that there were times when foster carers are not treated as equal members of the team around the child, not invited to participate in crucial reviews and not given sufficient information about the child before or during placement.

It would seem appropriate that, wherever possible, decisions about the child's future should involve consultation with a foster carer who knows that child and has been given responsibility to care for the child. The literature points to instances where carers have not been treated with respect nor treated 'as part of the team' by professionals (see Ward and Sanders, 2014). It is now far more common for professionals from different disciplines to come together to develop a multiagency

response to the needs of a child. The insights that a foster carer will have about a child should be invaluable, as they will spend more time with the child than anyone else and are expected to offer 24-hour therapeutic care. This makes it all the more important that they are not excluded from meetings, that decisions are not taken without their views being sought and that they are treated with respect and 'as part of the team' by professionals (Kirton, 2007). Kirton found that carers reported supervising social workers in the independent sector were more open to the notion of foster carers as 'colleagues' than those working in local authorities. Although we did not speak to any current carers in the course of this review, a consistent message from informants in IFAs was that they regarded their carers as partners and received feedback that the relationship was different from that experienced with local authorities. Further research would be needed to determine if this is the case.

This manager, now working in an IFA, but previously having worked in local authorities, provided a different perspective on the relationship between carers and professionals and on the constraints that could sometimes be operating:

I think it's an ongoing juxtaposition of how much you involved the foster carer in all the case discussions and meetings, because sometimes the comments from people can be seen as quite critical of a foster carer, even if they're not meant to be. So we do try and include them as much as possible in the case discussions and the reviews. We often find that local authorities want to have a professionals meeting which excludes the foster carer, and we try very hard to get the foster carer to attend those meetings, because we see them as being a colleague of ours, as a fellow professional. It is getting better from the local authorities, but there's still some way to go.

Rhodes et al (2003) used The Foster Parent Role Perception (FPRP) scale to examine role expectations of foster/adoptive family applicants and 67 workers. They found there was disagreement between social workers and parents about responsibility for working with the agency and parenting. They suggest that social workers' 'more realistic views' about the demands foster care places on families may mean they expect foster carers to have less responsibility for tasks that may be viewed as the responsibility of professionals. Kirton (2007) examined the views of social workers and service managers on treating foster carers as colleagues. Whilst they recognised the expertise many foster carers have, they emphasised the heterogeneity of the population. The supervisory responsibilities of supervising social workers, especially having to deal with allegations or complaints against foster carers, placed a barrier in the way of full recognition of foster carers as colleagues, with frequent references to the need for 'professional distance' and the pitfalls of 'friendship' (p12).

The 2016 *State of the Nation* report published by The Fostering Network (Lawson and Cann, 2017) included feedback from over 2,500 foster carers across the UK, a third of whom felt that children's social workers did not treat them as equal team members. As pointed out at various points in this review The Fostering Network's *State of the Nation* reports are based on data collected through an open survey of members and as such do not constitute a representative sample. However, the number of respondents is large enough to give the data attention. In the past, responsibility for the perceived inequality of status was attributed to the fact that the local authority is the corporate parent. The [regulations around delegated authority were relaxed in 2014](#) but amongst The Fostering Network's respondents 33 per cent of carers looking after children on short-term placements and 15 per cent of carers with long-term placements felt that they were not allowed to make appropriate decisions at all times. For example, while the foster carer had day-to-day responsibility for the child they often could not make decisions over permission to go on a school trip or stay away from home.

## **Foster carers' and their families' experiences of fostering**

### **The impact of caring on foster carers**

Within the literature many studies highlight the rewards that fostering can bring. Sinclair et al's (2004) survey of foster carers found that 97 per cent (n=924) said they agreed or strongly agreed with the statement 'We get a lot of satisfaction from fostering.' The rewards experienced often reflect the intrinsic motivations expressed by foster carers for wanting to foster, such as seeing a child grow and develop; making a difference to a child; having a child to love and care for; completing a household; and providing a safe, secure home for a child (Buehler et al, 2003; Sinclair et al, 2004; Lawson and Cann, 2017). Research has shown that carers are more likely to be satisfied with their role if they feel they are contributing to positive outcomes for children and are adequately supported (Macgregor et al, 2006).

Sinclair et al (2004) also asked foster carers about their views on how fostering impacted upon them and found that responses were mixed. Factors associated with impact were support within the family for fostering; the degree to which fostering fitted with their home situation; needs of other family members; the behaviour of foster children; and feelings when children they have fostered move placements. There were also very practical impacts such as on housing, leisure activities and social life, finance and employment. The researchers observed that strain was particularly associated with a lack of support from family; being relatively new to fostering; experiencing unpleasant events and low social work support. They highlighted, however, that strain from lack of support from family or social

workers can operate in either direction – that is, carers under strain may see them as less supportive or those who are less supported may be under greater strain. Importantly, they highlight that foster carers may also be under strain for a whole range of reasons unrelated to fostering.

Farmer et al's study (2005) investigated the causes of stress and strain on foster carers looking after older children (68 young people aged 11–17). They found four factors related to increased strain:

- carers who *perceived* that the child they were looking after had behaviour problems – these carers had often been reluctant to take the child initially
- carers who were looking after children who were violent to other children
- carers looking after children with hyperactivity
- carers who experienced difficulties with contact with birth families.

In a study by Morgan and Baron (2011), of 58 foster carers from an IFA caring for older children, challenging behaviour was statistically linked to increased levels of stress, anxiety and depression. They found that foster carers who had higher levels of parenting efficacy had a higher level of 'protection' from the effects of young people's challenging behaviour in terms of reduced levels of parental stress, anxiety and depression, compared with those with lower levels of parenting efficacy.

Ottaway and Selwyn's recent study (2016) on compassion fatigue supports many of the findings of Farmer et al (2005) and Morgan and Baron (2011). Compassion fatigue is experienced by those working in helping professions as a response to being exposed to the trauma that the people they are supporting have suffered and is sometimes known as 'blocked care' in the context of fostering and adoption (Ottaway and Selwyn, 2016). Their survey of 546 foster carers included the use of Professional Quality of Life (ProQOL)<sup>67</sup> and the [Warwick-Edinburgh Mental Well-Being Scales](#).<sup>68</sup> Ottaway and Selwyn found the length of time carers had been fostering to be important. Carers who had fostered for eight or more years were more likely to have high scores for secondary traumatic stress. Their study showed how compassion fatigue could impact upon the quality of care provided to children, the stability and continuity of placements, foster carers' mental and physical

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<sup>67</sup> The Professional Quality of Life Scale (ProQOL) measures pleasure derived from being able to do your work well, feelings of hopelessness and difficulties in dealing with work or doing a job effectively, and work-related, secondary exposure to stressful events.

<sup>68</sup> The Warwick-Edinburgh Mental Wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

wellbeing and carer retention, with some foster families experiencing primary trauma such as physical and verbal attacks in their home. The stress of fostering tested families and sometimes resulted in placements breaking down, or coming close to breaking point, a couple's relationship being at risk of disintegrating and birth children feeling very alienated. The carers in these circumstances felt that such feelings could have been avoided if:

- professionals had had a better understanding of the demands that fostering traumatised children place on individuals and families
- better matching had been undertaken at the outset, and
- appropriate support, individualised for the child and the family, had been put in place. (p33)

Carers working for IFAs had significantly higher scores on the compassion satisfaction scale and lower scores on the burnout and secondary trauma scale compared with carers working for a local authority. Ottaway and Selwyn's (2016) findings suggest that the quality of support offered by IFAs compared with that from many local authorities may be a protective factor against stress. While it would fit with some of the statements made by key informants during this review, further research is required. They also found that the rewarding aspects of caring and high-quality social work support were able to moderate to some degree the effects of compassion fatigue.

Stigma and social isolation of foster carers have also emerged in studies. This may be because foster carers are too exhausted to meet up with friends or because friends have concerns about fostered children's behaviour, particularly in public (Ottaway and Selwyn, 2016; Blythe et al 2012b). Research has also highlighted the particular difficulty for kinship carers who may be caring for children at times in their lives when they may not have been expecting to do so, as would be the case for grandparents and young adult siblings (Selwyn et al 2013). This research found that older carers could feel estranged from friends because of childcare responsibilities, whilst younger carers, such as siblings who had assumed parental responsibilities, felt that they did not fit in with other parents. Blackburn's (2016) evaluation of a national fostering helpline found that carers could become isolated, especially when there was a serious situation such as facing an allegation.

The type of foster care undertaken may also play a part in levels of stress and strain experienced. A study conducted in Northern Ireland by McSherry et al (2016) found that birth parents and foster and kinship carers had higher clinical stress levels than those who were caring for children in adoptive placements or on residence orders. Research in England by Hunt et al (2008) found that in 45 per cent of continuing kinship placements at least one carer had abnormal stress levels using the General Health Questionnaire, more than twice that expected in

the general population. This was found to be even higher in Selwyn et al's study (2013) whose standardised measure of health and wellbeing (SF12v2) showed that as many as two-thirds of the informal kinship carers in their study (67%) would probably be diagnosed as clinically depressed had they presented for a mental health assessment.

Selwyn et al (2013) described how informal kinship carers often take children into their homes at short notice during family crises, making rapid decisions that impact on their families, managing contact with birth families which may be made harder by emotional ties, dealing with a range of professionals and with very little time for any emotional and physical preparation. Farmer and Moyers (2008) found that kinship carers were more likely to be lone carers (particularly lone women), living in overcrowded accommodation, at least initially, suffer more financial hardship and were more likely to have a disability or chronic illness. More kinship carers (45%) were struggling to cope with the children in their care compared with non-kinship carers (30%), especially in relation to children's behaviour.

Another significant factor linked with stress is the relationship between the foster child and carer and this has, in turn, been shown to impact on placement stability (Dozier and Lindheim, 2006). A study by Whenan et al (2009) in Australia of 539 carers found that the foster carer-child relationship was significantly related to foster carer wellbeing and satisfaction, as was initial and ongoing training. A small-scale qualitative study by Samrai et al (2011) in England showed that when the relationship is close there can be an emotional impact on foster carers when children leave and emphasised the need to ensure where possible that transitions are planned in advance with the carers and the child to minimise stress and provide time to deal with feelings of loss.

Research also suggests that foster carers who are feeling under strain are less likely to form positive attachments with children and parent less effectively than they would otherwise have done. Farmer et al (2005) looked at wellbeing in carers who were fostering adolescents and found that high strain levels had a considerable impact on parenting practices and impacted on placement outcome. If carers experienced stress prior to the placement, then carers were more likely to dislike the young person or parent them less sensitively. Carer stress was directly linked to placement outcome, as young people placed with emotionally stressed carers showed less improvement in their own wellbeing, had greater levels of unmet need and experienced more placement disruption.

Research in Belgium found that externalising problem behaviour could have a directly negative effect on supportive parenting and, in particular, on the positive involvement of the foster carer with the foster child and could lead to more negative discipline practices (Vanderfaeillie et al, 2012). They developed an intervention to support foster parents of young foster children (aged 5-12) with

externalising behaviour in order to improve the effectiveness of foster placements (see Vanschoonlandt et al, 2012). The intervention has been evaluated using a randomised controlled trial and was found to have significant small short-term and large long-term effects on externalising problems and medium short-term and long-term effects on parenting stress (Van Holen et al, 2016).

## **Foster fathers**

Most research on foster care has been undertaken with women. The only English studies focusing specifically on foster fathers are small scale and explore the perspectives of foster fathers and their contributions to fostering. They have centred on how foster fathers construct their identity, what roles they undertake in the household and the use of men as role models to foster children. Wilson et al (2007) undertook a survey of fathers through one IFA (69 responses all of whom were foster fathers cohabiting with a female partner) and then undertook nine face-to-face interviews. They found that foster fathers played an active role in the decision to foster. Positively identifying and encouraging men in the first stages of recruitment were significant factors in the couple's decision to become foster carers, and men reported finding it helpful to meet male recruiters and trainers. The men in this survey seemed for the most part to take a traditional male role in the household but also embraced tasks with children that may traditionally have been seen as part of a 'mothering' role such as household cleaning; attending school parents' evenings; reading bedtime stories; comforting an upset child; helping with homework; and talking to children about any problems, fears or worries they might have. They were also aware that many foster children have a history of difficult relationships with men and were consciously trying to teach by their actions. A more recent study by Heslop (2016) undertook a narrative study with 23 male foster carers in an IFA. Data were gathered through mixed methods involving foster father interviews and observational diaries alongside gathering data from questionnaires completed by 70 social workers. He recommended that all foster fathers should be assessed as carers in their own right and their contribution should receive more recognition. Research by Masson et al (2014) with children with harmful sexual behaviour particularly emphasised the important role men play and the value of ensuring they are included in the team around the child.<sup>69</sup>

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<sup>69</sup> [The Fostering Network](#) has developed some resources specifically aimed at supporting male foster carers that can be downloaded from its website.

## Foster carers' own children

Fostering potentially has a huge impact on foster carers' own children living within the fostering household, yet there is relatively little research on the impact that fostering has on them or the impact that having biological children living in the household has on fostered children or placement outcomes. Rock et al (2013) distilled a set of factors from various studies and found that the effects of other children in a placement appear to be complex. Positive associations were found between the presence of carers' children and instability, and the biological children of foster carers have reported a variety of demands placed on them as consequence of fostering, which may contribute to instability.

Targowska et al (2016) argued that foster carers' biological children should have the opportunity to be included in fostering decisions throughout the fostering process, not only because they have the right to be heard and included in decisions that impact upon their lives, but also because their involvement is more likely to lead to successful placements. They stated that one of the most common reasons cited by foster carers for withdrawing from fostering is the impact it has had on their own children.

Höjer et al (2013) undertook an international literature review to look at the ways that foster carers' own children can best be prepared and supported. The review included 17 studies from the UK, US, Canada, Sweden, Belgium and Spain published since 1990. Most of the studies were retrospective, qualitative and had small samples. The authors noted the need for prospective studies to evaluate interventions with children, using comparison groups. The review found that the extent to which foster carers' own children were involved in the decision to foster was very variable, with older children being more likely to be involved. Overall, most children in the studies were positive about fostering. Positive aspects of fostering for carers' children were: appreciating their families; feeling part of a team; making friends; becoming more caring and empathetic; understanding others' misfortunes; and learning to take responsibility. The review highlighted that many children and young people often felt excited initially, but that issues such as jealousy, competition, fear and anxiety also emerged. There were particular challenges identified in relation to sharing belongings, space and parents' time. The behaviour of foster children, especially stealing and lying, could cause problems and children reported loss of innocence; feelings of responsibility and worry; not telling parents about their problems; having problems around maintaining confidentiality; parents having expectations with regard to their behaviour; and feeling responsible for easing the burden on parents. Coping with placements ending was another challenge identified, and feelings of sadness and loss could be experienced if the child of the foster carer had a close relationship with the foster child who was then moved. This was especially difficult if children

were not given information about the move or involved in decisions, and could also make the next placement more difficult. Children felt they lacked information about the foster child prior to placement. Receiving enough information prior to placement may impact upon their relationship with the foster child and may help to prepare children and young people, specifically in relation to understanding previous maltreatment experiences. Age differences between the fostered child and children of foster carers could also be important with closeness in age being found to cause more difficulties.

Reviews of the literature on birth children of foster carers have also been undertaken by Twigg and Swan (2007) in Canada and Thompson and McPherson (2011) in England. Both reviews discussed issues related to age and how the frequent changes that can be experienced in foster families may be disruptive for foster carers' own children in terms of negotiating and renegotiating their identities and role within their family. In a later study, Thompson et al (2016) highlighted the importance of using theoretical approaches to supporting foster families and suggest that fostering agencies should assess the family in terms of roles, structure and attachment relationships in order to consider fully which children it is appropriate to place in which foster family. Mainpin et al (2016), in a study with 45 biological children of foster carers (aged 11–18) in France, examined anxiety and depressive symptoms and found that overall symptoms were lower than general population samples. However, they did find that they varied for gender, with more girls feeling higher levels of anxiety and depression. They also found that position in the family made a difference, with middle children being more anxious and that conflicts intensified where foster children were aged eight or more. They highlighted the importance of bearing in mind the gender, age and position of the child within the family when making placements.

One of the messages emerging from these studies is that many children of foster carers do not feel they get enough training and preparation to help their transition to fostering, and that if difficulties arise with foster children they need to be recognised and managed by foster carers and staff to help prevent placements breaking down (see Thompson and McPherson, 2011).

Twigg and Swan (2007) reported that children of foster carers may not feel sufficiently involved by social workers or the social work agency and that their contribution is overlooked. They quoted Swan (2000):

A lot of the workers don't even bother to talk to children in the family. They talk to the parents, they talk with the foster children, but...the biological children...are overlooked, like they just push them aside as if they don't have needs. (Twigg and Swan, p37)

Twigg and Swan (2007) also make practical recommendations for better involvement of foster carers' children in decision making and more support and

opportunities for children to talk and meet other children from fostering households. Sutton and Stack (2013) in a small scale study in one IFA with six participants found that when children of foster carers felt part of a team this gave them a clear sense of purpose and a sense of self-efficacy that contributed to their ability to continually adjust, and to their willingness to remain part of a fostering family in spite of challenging events. They recommended that actively promoting self-efficacy skills for birth children, as part of the support systems for fostering families, would help to provide important coping skills and may contribute to the maintenance of placements. Sutton and Stack also suggested that foster carers should be made aware of the importance of maintaining the attachment relationship through open communication, ensuring 'special' or 'protected' time for their own child, and that, where possible, breaks should be taken between foster care placements. Thompson and McPherson (2016) suggested that information in the form of books for children on having a foster child living with them may be helpful. Targowska et al's (2016) study in Australia led to the development of interactive resources for supporting foster carers' children during all stages of the fostering process. These include a DVD covering all the stages of the fostering process, an accompanying guide for foster carers, children's storybooks (aimed at 5–10-year-olds and 11–14-year-olds) and training for carers on using these resources.

## **Foster carers' views on support**

The importance of good quality support from professionals and family/friends has been consistently reported in research findings (Ottaway and Selwyn, 2016) and the kinds of support that foster carers say they value now has changed little over the last 20 years (Gorin, 1997; Hayden et al, 1999). In Lawson and Cann's (2017) survey of 2,530 foster carers across the UK most foster carers identified improved communication and support from their fostering service as the one thing they would most like to change to improve their lives and those of the children they foster. The support families want may vary, however, and a one-size-fits-all approach is unlikely to be successful as needs will vary according to individuals, their experience and placement type (Luke and Sebba, 2013b; Beek, 2014).

## **Formal support**

Most formal support for foster carers should come from their supervising social worker (who provides the link between the fostering agency and the foster home) but foster carers may also gain support from children's social workers or other professionals who form the team around the child. There is little research looking specifically at support from other professionals. However, Farmer et al (2005) found that carers who also had access to professionals other than social workers,

such as GPs or counsellors, were likely to be under less strain than those who did not. This is particularly significant considering the findings from a study by Ottaway and Selwyn (2016). This study used an online survey that included two measures to assess stress and wellbeing<sup>70</sup> and found that in comparison with those working in other stressful helping professions, foster carers had slightly higher levels of burnout, lower levels of compassion satisfaction and similar levels of secondary traumatic stress

Maclay and colleagues (2006) identified what would help newly accepted foster carers. In addition to support from their agencies the opportunity to be able to consult an independent person, akin to an external supervisor in other professions, was suggested. This would allow them to be able to be open in ways that may not always be possible with their supervising social worker. There does not appear to be any research on the extent to which this idea has been adopted but there have been a number of studies in this country and the US which identify the role of the supervising social worker or equivalent in retaining carers (for example, see Wilson et al, 2004 and Fisher and Chamberlaine, 2000).

Cosis-Brown et al (2014) conducted an international literature review on the role of the supervising social worker based on 22 studies from the UK, US, Canada and Australia. They identified aspects foster carers found particularly supportive. These were:

- social workers who were reliable and available, particularly at times of crisis or stress – for example, around allegations and foster placement disruptions
- levels of contact (home visits and telephone calls), which were important to carers as they showed interest by the fostering agency
- support in relation to problematic contact for a foster child with their birth family
- respite arranged by the supervising social worker.

The review highlighted key findings about what foster carers want, which were to:

- be involved in decision making and planning for the child, which should include considerations about attachment

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<sup>70</sup> Professional Quality of Life (ProQOL) and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). The ProQOL measures levels of compassion satisfaction, burnout and secondary traumatic stress and WEMWBS is a validated measure of mental wellbeing.

- be trusted, respected and valued by supervising social workers and be involved as part of the team around the child (see Section 3 for further discussion)
- be given as much information as possible about prospective children and their current foster child
- have a supervising social worker who gets to know the child and can give help in managing troubled behaviour.

Cosis-Brown et al refer to the Rhodes et al (2001) study where a third of foster carers who were no longer fostering, or who were thinking of stopping, reported a poor working relationship with their supervising social worker. Rodger et al (2006) also discovered that negative relationships in general with agencies might lead to carers considering stopping fostering.

Key informants from IFAs and local authorities to this review were generally positive about the support offered to foster carers by supervising social workers compared with the involvement of children's social workers. The latter were described, by those in both IFAs and local authorities, as operating with high caseloads and under so much pressure that the needs of the child were too often overlooked. Traditionally, supervising social workers have been in the profession longer and gained more experience in what was usually described as 'frontline child protection' before moving into their current roles. Informants referred to the lower turnover amongst this group in contrast to those working in other teams in children's services, particularly those working in child protection. Despite this there were clues that things were changing. There were references from both IFAs and local authorities to the difficulties they faced in recruiting social workers. This sometimes meant that those with little experience, and sometimes newly qualified social workers, were being recruited as supervising social workers. Lower levels of experience amongst supervising social workers could explain, in part, Ottaway and Selwyn's (2016) findings that foster carers in their study did not feel well supported by either their supervising social workers or the children's social workers; neither did they consider that these professionals had appropriate knowledge and understanding of issues of attachment and trauma, or their effects on children and 'the challenges of caring'.

As in other studies (see Luke and Sebba, 2013b,) foster carers reported one of the most important sources of support came from their peers (see below). While some other areas may be more challenging, it should be easier to address the barriers that foster carers saw as standing in the way of contacting other foster carers, such as rules on confidentiality. Similarly, agencies could address other factors linked with retaining carers, which is the speed with which they respond to requests for help (Lipscombe et al, 2004), and recognise the need for and provision of respite

(McHugh et al, 2004) as well as development opportunities (The Fostering Network, 2013).

Beek et al (2016) evaluated a project set up by Match Foster Care, an independent fostering provider, as part of the DfE's Innovations Programme, which aimed to improve outcomes for children by providing more appropriate support for long-term fostering placements. In this project, Match took on the statutory duties for the young people, delegated by the local authority, and also provided wrap-around services including health, education and psychology. The supervising social worker from Match took on the role of the looked after child's social worker, including undertaking looked after children reviews, personal education plan reviews, and contact and work with the birth family. Each young person was allocated an independent advocate. The findings included a high level of satisfaction by foster carers and young people, who liked the greater consistency of workers (having one social worker instead of two) and quicker, more effective decision making about issues such as contact. However, there were some challenges for the IFAs and local authorities around sharing corporate parenting responsibilities. It was also the case that foster carers in the comparison IFA reported satisfaction with their traditional support arrangements. Nevertheless, the social worker role in foster care is an issue that could merit further exploration.

Poor preparation for placements and specifically the lack of information foster carers receive about children placed with them have been highlighted in research for many years (see for example, Kirton, 2007; Gorin, 1997) but continue to be a problem. In Fuentes et al's (2014) research with 86 foster families, the main concern expressed by foster carers was lack of information on issues such as the personality and past history of the child they would be fostering and the child's future after the end of the placement. Pithouse et al (2002), in assessing group behavioural management training for foster carers, found that carers were often unaware of children's emotional and behavioural problems prior to placement and were often given insufficient information about the triggers for children's behaviour. The absence of such information can lead to difficulties in effectively caring for the child and result in unnecessary problems, such as exposure to avoidable risks within the household or with birth families.

Research that has explored the kinds of support carers need has often found that their most pressing need for help and support is in managing children's emotional and behavioural difficulties. Octoman and Maclean (2014), in a survey of 187 foster carers in Australia, found that carers most often wanted information about support on how to manage mental health problems, and access specialist help for children, information on where emotional and behavioural issues originate and training on managing behaviour. Similarly, in a qualitative study with 17 foster carers, Murray et al (2011) found support and training on the difficult behaviours that they encounter on a daily basis was what they most wanted. Schofield et al

(2012) argued that given the complexity of some children's needs, sensitive and committed foster care must be supported by highly targeted therapeutic and educational support as well as guidance from agencies.

Whether or not foster carers feel able to ask for help if they need it is another important question. The study by Ottaway and Selwyn (2016) and those with kinship carers (see Hunt et al 2008) show that carers are often uncertain about what help is available and how to access it. They may need encouragement and reassurance that they will not be seen to be failing or have the child removed if they ask for help. A small qualitative study in New Zealand (Murray et al, 2011) found participants wanted supervision to be conducted by professionals who are separate from the children's agency to allay their concerns that children would be removed from their care if they were perceived not to be coping, no matter how minor the concern.

Foster carers may have different needs in terms of support depending on their own backgrounds and experiences. The research tells us very little about whether, for example, male foster carers, foster carers from different minority ethnic backgrounds, religions or ages have specific support needs. Cosis-Brown et al (2015), in their literature review of the recruitment, assessment, support and supervision of lesbian, gay, bisexual and transgender foster carers, highlighted that whilst social work support is similarly important for these foster carers as others, the practice carers experience is variable and 'good' practice is often associated with individual practitioners. For LGBT carers what is different is the perceived, or actual, homophobia or heterosexism of those they come into contact with during the fostering process. In particular, LGBT carers may need additional support from social workers or professionals around ensuring children have adequate preparation prior to placement and around contact with the birth family, as carers can be worried about how birth families will respond to them. The authors observed a need for practitioners to be aware of gender and sexuality and the part they play in people's lives, but the need to address this as part of a holistic approach rather than over-focusing on them.

Studies, especially those with long-term foster carers, have highlighted foster carers' frustrations with the lack of delegated authority to make decisions about children's day-to-day care (Selwyn and Quinton, 2004; Selwyn et al, 2006; and Kirton, 2007). Schofield et al (2008) found that practice in relation to delegating decision making responsibility to foster carers varied between and even within teams in the same local authority. Since this study, statutory guidance (DfE, 2014b) has been introduced that requires each local authority to have a policy about the delegation of day-to-day authority to looked after children's carers. However, Lawson and Cann (2017) asked foster carers about whether they felt they have the authority and support to make day-to-day decisions about children's care. One third of carers looking after children on short-term placements and 15

per cent of carers with long-term placements said they felt that they are only allowed to make appropriate decisions some of the time, rarely, or, in a small number of cases, are never able to make these decisions. The authors suggested that government guidance on delegation of authority to foster carers is still not consistently being applied in practice.

Current research does not provide us with an overview of what support is available to carers and which types of carers are able to and do access it. There is evidence to suggest that kinship carers (including those who have an allocated social worker) fare particularly poorly when it comes to receiving social work support (Hunt et al, 2008 and Farmer and Moyers, 2008). Hunt (2009) argued that there were good reasons to believe kinship carers need more support (especially early in the placement) but that the research evidence suggested they get less. Farmer and Moyers (2008) found gaps existed in many cases where there was an allocated social worker and suggested this may reflect the attitude that kin should be able to look after children without outside support. Selwyn et al (2013) found similarly that kinship carers were often more poorly supported by services and received less access to specialist support with approaches being inconsistent across local authorities. Hunt (2009) highlighted the need for transparency about entitlements and services and information about sources of help, especially for kinship carers living outside the placing local authority or for whom involvement with children's services has ended. Also emphasised is the need for information, advice and advocacy to navigate legal, benefits, education, health and social service systems. In 2011 the DfE published Friends and Family Carers (FFC) statutory guidance that requires local authorities to publish an FFC policy (DfE, 2011). This should set out how the local authority proposes to meet the needs of children being looked after by family and friends, and should set out the support and services which are available locally. Nevertheless, the Family Rights Group found that while 83 per cent of local authorities had a published policy in place, many of these failed to fully comply with the 2011 statutory guidance (Mercer et al, 2015).

## **Informal support**

Support from family and friends, in combination with professional support, has been found to be highly valued by foster carers. In Lawson and Cann's survey (2017) nine out of ten respondents described peer support as essential or useful but they showed that formal peer support schemes were not widespread and recommended this support be improved. Ottaway and Selwyn (2016) reported that when support was received from family and friends it was greatly appreciated but peer support from other foster carers, who knew and understood the challenges fostering presented, was highly regarded.

An international literature review by Luke and Sebba (2013b) examined the nature of peer contact between foster carers and found it provided emotional and practical support, as well as helping with problem solving and providing carers with positive feedback. This could help with the social isolation experienced by some carers (discussed above). Luke and Sebba identified that while local authorities and IFAs offered a range of opportunities for peer contact, such as local support and advocacy groups, social contact, training sessions, and mentoring and buddying schemes, there was limited evidence on the impact of peer support on outcomes for foster carers and children. They highlighted only four studies that indicated positive difference – three from the US and one from this country (Sinclair et al, 2004). Two studies (Rhodes et al, 2001; Sinclair et al, 2004) showed that peer contact led to carers feeling more supported and this was associated with retention and a more positive attitude to fostering. A third study by Cole and Eamon (2007) showed links to reduced likelihood of depression and a fourth study suggested that increased availability of respite care might help to avoid placement disruptions (Northwest Institute for Children and Families (NICF), 2007). NICF made the following recommendations for developing peer support alongside a need to evaluate the interventions using control groups:

- consulting with carers to ensure that schemes match the needs of potential users
- mentoring and buddying – pairing new carers with more experienced carers, benefiting both parties
- building opportunities into existing training provision to share experiences and problem-solving approaches
- offering local groups and online alternatives where carers are more geographically spread (for example, in rural areas)
- providing online support – schemes offering carers computer provision and internet access
- setting up groups that are independent of social workers but are effectively facilitated by an experienced carer, therapist or social worker
- developing conditional confidentiality to address the potential tension between carers feeling able to ‘open up’ in groups and the need to maintain confidentiality
- providing respite schemes – developing ‘hub’ and ‘constellation’ communities in which one carer is approved for respite to support the community of carers (drawing on the Mockingbird family model – see Section 6).

In McDermid et al's (2016b) evaluation of the Mockingbird initiative the authors identified the benefit of a shared understanding between foster carers and the value that they placed on talking to someone who knew 'what it was like'. The generic model of foster carers offering support to other carers, on which the Mockingbird Family Model is based, has been used widely in the US for several years. The Mockingbird Society in the US developed the specific model and a three-year evaluation by NICF reported indications that it could improve stability and retention (NICF, 2007). When McDermid et al (2016b) conducted the evaluation there were 16 constellations and 106 fostering homes.<sup>71</sup> A constellation is a cluster of between 6 and 10 foster homes and each constellation is supported by a 'hub' home of experienced foster carers. The hub provides a range of support including respite care, peer support, regular joint planning and social activities. While there were elements of the initiative that were still to be developed, the model was found by the evaluators to provide support and improve access to respite care.

Blackburn (2016) evaluated Fosterline England, a national independent confidential advice and support service for current and prospective foster carers. The evaluation was based on a very low number of responses to a survey (n=48) and it reflected a very small sample given the number of calls taken by Fosterline England and other helplines each year. Nevertheless, it showed the potential of the service to provide support which was not perceived to be available outside of an independent helpline. Many concerns were complex and needed to be handled with sensitivity. Before contacting Fosterline England, a third of participants were considering giving up and half of this group subsequently agreed or strongly agreed that their contact with the helpline had been influential in their decision to continue.

## Respite

While research has consistently highlighted the value placed on respite care by carers, satisfaction with provision across the UK has declined. Only one-quarter of respondents to the most recent Fostering Network survey (Lawson and Cann, 2017) rated respite services as 'good' or 'excellent', compared with one-third in 2014. Participants commented that, in their view, taking respite was 'discouraged' and 'frowned upon'. The research by Ottaway and Selwyn (2016) found similarly that some agencies expected respite to come from family and friends and there were many instances where carers reported that requests for respite had been interpreted as an indication that they were not coping. As a result they felt judged

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<sup>71</sup> At the time of writing there are eight sites and 18 constellations across England.

and blamed, whereas they considered the reaction reflected a fundamental lack of understanding about the realities of fostering traumatised children.

The Ottawa and Selwyn study also highlighted that respite was often not child centred and was often provided by someone the child did not know. A carer described the 'Catch 22' situation for carers:

I knew I deserved that break, and it was important for my own children that we had that break. But when I got them back they were like these little broken people, just the way they looked at me, it was like the trust had gone. (Ottaway and Selwyn, 2016, p39)

Instead, carers wanted respite carers to be given the time to be able to develop a relationship with the child. They also suggested that it would be helpful to adopt a more creative approach to respite care so it could be used creatively and flexibly, providing some weekly contact with the child and even stretching to assistance in the home.

## Training

There have been a number of studies, some dating back to the 1970s, which have found positive links between pre-training and the relationship between foster carers and foster children (see, for example, Chamberlain et al, 1992 and Fees et al, 1998) but overall the evidence is mixed. Much of the work that has been done on the effectiveness of training for foster carers has been conducted in the US, but a semi-experimental study conducted in South Wales by Pithouse et al (2002) into the impact of training foster carers in techniques to manage challenging behaviour found it had little impact on the behaviours or management of them. Piescher et al (2008) conducted a comprehensive review of evidence-based training for foster carers. The review indicated that training programmes were linked with positive changes in parenting knowledge, attitudes, self-efficacy, behaviours, skills, and, to a lesser extent, child behaviours. They were also linked to foster parent satisfaction, increased licensing rates, foster parent retention, placement stability and permanency. However, the authors emphasised the need for more rigorous studies to evaluate the effectiveness of emerging practices for both pre-service and in-service foster parent training. Festinger and Baker (2013) undertook a comprehensive review of training but they were not convinced by evidence for the effectiveness of pre-training, recommending a more rigorous approach to its evaluation. Similarly, in their review of the effectiveness of training programmes, Rork and McNeil (2010) concurred with an earlier review by Dorsey et al (2008) that had found 'promising results' but very little empirical evidence on efficacy or effectiveness. This was usually traced to limitations in their methodologies applied to the evaluations of training, which meant that it was difficult to establish adequate

levels of validity and reliability. The major deficit was a failure to take account of pre-existing variables such as previous training and skills, as well as factors such as stress and perceived support.

More recently Briskman et al (2012) found an association between the quality of parenting and children's outcomes and the UK Fostering Changes 12-week training programme. The evaluation indicated that there were significant improvements in carer-child interaction, specific child problems that had been causing concern, and child emotional symptoms. It also demonstrated a beneficial effect on carers' sense of confidence and self-efficacy.

Specialist training for foster carers has been developed for projects such as the Barnardo's Safe Accommodation Project (SAP), which piloted the use of specialist foster placements for young people at risk or victims of sexual exploitation and/or trafficking and was evaluated by Shuker (2013). She highlighted that low levels of confidence were reported by most participants before the awareness raising training, which suggests a need for all those involved in caring for vulnerable young people to receive training on child sexual exploitation and trafficking. As noted above, Multidimensional Treatment Foster Care (MTFC) is a wrap-around multi-modal intervention for children and young people with challenging behaviour offering treatment as well as a short-term foster placement. In the evaluations of both SAP and MTFC the foster carers were largely positive about the training linked to the projects. However, some carers in both projects recognised the need for experience alongside training:

You can learn all the legal requirements but when you are faced with a young person who puts his fist through the window you've got to go with your instincts (Biehal et al, 2012, p118).

The MTFC evaluation found that the biggest learning point for supporting teams was to respect the expertise of carers and avoid becoming too overbearing or patronising.

Considerable interest has focused on the [Keeping Foster and Kin Parents Trained and Supported \(KEEP\) programme](#), an intervention developed by the Oregon Social Learning Center in 1996.<sup>72</sup> It was adapted from the Treatment Foster Care Oregon programme, designed to strengthen child wellbeing, reduce parenting stress and avoid placement disruptions by enhancing parenting competencies. The objective of KEEP is to provide tools for dealing with the child's externalising and other behavioural and emotional problems and to support carers in using the tools.

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<sup>72</sup> Where Multidimensional Treatment Foster Care was also developed.

Three RCTs and one external quasi-experimental study have been conducted. The results consistently show that children experience greater reductions in problem behaviours at post-test compared with those in the control groups. One RCT reported that KEEP children had more stable placements over a two-year follow-up period compared with children in the control group. The RCTs also found improved foster parent retention rates, reduced care stress and more successful reunifications, although the latter two findings were not replicated in the quasi-experimental study (see Price et al, 2009; Chamberlaine and Lewis, 2010; and Leve et al, 2012). It was introduced into this country in 2009 but the first independent evaluation was only published in 2016 (Knibbs et al, 2016). This was a small-scale pre- and post-test study which showed positive change, but the programme requires a larger-scale evaluation including a longer-term follow-up study, which might be possible given that it has been used in at least 20 local authorities.

In 2016 most foster carers responding to The Fostering Network's survey had attended between one and five days' training in the last year (Lawson and Cann, 2017). Of those who had received training, the majority (82%) said they had found it helpful. However, almost half said they did not have a training plan for next year and the most usual reason for not attending training was lack of available child care.

Ottaway and Selwyn (2016) also asked the foster carers they surveyed what type of training they had received. The responses from 332 IFA foster carers and 181 local authority carers are summarised in Table 1. In view of the differences in the number of responses from the two sectors the results should be approached with a degree of caution. However, it is clear that a higher proportion of carers in the independent sector accessed all types of training and overall more IFA carers had received training on all the courses.

Despite the relatively high proportion accessing this more advanced training, carers taking part in focus groups held as part of the same study reported that they had not been adequately prepared, during the three-day preparation programme and the home study component, for the realities of caring for traumatised children. It could, of course, explain the attendance at more specialist training but it could also reflect specific views of the 23 carers taking part in the focus groups.

**Table 1: Carers' access to five types of training (Ottaway and Selwyn, 2016)**

| <b>Type of training</b>   | <b>IFA carers</b> | <b>Local authority carers</b> |
|---|-------------------|-------------------------------|
| Strategies to manage challenging behaviour                          | 86%               | 69%                           |
| Therapeutic parenting   | 67%               | 45%                           |
| Understanding attachment  | 93%               | 89%                           |
| Support for carers living with a child with attachment difficulties | 56%               | 30%                           |
| Managing feelings/identifying compassion fatigue                    | 21%               | 16%                           |

## **Allegations**

According to Ofsted (2017), in 2015–2016 there were 2,450 allegations against foster carers, which is a slight rise of just over 1 per cent on 2014–2015. In 2014–2015, 60 per cent were reported as with no further action and 24 per cent went to a fostering panel; in 2015–2016 no further action was taken in 56 per cent of cases and, once again, 24 per cent were referred to a fostering panel for review. The effect is to draw a very high proportion of carers into processes that, however important, can be lengthy and for most unnecessary. For some it is bound to be demoralising and lead to their departure.

Until very recently little has been known about substantiated and unsubstantiated allegations of abuse and neglect against foster carers in England. In 2010 a review of the evidence in the UK, US and Australia looked at the impact of allegations on foster families, the extent of allegations, the nature and severity of them, evidence on victims and perpetrators, and thresholds for defining an 'allegation'. It found that much of the existing evidence was international and that there was a need for much more research within the UK context (Biehal and Parry, 2010).

As a result, Biehal et al (2014) mapped substantiated and unsubstantiated allegations in foster and residential care across 211 local authorities over the period from 2009 to 2012 and undertook a follow-up survey of 111 substantiated cases of abuse or neglect (87 in foster care and 24 in residential care). They found wide variation between the numbers of allegations and confirmed cases of abuse or neglect in England, Scotland and Wales. There were also variations between local authorities in England that were not explained by differences in the populations of fostered children. The majority of allegations were not substantiated, with between one-fifth and one-quarter of allegations confirmed as involving an act that could be defined as abuse or neglect. However, the authors argued that this is

likely to be an underestimate of the actual cases of abuse and neglect as much will go unreported and many unsubstantiated claims could not be proven one way or the other. A high proportion (43%) of substantiated cases were against people who had previously had allegations made against them. The report highlighted the importance of seeing children on their own and listening to them, of continuously monitoring foster placements, establishing good communication between agencies especially if placements are out of authority, and supervising social workers and fostering agencies recognising when foster carers are under stress and when it is beyond their capacity to provide sufficiently good care.

Biehal et al (2014) also highlighted important gaps in the data held by local authorities. Although all English local authorities are required to report annually on allegations to Ofsted, this data does not currently provide evidence on the numbers of children involved. In many areas, no information or only partial information on allegations was recorded on the central database. Where it was recorded it was not always held in a format that could be linked to information held on children and caregivers. Problems were also identified in communication between local authorities when children were placed out of their home authority. Whilst the host authority assumed responsibility for investigating allegations, the extent to which the placing authority was kept informed or records were maintained of the investigation varied considerably and that could negatively affect care planning for the child. Of particular concern is that without accurate records of allegations (substantiated and unsubstantiated) foster carers may move fostering agency and there is no way for the agency to know about past allegations. The Fostering Network is calling for a national register of all foster carers which could partly address this concern.

Plumridge and Sebba (2016) explored the impact of unproven allegations. In addition to case analysis, they interviewed foster carers, social workers and managers. The researchers also found that despite what is set out in regulations<sup>73</sup> only that just over a fifth of carers had received any training in dealing with an allegation. They also found that in many cases, whilst carers received support from their supervising social worker:

...they felt abandoned by the wider agency....[and] that emotional distress, which was often linked with subsequent health and relationship issues,

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<sup>73</sup> According to the Fostering Services Regulations (DfE 2011), foster carers should be trained in appropriate safer-care practice, including skills to care for children who have been abused (National Minimum Standards 2002, revised 2011).

partly related to the severity of the allegation. Most carers interviewed were upset by the allegation itself but equally by the ensuing treatment. (p38)

Although few carers had decided to leave as a result of the allegation many complained of the poor quality support they had subsequently received.

Other findings from this study included:

- the main impact on carers and their families was emotional and financial, and interviews suggested that emotional distress partly related to the severity of the allegation and could lead to health and relationship difficulties. The allegation caused the carers to feel upset as did their subsequent treatment
- carers lacked information about the allegation, the investigation process and the support they were entitled to, which led to 'confusion, destruction of confidence and dismay'. The whole household was affected (including other foster children) and the impact could be long lasting
- children were fairly new to their placement – nearly 60 per cent of the children had been in placement less than one year and 50 per cent of them were in their first placement. Eighteen per cent were known to have made a previous allegation.

The authors made important practice, policy and research recommendations, including the need for a clearer definition of 'allegation' that is used consistently by fostering providers. They also recommend stricter requirements for training on allegations for carers and social work staff and to ensure that foster families receive appropriate support, including access to independent face-to-face counselling and use of independent investigators.

## Reflections

Foster carers and their families undertake a hugely important task that requires dedication, commitment and compassion. Over the last 20 years there has been a growth in the number of studies (largely small scale studies) about the experiences of foster families and there has been an increase in our understanding, particularly about motivation and stresses and strains on families. However, there remain huge gaps in our knowledge – for example, around men and fostering – and many of the messages, particularly around the types of support foster carers value, remain the same. Foster families consistently highlight the need for better communication and more consistent social work support for themselves and the children they look after, more involvement as part of the professional team around the child and the ability to make day-to-day decisions for children. They want more information about children prior to and during placements, opportunities to access a range of

informal support, respite and training, and to be able to access appropriate support should they need it following allegations.

## Section 9: Birth families of children in foster care and reunification

### Key findings

- Birth families of children in foster care may experience loss and grief related both to the separation from their children and to uncertainties around whether or not they will be able to maintain relationships and contact with them. This may extend to their feeling powerlessness within the social care system.
- Birth parents are likely to lose their sense of identity as parents and experience stigma and isolation as a result of children being taken into care.
- A consistent relationship with a social worker who treats them with respect and who is open and honest is extremely important to birth families.
- Birth families want to receive information about their children and to be involved in their lives.
- Contact with birth parents, siblings and wider family and friends is a high priority for many children living in foster care and there can be many benefits to positive contact. However, relationships and contact with family can also bring associated difficulties and there is a need to ensure that contact is safe, well planned, has a clear purpose and contact arrangements are regularly reviewed for all age groups.
- Good quality contact with birth parents and wider family is important for supporting reunification, placement stability and positive child wellbeing, as are factors such as positive relationships with foster carers and with all social workers involved.
- Placement of siblings together in foster care may improve the likelihood of positive outcomes. The factors that indicate it would be positive to place siblings together are when siblings are close in age, the same sex, and living in kinship care and/or entering care at the same time. But other factors such as the history and needs of each child and their relationships will also need to be taken into account.
- Research suggests there can be tensions for social workers in supporting birth parents while addressing the concerns that led to their children being in care. This may mean that the needs of birth parents, particularly in relation to support, may not be met.
- It is unclear what types of support birth parents are offered and access, how effective these services are at meeting parents' needs and the extent to

which services vary across local authorities. Access to services for birth parents who have substance misuse and mental health problems is especially important for successful reunification, but also where there is a plan for contact.

- Although there has been an increasing emphasis on returning children home to birth parents, research shows that children may then be at high risk of suffering from poor psychosocial and educational outcomes and may experience re-abuse or neglect.
- Successful returns home are linked to good quality planning, assessment, case management, support for children and parents, preparation before return home and monitoring post return. Gradual returns home may be more successful.

This section covers research on birth families and their relationships and contact with children in foster care. It also examines the management of relationships with birth families from the perspectives of foster carers and social workers and provides an overview of research about reunification home to birth families. This is a complex area and has been ‘consistently described as a challenging and neglected area of work’ (Boddy et al, 2013, p8). This section covers a broad scope of topics but, as will be seen, the dearth of research in this area has long been recognised (Schofield and Stevenson, 2009; Schofield et al, 2011a; Boddy et al, 2013). Kiraly and Humphreys (2013) suggested that this is due to the difficult nature of seeking parents’ perspectives in a child protection context and referred to other studies that have found engaging parents in research challenging. Schofield et al (2011b) observed that there has been a lack of focus specifically on birth families of children in foster care and a particular shortage of information on parental perspectives as they evolve over years. In this section we will use research that has been undertaken on foster care but will also draw more broadly on research undertaken with children in care where it is relevant, as the majority of children in care will be living in foster homes.

## Background

Under s 34(1) Children Act 1989 an authority must allow ‘reasonable’ contact between a child in its care and his parents, guardian and others with parental responsibility (see s 34(1)(a) to (d)). Much of the discussion in academic and policy terms about birth families’ experiences and perspectives focuses on the concept of ‘contact’ in line with what is required by local authorities under the duties set out in the Children Act 1989 (Boddy et al, 2013). Local authorities must work in partnership with birth parents and offer appropriate support so that where possible children can continue to be brought up by their birth families. The legal framework

aims to establish a balance between providing a presumption of reasonable contact whilst allowing local authorities to act in the best interests of the child where this is not deemed to be safe or in accordance with their welfare (Schofield and Stevenson, 2009). All decisions need careful professional judgement, assessment and planning; they should involve children and their families and be written up in children's care plans.

Schofield and Stevenson (2009), writing about contact and relationships with birth families of fostered children, outlined the principles upon which the presumption of reasonable contact is made. These are that:

- children need to know about, and come to terms with, their origin and identity
- children and birth families need to come to terms with their pasts in order to move forward
- many children will return to live with their birth families.

However, significant difficulties can arise in defining 'reasonable' and there are certainly no 'easy rules of thumb' (Sinclair and Wilson, 2009; Atwool, 2013).

Schofield and Stevenson (2009) highlighted that children's interpretation of what relationships with immediate family, wider family and friends for children might mean is far greater than what is usually meant by 'contact'. The need to go beyond defining children's and parents' needs as served by 'contact' alone has been highlighted by several authors (Cossar and Neil, 2013; Boddy et al, 2013). Boddy et al (2013) examined work with birth families of children placed away from home in England, Denmark, France and the Netherlands. While they found conceptual and practical differences between the countries, they also found similarities. They highlighted the potential value of distinguishing between different aims and approaches to family involvement, and the importance of thinking about how and why parents and other family members are involved in children's lives at different times and in different circumstances. They concluded that:

- where the plan was that children would return home, work should focus on maintaining parental involvement and relationships in everyday life, as well as addressing the problems that contributed to removal
- where children were unlikely to return home, there was still a need to recognise the importance of kin networks as part of their past, present and future identities so it was often appropriate to maintain birth family involvement, including with siblings, birth parents and members of the extended family
- where contact with birth family members was not appropriate, work should focus on building alternative relationship networks for the child

- all children who were looked after away from their birth parents should be supported, along with birth families, to address separation, attachment and loss in order to nurture a sense of belonging and identity.

## **Birth families**

### **The experiences of birth families of fostered children**

Whilst all birth families will have different experiences, feelings of sadness, anger, grief and loss are widespread and all families are likely to need support (see Research in Practice briefing 16). Kiraly and Humphreys (2015) summarised the themes that have arisen in previous research with parents of children in foster care as including:

- loss and grief
- feelings of powerlessness within the child welfare system
- and a lack of social or professional support.

While they stressed the importance of contact for both parents and children, they acknowledged the difficulties this presents. They also highlighted the lack of research with birth fathers, as most studies include the views of birth mothers but rarely those of birth fathers.

Parents whose children are taken into care are more likely to have suffered a range of adverse life experiences (including maltreatment) as children and into adult life. They are also more likely to be living in difficult circumstances – for example, poverty, poor housing, social isolation – and to be experiencing challenging personal problems, such as substance misuse, poor mental and physical health, domestic violence and bereavement (Schofield and Stevenson, 2009; Neil et al, 2010).

Schofield et al (2011a) conducted a study across England, Norway and Sweden with birth families of children in foster care and social workers. They found a great deal of similarity in the experiences of parents across the countries. Their accounts describe the different ways in which the emotions they experienced affected them. Some had used the experience to try to change negative behaviours such as substance misuse, whilst others sank deeper into themselves and experienced depression, despair and, in some cases, suicidal thoughts. They show how parents' identity changed when their children entered foster care and, for many, the stigma and isolation that followed. Parents developed narratives around their identity that helped them to cope and the authors stressed the importance for social workers of understanding the emotional and cognitive framework within which each individual parent is operating in order to engage with them. While the

role played by the social worker was very important to parents, in terms of their ability to manage their loss and identity, they often felt social workers failed to understand their perspectives.

The experiences of birth families of children who are cared for by family and friends may differ in some respects to those with children who are fostered by unrelated carers. There is evidence to suggest major benefits to children of living with kin. However, there may be complex dynamics involved in the management and supervision of contact and the parent–carer relationship (Kiraly and Humphreys, 2011; Kiraly and Humphreys, 2015). Farmer and Moyers’s study (2008) compared foster care and formal kinship care in a two-year follow-up study. There were many concerns about children’s safety during contact in both groups but difficulties between carers and parents were much more common in kinship care.

## Support for birth families

There is very little research on the support available to birth families whilst children are in foster care as well as during and after reunification (Farmer, 2009). The research that exists shows that providing support to parents to address the problems that led to the placement of children in care is fundamental to successful outcomes and reunification (Boddy et al, 2013).

Research by Schofield et al (2011a) suggested that birth parents of fostered children consistently said they wanted the same things from social workers:

- to be treated with respect and empathy
- to receive information about the children
- and to be involved, where possible, in the children’s lives.

Parents want social workers who are open and honest, who listen and who are ‘straight-talking’, as well as people who are understanding, non-judgmental and provide continuity. Some wanted more help with family relationships and parenting skills, but all wanted help to build better relationships with their children, whether or not they were likely to be reunified. There were parents who held onto an idea of full reunification even when this was unlikely to happen. In these circumstances there was little support available for parents to develop and adjust to their new role in their children’s lives.

Based on their cross-country study, Boddy et al (2013) stressed the need for social workers to work in partnership with parents and wider family networks from the outset, including on care planning and placement choice. A study by Hyde-Dryden et al (2015a) found that as far as planning for reunification was concerned there was a difference between parents *being involved* in planning and *feeling*

*meaningfully involved*. The need for parents to be involved is especially important if the child is placed a distance away (Boddy et al, 2013), which may be particularly the case for disabled children who are more often placed further from home (Baker, 2006, 2011). Based on a study conducted in Spain, Balsells et al (2014) suggested the need for training for birth parents during the reunification process, specifically in relation to understanding both the reasons for reunification and the reunification phases, empowerment strategies and social support. In a later paper on the same study Balsells et al (2016) explored the implications of their findings for social workers and the importance of maintaining the worker's continuity between the foster care stage and support for the training needs of the family on a day-to-day basis during reunification.

Although there are a limited number of studies, Farmer (2009) found that these consistently recommended the need for authoritative but empathetic relationship-based practice and monitoring. Thoburn et al (2012) concluded that high-intensity, relationship-based social work and multidisciplinary team around the family approaches, provided for as long as needed, can help motivated parents to meet the needs of their children. In their review of the research they also found that specialist reunification services were more likely to lead to stable placement with birth families, as well as quicker placement with alternative families if return home was unsuccessful or inappropriate.

In the study described above by Boddy et al (2013), all four countries were using interventions to address the problems that led to the child being placed and to support work towards return home, although the extent to which they are used was not clear. These included:

- intensive family support, used alongside a placement and/or for a period following the end of a placement
- standardised interventions, such as Multi-Systemic Therapy and Multi-dimensional Treatment Foster Care.
- family-centred residential care, including structured programmes involving intervention with children and birth families
- part-time care arrangements, often alongside intensive family support – to support the process of return home, whilst maintaining continuity and a tapered ending to the child's placement.

A small-scale study by Murphy and Fairtlough (2015) in one local authority outlined the types of support available. They concluded that one-fifth of families received a combination of therapeutic, practical and financial support. The most commonly provided support was practical support, usually in the form of a referral to a supporting agency, offering parenting classes, behaviour management support, daycare for under-five-year-olds or support in accessing community resources.

They highlighted the need for more therapeutic and culturally specific services for families. While such research is useful, more needs to be understood both about the frequency with which referrals are taken up by parents *and* how effective services are at addressing the complex needs of birth parents.

A rapid research review by Hyde-Dryden et al (2015b) highlighted that services to support families tend to be of short duration and often focus on young children, yet services need to be delivered long enough to help support sustained change in families. They cited evidence showing interventions can end too abruptly with no arrangements for long-term support or monitoring of children's circumstances (Biehal 2006, 2007; Davies and Ward, 2012). Hyde-Dryden (2015b) stated that a key finding from existing research is that support and services for children and families once reunification has taken place are inconsistent, quoting Biehal's (2006) reviews which found that support for families once children returned home was 'patchy'.

In their review of research in this area Thoburn et al (2012) emphasised the importance of parental support services and how unsuccessful attempts at reunification have been linked with inadequate care plans that contain referrals to services that are minimal and/or poorly coordinated. Birth parents were reported to particularly value services that address substance misuse and mental health problems. However, these services were frequently unavailable when needed.

One more recent intervention is the Family Drug and Alcohol Court (FDAC). Its evaluation (Harwin et al, 2014) found that a significantly higher proportion of FDAC than comparison families were reunited or continued to live together and ceased substance misuse cessation at the end of proceedings. A significantly higher proportion of FDAC than comparison mothers who had been reunited with their children at the end of proceedings were estimated to have experienced no disruption to family stability at three-year follow up (51% as opposed to 22%) and a significantly higher proportion of FDAC than comparison reunification mothers (58% as opposed to 24%) were estimated to have sustained cessation over the five-year follow up.

Studies have also shown the positive role and influence foster carers can have on contact if they develop a good relationship with birth parents. Research in Sweden by Hedin et al (2015) highlighted the importance of having an 'open foster family' that is welcoming towards the birth parents, providing them with regular information about the everyday life of their child, making plans alongside them, and making opportunities for parents, foster carers and children to spend time together. Similarly, another study by Hojer (2009) found that foster carers who were able to work positively with parents could make it much easier for the parents to have a good relationship with the child. Research suggests that kinship carers are likely to

show particularly high levels of commitment to the maintenance and promotion of contact and to persist, despite difficulties (Hunt et al, 2010).

A review of the evidence about reunification by Thoburn et al (2012) stated that planned 'respite' and short-term placements with foster carers who were specially trained in reunification can increase the chances of parents with complex problems meeting their children's long-term needs. However, research by Hyde-Dryden et al (2015a) across eight local authorities found that once children left care their foster carers were rarely in contact. Murphy and Fairtlough's small-scale study (2015) that was set in one local authority found foster carers were only being involved in a minority of cases. There are, however, schemes using foster carers in place, such as the Fostering Network's [Step Up, Step Down programme](#) where the foster carer role includes work intensively alongside families to build their skills, capacity and networks and the Mockingbird model (see Section 8).

## **Outcomes of birth parents' contact with foster children**

Research has also explored any association between contact with birth families and positive outcomes for fostered children – for example whether it is more likely to lead to reunification, placement stability or positive child wellbeing. Research evidence has produced a mixed picture and it seems unclear whether there is a direct causal relationship between contact and positive outcomes as there were often other intervening factors. However, it is clear that it is the *quality* of the experience of contact for children, birth relatives and foster carers that is key rather than the existence of contact itself. It was suggested by Biehal (2006) that good quality contact with parents may be indicative of other factors that may promote the likelihood of return home, such as a good parent–child relationship, strong attachments, good parental motivation and willingness to change. Farmer (2009) quoted studies where a lack of motivation or ambivalence about contact on the part of the birth parent(s) was linked with a failure to reunify families and with increased disruption if reunification occurred. Farmer et al's own work (2008) showed that parents are often ambivalent about their ability to deal with children's behaviour when they are returned or to bond with them if they have not previously been able to do so.

## **Children's experiences of contact with their birth families**

Research with children in foster care shows that contact with birth parents, siblings and wider family and friends is a high priority for many children (Minnis and Walker, 2012).

## **Benefits of children's contact with birth families**

One of the benefits of positive contact with their birth family for children and young people in foster care that has been identified is the opportunity to resolve their feelings about their birth family. This, in turn, is thought to increase their ability to thrive in foster placements (Schofield et al, 2011a). For infants and children positive contact experiences with parents increase attachment and bonding, and for older children allows them to maintain closeness of relationships and emotional ties to those they care about, providing them with family support and access to people who are uniquely placed to answer personal questions (MacDonald et al, 2016).

Moyers et al (2006) undertook a study of 68 foster carers, young people and social workers during long-term foster placements. They found that whilst contact with parents could be difficult, contact with wider family tended to be positive, and the ability to talk about past experiences with carers or others and access to at least one confidante led to better outcomes and fewer placement disruptions. In their review of research Kiraly and Humphreys (2016) found that contact with siblings and wider family was mostly seen as being positive and supportive.

Boddy et al (2013) suggested that the inclusion of children's wider family networks, such as siblings and extended family, could be improved using approaches such as Family Group Conferencing and work by specialist professionals including family therapists and pedagogues. A four-year programme of social pedagogy with foster carers Head, Heart, Hands was introduced by The Fostering Network and has been evaluated (McDermid et al, 2016). (See Section 3 for more details.)

## **Difficulties with children's contact with birth families**

Whilst the arguments for promoting contact are powerful and based on parental and children's rights, research has also highlighted the negative experiences for some children that may result, including concerns about children's wellbeing and safety (Salas-Martinez, 2016). Kiraly and Humphreys (2016) also found that a large proportion of parental contact was negatively affecting children's wellbeing and was at times unsafe. In a study by Hunt et al (2010) that explored parental contact in kinship care they found that whilst parental contact was positive for around one-third of the children, for the remaining children there were some negative aspects of the visits. The problems they identified were birth families' unreliability, distress at seeing and/or leaving a parent, confronting parental shortcomings, loyalty conflicts and confusion and poor quality interactions. Interestingly, children's experiences of maternal contact were twice as likely to have some negative elements or be entirely negative when compared with paternal contact. This, the authors surmised, may have been due to mothers finding the

change in role identity harder than for fathers, who were less likely to be the main carer and may not even have been previously in the household.

Moyers et al (2006) found that contact for the majority of adolescents was problematic and had a significant impact on placement outcomes. They argued that:

- the purpose of contact had to be made clear so the contact arrangements met specified aims
- better planning and support of adolescents contact were needed (as young people got older it was increasingly assumed they would make their own arrangements)
- contact arrangements should be reviewed regularly so that harmful or unhelpful arrangements were altered and boundaries placed around contact that is detrimental to the safety or wellbeing of young people.

### **Level of contact children have with birth families**

Children's experiences of quantity and quality of contact are variable (Larkins et al, 2015). Studies suggest that between 40 and 80 per cent of children have weekly contact with a parent or member of their birth family, and the type of placement and age of the child will also influence the likely extent of contact, with much less in planned long-term foster care (Boddy, 2013). Schofield and Stevenson (2009) say that for most fostered children the mother is the primary contact, either because they were born into a lone parent family, because parents have separated and they had little contact with the father, or their contact is experienced as less significant. In the *Care Planning for Permanence* study across six local authorities, Schofield et al (2011b) estimated the 'mean' number of face-to-face contacts with mothers at eight times a year and with fathers at four times a year, but the number who had no contact with fathers (60%) was much higher than for mothers (31%). Sen and Broadhurst (2011) reviewed the literature on contact and highlight the importance of contact with fathers, even if they have been absent from their lives prior to entry to care. They stated that contact even occasionally can be important to keep alive a child's sense of their origins and it may offer networks of support for children when they leave care, given that many children return to their birth families at some point in their lives.

The research evidence is mixed about whether children in kinship care have more contact with parents than those in unrelated foster care but UK research seems to suggest that they do (Hunt et al, 2010). In Farmer and Moyers' (2008) study of kinship care 18 per cent of children living with kin had no contact with either parent, compared with 35 per cent of those living with unrelated carers.

Baker (2006) undertook analysis of the data from the Sinclair et al (2005) study with 596 foster children in order to explore the contact experiences of disabled children and found that they were less likely to have contact with birth families. Around half of non-disabled children had weekly contact, compared with just a quarter of disabled children. This was thought to be due to a combination of reasons including the ability of disabled children to get their voices heard; difficulty ascertaining disabled children's views; difficulty assessing suitability of contact; distance of placements from family; and assumptions that disabled children are unable to value or understand contact to the same level as non-disabled peers.

## **Contact and placement of children in foster care with siblings**

A survey by Ofsted (2012b) found that approximately three in five children had siblings in care and more than 70 per cent were separated from them. In a review of research on sibling relationships in adoption and fostering, Jones (2016) found that the evidence pointed to the importance of supporting sibling placements and nurturing positive sibling relationships where these are in the best interests of children.

An area which has specific bearing on children's experiences of contact with birth families is placements which allow brothers and sisters to be placed together. A review by Heger (2005) that was conducted in the US but covered Canada, the UK and other European countries found that most studies suggested that 'joint sibling placements' are as stable as, or more stable than, placements of single children or separated siblings and that children do as well or better when placed with siblings. According to the review conducted by Jones (2016) the evidence published since then broadly supports these conclusions. A review in this country by Meakings et al (2017) also concluded that the studies they examined indicated that outcomes for children in foster care who were in shared placements were usually better than for those who were separated from their siblings. The authors also draw out a number of recommendations specifically in relation to making efforts to place siblings together, other than where there are contraindications, and attracting foster carers able and willing to accept sibling groups.

The reviews mentioned above draw on evidence from both sides of the Atlantic, but as [Mason and Gupta \(2015\)](#) found in relation to the adoption of sibling groups and Jones (2016) in relation to both adoption and fostering, sibling placements are a very under-researched area in this country with most evidence coming from the US. Sibling relationships have been shown to contribute to stability, continuity and security in the lives of children, and separation can be traumatic (Herrick and Piccus, 2005, and Shlonsky et al, 2005). Several studies have identified the separation of siblings as a risk factor for placement breakdown (see Kane and Darlington, 2009). The factors indicating that it would be positive to place siblings

together are when siblings are close in age, the same sex, living in kinship care and/or entering care at the same time (Shlonsky et al, 2003). Contraindicators include larger sibling groups in which children are not close in age, older children and those who do not enter care at the same time (Tarren-Sweeney and Hazell, 2005), as well as concerns over sibling abuse (Herrick and Piccus, 2005) and, from the recent review by Meakings et al (2017), very severe behavioural problems. Even when it seems appropriate to place siblings together it may not always be feasible. As far as adoption was concerned, Saunders and Selwyn (2010) found that there was a shortage of adopters willing to take sibling groups and informants in this review reported this to be the case with foster carers.

Sebba et al (2017) evaluated a buddying project which facilitates contact between young people in care who have been separated from some or all of their siblings. While not all the young people are in foster care it is still worth noting the findings which included:

- a positive response to the experience
- an improved relationship between siblings
- improvements in confidence and behaviour reported by some foster carers to be leading to improvements in their homes
- less evidence that increased sibling contact affected relationships with the wider birth family or foster family.

## **Children's satisfaction with contact with birth families**

A literature review by Minnis and Walker (2012) of children's experiences of fostering and adoption processes highlighted often expressed dissatisfaction with the level of contact they had with their families and the arrangements around contact. The authors referred to the Voice for the Child in Care report (2004) where children commented that they thought social workers did not have the time to make sure contact happened, encourage it if it was difficult or recognise how important it was to them:

When you are in care any relationships you make are special and mean a lot to you because you don't have many people in your life that truly want to be there and so the ones that do should be encouraged by social workers.  
(p11)

The review cited Timms and Thoburn (2006) who suggested that children's opinions on decisions about contact were either not sought or not taken on board. Morgan (2005 and 2009) also addressed this issue, reporting that children stressed that it was not just contact with parents that was important but also with siblings, extended family and close friends. Mackaskill's (2002) study of 106

children (aged 4–16 who were adopted or in permanent foster care) highlighted that children wanted their views taken into account in all aspects of planning for contact and they were clear about which relatives they wished to see, the venue, frequency of contact, activities during contact and rules associated with contact.

Larkins et al (2015) interviewed 169 children and 19 parents as part of their evaluation of social work practices and found many children and young people (69% under 16 and 76% over 16 years old) felt that they had about the right level of contact with birth families. This study found that positive outcomes of contact were encouraged if workers used a rights-based approach to working with parents and children and there was an explicit focus on taking time to build and develop caring relationships with them. This helped sensitive information to be passed to children and families about progress, or lack of it, and helped families to come to terms with difficulties. But sufficient resources in terms of staff time, transport, communication and activities were required to support contact.

### **Children's views about returning home**

Few studies have specifically addressed children's views and experiences about returning home. Farmer (2009) cited research conducted in 2006 by the Who Cares Trust?<sup>74</sup> which found that children often felt their views had not led to the decision to be returned and that an approach that increased contact over time, involved them to a greater extent in planning and had a contingency plan would have been preferred. Schofield et al (2011) in their study of permanency planning found that children's choice, or perception of choice, of long-term placement was associated with their feelings about, and acceptance of, their placement.

### **Contact between birth families and fostered children in an age of new technology**

Contact between young people in foster care and their birth family, extended family and friends is increasingly difficult to monitor within an age of new technology. There is very little research on the impact of social media in terms of children's contact with birth families and this is an area that has potentially serious implications. Young people may be able to contact birth families and be contacted via mobile phones and a multitude of social media sites whether or not this is deemed to be appropriate or safe. Over a decade ago Biehal (2006) suggested that growth of social media meant that birth family members may continue to be present in the virtual world for children. This kind of contact is difficult for foster

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<sup>74</sup> Now the charity Become.

carers to manage and regulate and hence it is also harder to provide young people with the support they might need should issues arise that they find difficult (Simpson, 2013).

MacDonald et al (2016) undertook a study in Northern Ireland on mobile phone use by looked after children and concluded that there was a need to recognise that digital contact between young people and their families is impossible to control, but that children's care plans should openly address this contact in order to maximise the possible benefits to young people and minimise any possible harms. They also recommend that policy and guidance should be developed for social workers, foster carers and young people that discusses how to:

- help young people protect themselves
- address possible difficulties for young people such as how to end conversations if they become stressful
- obtain advice and support if needed.

The study found that one benefit of mobile phone use for young people was that it allowed them to keep in contact with their social worker more effectively, using a medium that most young people feel comfortable with. However, they warned against the dangers of this replacing face-to-face contact with young people.

## **Foster families' perspectives on managing birth family contact**

Whilst most foster carers recognise the importance to children of maintaining contact with birth families, as has been highlighted in Section 8, contact can be a particularly stressful element of fostering and can impact upon the whole foster family. Studies have highlighted that foster carers tend to have mixed views on contact depending on their experiences. Research by Sinclair et al (2004) with foster carers found that almost a quarter had experienced 'severe difficulties' with birth parents since they first started fostering. Difficulties included birth parents being violent or aggressive during visits, the negative impact of the parents' behaviour on the child/foster carers' children, birth parents' influence on the relationship between the foster carer and the child, and a perception that social services staff put the birth carers' needs first. Carers who had experienced severe difficulties with birth parents were significantly more likely to feel a 'high degree of strain' in their role.

Due to the complex and demanding nature of managing contact, this is an area in which foster carers particularly value support and guidance from social workers. Austerberry et al (2013) drew on the findings of a large-scale survey (n=1405) of English foster carers and found that a fifth of carers felt that they were not

supported in managing contact arrangements with the child's family. This proportion doubled amongst those who had experienced recent difficulties around contact, and rose to nearly three-quarters for carers who had experienced problems with contact and had a disability or long-term health condition. When social workers were able to give families the time and support they needed this was linked to a better relationship between all parties. The research also found that carers valued social workers' input when they considered the best interests of the child and foster families, and did not appear to put parents' interests first. The authors highlighted this as an example of the complex dynamics that are in play in managing contact arrangements that need to take account of a range of different interests while being experienced as 'fair' by the different parties affected by contact plans and decisions.

## **Social workers' experiences of working with birth families**

Across much of the literature about social workers' experiences of managing relationships between birth families and fostered children is the finding that there is a tension between supporting parents and addressing the concerns that led to their children being in care. Research suggests that the needs of parents can be seen as a relatively low priority for social workers and lead to the needs remaining unmet (Sen and Broadhurst, 2011). In the study by Schofield et al (2011a) social workers reported finding it challenging to balance the responsibilities to the child, the birth parents and the foster family. They found variations across individual workers and teams in the way they managed the tensions, the time spent with parents and how they approached this relationship. Whilst some social work teams were able to find or have time to undertake constructive work with parents, including life story work to help them come to terms with their own childhood and histories, other social workers and teams seemed too overwhelmed with the demands. They found that how social workers prioritised their time and defined their role with parents were linked to attitudes towards parents as entitled or not entitled/deserving or undeserving of their time, and empathy for their position. Underlying these issues, social workers also had to manage their own mixed feelings about the child's and the parents' history, and at times this could be difficult if they were unable to 'do the right thing' for the child or the parent or both. They found that the degree to which social workers worked in partnership with parents also varied, with some workers involving parents more than others, which seemed to be related to individuals' attitudes and cultures in different teams.

Similarly, in the research by Boddy et al (2013) a barrier to working with birth parents and families was found to be the tension between the adult's and the child's needs and uncertainty that involvement of birth parents is truly in the child's best interests. Across all four countries in which this research was undertaken

(England, Denmark, France and the Netherlands) a consequence was that parents and wider family networks were distanced from the child following placement, and support for parents, including support to address the difficulties that led to placement, was reduced or even removed.

## **Reunification of fostered children with birth families**

Since the 1989 Children Act there has been increasing emphasis on reunification as the preferred form of achieving permanence (see Section 3). However, authors such as Biehal et al (2015) have stated that:

Research on reunifying children with their families has shown that breakdowns are not uncommon, risks are substantial and outcomes are often disappointing. (p108)

The review of research for the Care Inquiry highlighted that reunification is not always a stable solution and the author stated that the research raises critical questions about stability, safety and wellbeing for some children who return home from care, and about how best to ensure that return home can be a successful route to permanence (Boddy, 2013).

The DfE figures (2016a) show that 31,710 children ceased to be looked after in the year 1 April 2015 to 31 March 2016. Of these children, just over a third (10,880) returned home to live with their parents or relatives. Many more are likely to return to their birth families after they are 18 years old. For children who ceased to be looked after in the year, the average duration of children's stay in care was 765 days. This figure is down on previous years, reflecting the increasing use of shorter-term placements. Most children ceasing to be looked after had one period of care (85%), 11 per cent had two and 4 per cent had three or more periods of care. This suggests that most children entering care do so for a short period and then return home.

## **Timing of reunification**

Reviews of research in this area have highlighted that whilst official data and research have consistently shown that many children go home from local authority care within a relatively short time – six months to a year – it should not be assumed that the length of time spent in care in itself has a causal effect on the likelihood of return home. The correlation between time spent in care and likelihood of return home is known as the 'leaving care curve' and was identified by Jane Rowe et al in 1989. Biehal et al (2006) and others (Boddy et al 2013; Farmer, 2009) have reiterated that there is no research evidence to show that the passage of time alone decreases the likelihood of reunification. However, Farmer (2009)

highlighted the fact that many studies do not separate out different groups of children and she cited a study in the US (George, 1990) that found that the 'leaving care curve' was only applicable to children who had been taken into care for behavioural problems rather than for abuse and neglect.

Boddy (2013) warned that swift return home is not always better for the child as it may mean that the reasons the child was originally placed in care may not have been sufficiently addressed. Concerns have also been raised about children who 'yo-yo' in and out of care. In their five-year study of the outcomes for neglected children Farmer and Lutman (2012) refer to this as 'oscillating'. Children who returned to parents with parental substance misuse were found to be particularly vulnerable to oscillating between home and care. Boddy et al (2008) observed that over 40 per cent of young people who re-entered care aged 10 to 15 years had already had three or more previous periods in the care system.

## **Factors that may influence whether fostered children return home**

### **Characteristics of children and families**

The characteristics of children and birth families have been studied to find out whether some children who have been in foster care are more likely to return home than others. Thoburn et al's review (2012) concludes from the evidence that there is a general consensus that infants are less likely to return home quickly (especially where they entered care for concerns of maltreatment), as are teenagers who enter care because of challenging behaviour. Children who have had more placements whilst in care are also more likely to remain in care longer. Farmer (2009) suggested this may be because they have emotional and behavioural difficulties, possibly as a result of maltreatment.

Disabled children are also more likely to spend longer in care (Biehal, 2006; Farmer, 2009; Dowling et al, 2012). Regular weekly contact with family was found to be a factor associated with returning home for the children in Baker's study (2006) with disabled children in foster care. In a review of permanence and stability for disabled looked after children, Baker (2011) emphasised the importance of contact for disabled children and warned that lack of contact may 'predispose some disabled children to drift, as the study showed weekly contact was associated with return home' (p9).

There is little research that looks in detail at ethnicity and reunification. However, analysis of national datasets by Owen and Statham (2009) reported that reunification was more common for children from Pakistani, Indian and Bangladeshi ethnic groups (at between 21% and 23%) than for Chinese, Black

African, 'Other' and Black Caribbean children (at between 9% and 12%), with the rate for White and children of Mixed Ethnic origin falling in the middle. This was also reported in a small-scale case file audit in one local authority that indicated that a disproportionately high number of children of Black African, Indian and other Asian ethnicities were reunified home successfully compared with other groups (Murphy and Fairtlough, 2015). It is not clear why these differences occur and further investigation would be helpful.

Characteristics of the birth family may also play a part in the likelihood of reunification. Biehal (2006) and Farmer (2009) both refer to research conducted in the US that suggests that families living in poverty, where there is parental drug misuse and chronic mental illness are less likely to have children who return home.

## **Reasons for placement**

The reasons children are placed in foster care in the first place may also provide an indication of length of stay in foster care. Children who are looked after because of parental physical illness tend to return quickly, as do those children who are in care due to parents' difficulties managing their behaviour. Studies from the USA quoted by Farmer (2009) have shown that children who have experienced neglect are less likely to return home as quickly as children who have been sexually or physically abused. Farmer suggests that this may be due to the perpetrators of physical and sexual abuse no longer living within the household.

## **Local authority variation**

Wade et al's (2011) census study of 3,872 children from seven local authorities found that children's chances of remaining in care, returning home or being adopted were strongly influenced by where they lived. In this study, children's care pathways were also seen to vary not only between local authorities but also within them, depending on the social work team. They stated that:

...irrespective of the difficulties of the children and their families, the local authority was the strongest predictor of children's pathways. (p111)

## **Decision making, planning and assessment**

Research consistently shows that good quality assessments and planning for children's return home are linked to successful outcomes. The study by Farmer and Lutman (2010) found that the major influences on successful reunification are proactive case management and work with parents. However, there is evidence to suggest that some returns home are not planned and that adequate assessment is not always made prior to a child returning home. In Farmer et al's (2008) study

almost half of returns were not planned, and older children who were accommodated voluntarily, rather than under a care order, were particularly likely to return home without services being provided or the problems which led to their placement having been addressed. Farmer et al (2011) found that 43 per cent of the children in their study returned to a parent without a thorough assessment of their circumstances but where thorough assessments were undertaken, children returning home often experienced stability. Research by Boddy et al (2013) found that in Denmark and the Netherlands all parents of children living away from home have the benefit of a dedicated support worker whilst a child is looked after.

Biehal et al (2015) examined social work decision making via case file data and the extent to which social work planning was purposeful, risks to the child were assessed, children and families were included in planning, there were clear timescales and expectations for change, other professional opinions were taken into account, resources for reunion were available and alternative placement plans had been considered. Planning was considered good quality in 67 per cent of cases and birth families were involved in 73 per cent of them. There were large variations across local authorities in terms of their consideration of all these aspects of planning.

In response to concerns about poor planning and assessment, the NSPCC developed 'The Taking Care Framework', an evidence-informed risk assessment and planning framework for use by local authority social workers when deciding whether a child can be returned home. This was designed to provide a more robust assessment and decision making process and also to inform and support work with children and families throughout the reunification process, including once a child has returned home. Between 2012 and 2014 the Taking Care practice framework was used to support 325 children across nine pilot local authorities and a small-scale evaluation was undertaken (Hyde -Dryden et al, 2015b). This was followed by a second edition 'An Evidence-Informed Framework for Return Home Practice' (Wilkins and Farmer, 2015) that drew on the rapid literature review on reunification by the University of Bristol (Hyde-Dryden et al 2015b) and the findings from the Taking Care evaluation (Farmer and Patsios, 2016). The NSPCC has been supporting three local authorities to implement the Framework and a further evaluation (Farmer and Patsios, 2016) showed that it has been found to be a useful tool for practitioners.

## **Outcomes of reunification**

A study conducted in California examined the journey of a cohort of 149 children aged between seven and twelve years over a six-year period and found that those who were reunited with their birth families had statistically significant poorer outcomes on a number of key indicators than those who were not reunited

(Taussig et al, 2001).<sup>75</sup> These and similar studies led Farmer (2014) to conclude that there is:

...now a weight of evidence about outcomes for children who return home from care...and all point in the same direction: outcomes for many reunified children are very poor. (p218)

Research has highlighted the high rate of breakdowns and re-entry to care when children are returned home. In the Farmer et al (2011) study, at the two- year follow-up stage almost half of the children had re-entered care at least once, rising to two-thirds at five-year follow-up.

Wade et al (2011) compared maltreated children who returned home with those who remained within the looked after system and found that return home tended to be an unstable arrangement. Only one-third of children who went home from care were able to remain continuously at home over the next four years. Eighty-one per cent of children reunited with parents who were still misusing drugs subsequently re-entered care or accommodation. Moreover, children who returned home did less well (on a global measure of wellbeing at the time of the four-year follow up) than those who remained in care, even when reunification was stable.

Wilkins and Farmer (2015) considered that Wade et al's (2011) research showed that purposeful social work planning, which included children and birth families and allowed children to go home slowly over a longer period of time, resulted in more successful returns home. Wilkins and Farmer also outlined the factors that were associated with reunification breakdowns. These included:

- lack of (or poor quality) assessments about whether or not the child should return home
- passive case management
- a lack of appropriate services and support for children and parents
- inadequate planning and preparation for return and lack of monitoring post return.

Many of the reasons that reunifications fail are similar to foster care and adoption breakdown (Farmer, 2009). Breakdowns tend to be associated with age: they are more likely the older the child's age at return; if children have had longer periods in care and if there is poor planning prior to return. Farmer (2009) suggested that a

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<sup>75</sup> Reunification status was a significant predictor of negative outcomes in eight of the nine regression equations after controlling for Time 1 behaviour problems, age, and gender.

child's age is likely to influence which combination of these factors is related to reunification breakdown, with a different range of issues being likely to be present for young children and adolescents. In their 2011 study Farmer and her colleagues assessed children's wellbeing and found that children's age at the start of the return home was significantly related to wellbeing, with the youngest having the best assessments of wellbeing.

Parental substance misuse and mental health problems are also thought to increase chances of breakdown. This is supported by US research that suggested an association with poverty, receipt of benefits, drugs, poor housing and lone parenting, if isolation and poverty lower parental effectiveness (Farmer, 2009). There may also be an association with being of Black or Minority Ethnic origin (Barn, 1993), but there is very little research on breakdowns of reunification by ethnicity on either side of the Atlantic.

The amount of change children experience whilst away from home, and whether this change is experienced as positive or negative, may also affect the chance of successful reunification. Several studies have found that family composition often changes whilst children are in care, with partners or children leaving or arriving to the family and this may also have a positive or negative impact when children return. A lack of informal family support has also been suggested as having influence on the chances of reunification (Farmer, 2009).

Research consistently shows that psychosocial and educational outcomes for children who are returned home are worse than for children who remain in care (Farmer 2009). Children who had returned home in Sinclair et al's (2005) study had worse emotional and behavioural problems than those in long-term foster or adoptive homes; they were also likely to show less improvement in educational performance and participation and were more likely to be arrested.

In addition to the correlation with the age at which reunification took place, Farmer et al (2011) also found an association between poor assessment of wellbeing and a number of other indicators including higher levels of previous adversity, experience of severe neglect, sexual abuse and frequent moves between home and care. In addition, they found considerable differences in children's wellbeing across local authorities, ranging from 20–57 per cent of children being assessed by the authors as having poor wellbeing.

Amongst children who return home there is a high risk that they will experience re-abuse or neglect. The study by Farmer et al (2011) found that almost half (46%) were maltreated after reunification. In the subsequent study by Farmer and Lutman (2012), by the time of the two-year follow-up over half of the children had been abused or neglected after reunification. Most of these children had also been maltreated during the earlier period, showing the persistence of maltreatment in many families (Lutman and Farmer, 2012). Similarly, research by Sinclair et al

(2005) found strong evidence that 11 per cent of the 596 had been re-abused and some evidence in a further 31 per cent of cases. Biehal et al (2015) from their study of 149 children in seven English local authorities found that 35 per cent re-entered care within six months and 63 per cent re-entered some time in the four-year follow-up, often due to maltreatment.

There are specific concerns about parental substance misuse being linked to maltreatment on return home (Farmer, 2009) and about children who experience neglect who are particularly vulnerable to poor outcomes. Wade et al (2011) reported that following reunification, identifying neglect and taking action to protect/plan support was often poor with some children remaining in abusive families for too long. Outcomes for neglected children were poor regardless of whether or not they re-entered care.

## Reflection

Boddy et al (2013) have suggested that we need to reframe child and family contact as 'being together' rather than using conceptualisations of 'contact', highlighting an emphasis on the involvement of the family in children's everyday lives and worlds. The research reviewed highlighted how children's and parents' needs vary, so careful assessment and planning to help support these relationships, both whilst children are in foster care and when they return home, are essential. It is clear that maintaining relationships with birth parents, siblings and wider kin is important for all children and young people in foster care, but more support and resources may be needed to ensure that disabled children in particular are able to maintain more consistent relationships, where this is safe and appropriate.

Using a gradual method to return children home and ensure that children get the help they need to address emotional and behavioural issues and mental health problems is also likely to help support reunification.

Parents should be involved in decision making, where possible from the beginning of placement, throughout the time the child is in care and once a child returns home. But support should be available to parents to help them address the reasons children enter care, including their misuse of substances and any mental health needs. The variability of provision, uptake and effectiveness of support across, within and between local authorities in England seems worthy of further investigation, including the extent to which foster carers are being used as enablers in the reunification process and in assisting a staggered return home and in the provision of respite care. It is vital that social workers and other professionals are aware of the research on re-abuse and re-entry into care for children and young people who are reunified with parents and that this is applied to the

assessment and planning processes. According to Wilkins and Farmer (2015) the reunification practice framework (described above), if used in local authorities, should help assist with this.

## Section 10: The experiences of children and young people in foster care

### Key findings

- Children value foster carers who offer them love, respect and acceptance as part of the family, and are willing to 'go the extra mile' to help them succeed in life.
- Research with children and young people consistently shows the central importance of a trusting relationship with an adult, which may be a foster carer but may also be a social worker, teacher or other professional. Where children are able to form such a relationship with an adult who can provide consistency and support, children report wide-ranging positive benefits.
- Children and young people want services that work with them to be flexible (including enabling children to exercise choice), responsive, individualised/personalised, respectful of children's views and wishes, and participative.
- Lack of continuity of social workers is frequently cited as a problem by children and young people.
- Children and young people say they want better communication from professionals; they want to know about and understand the decision to take them into foster care; they want as much information as possible about placements prior to moving into them, including basic information about foster families and what children can expect in terms of day-to-day care and routines, such as mealtimes; and they want to know what is happening to them and their families.
- Transitions needed to be handled with greater care and sensitivity, with more gradual readjustments, helping young people feel secure and able to cope with moves.
- Children and young people want to be involved in decision making that affects their care. Being given choices, and feeling that they have been listened to, particularly about placements, is very important.
- Children want to be treated as individuals and not as part of a homogenous group.
- However, there are some recurring and consistent themes about how children in foster care feel, about what they want from foster care, about what works for them and about what doesn't.

This section looks at the experiences of children and young people who live in foster care. Children and young people are experts in their own experiences and their views are fundamental to considering the ways in which we should develop the foster care system. In recent years, researchers have increasingly sought to capture the views and experiences of children as part of their studies and children's voices are evident – for example, in research about being 'in care', and having experience of the child protection system, of being abused/neglected, of experiencing domestic abuse, parental substance abuse, parental ill health and more. There are still significant gaps in our knowledge and understanding of the views of specific groups of children being in foster care. Most research has been undertaken with older children (aged seven and above); only a few studies have also involved younger children (for example, Selwyn and Briheim-Crookhall, 2017) and disabled children and young people. There have been few large-scale studies in England that have set out specifically to examine the views and experiences of children in foster care and the literature does not usually differentiate between different types of care placements.

## Background

The care literature demonstrates a strong awareness of the importance of and value in listening to the views of children and young people who are or have been in care. The following arguments are made in support of this approach:

- Under Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) children have the right to be heard and taken seriously in all matters affecting them (UNCRC, 2009).
- There may be psychological benefits for a young person of having their views listened to and respected, particularly for individuals who have previously felt their lives were out of their control (Hek and Aiers, 2010).
- There are strong practical arguments for listening to children and young people. They are experts in their own lives, they will have views about what they want, they will have intimate knowledge of their environment pre- and during care and, as such, their expertise can improve the quality of decisions made about their care (Hek and Aiers, 2010).
- Listening to children is 'the paramount safeguarding activity'; much abuse is hidden and requires children to be prepared to open up to adults for it to be revealed (Care Quality Commission (CQC), 2016).
- In reviewing studies of long-term placements Triseliotis et al (2002) wrote: 'Where old enough, the children must be consulted and listened to, and their

views seriously considered and respected. This is also the best indicator of placement stability' (p30).

In recent years more attention has been paid to the views of children and young people in care. Unsurprisingly, children's experiences and views vary widely, although there is significant similarity in the issues affecting them and in their responses to those issues. Sinclair et al (2007) found that some children wanted to be looked after, others accepted it whilst others resented it fiercely. A study carried out by the Children's Rights Director for England in 2011 (Morgan, 2012) collected the views of just over 300 young people who had been in care by a survey, discussion groups and voting sessions. It emerged that based on their experiences the care system had done exceptionally well for some children and many expressed their gratitude for the care they had been given, feeling it had improved their lives in many ways:

I feel it's made me a stronger, more determined person. It's made me have a different outlook to life and I'm very grateful. (Young person in Morgan, 2012, p20)

This was by no means the experience of every child, however, and for some their experiences were very poor, to the point where just over a quarter (26%) thought that being in care had made their lives worse.

Such mixed views are reflected in other literature including the English Children's Commissioner's later review of children's views of being in care (Children's Commissioner for England, 2015), which was based on nearly 3,000 fully or partially completed surveys. Again the majority view was that they had benefited from being in care, but there were also those who had not.

The Bright Spots project is a joint partnership between Coram Voice and the Hadley Centre for Adoption and Foster Care Studies at the University of Bristol,<sup>76</sup> which aims to give local authorities a better understanding of the practices that contribute to a positive care experience. There are four phases to the project and the plan is to work with nine participating local authorities to develop key indicators of what makes a good care journey. As part of the work, online surveys were developed to explore the feelings of three age groups of looked after children – four to seven, eight to eleven and eleven plus – in all types of placements. They have now been piloted with over 600 children. The report on the first survey (Selwyn and Briheim-Crookhall, 2017) shows that the majority of children reported that they felt happy, with four- to seven-year-olds reporting higher levels of

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<sup>76</sup> Subsequently referred to as the Hadley Centre

happiness (78 per cent) than 11–18-year-olds (53 per cent). The survey findings also show that the vast majority of children thought that their lives were improving, with 36 per cent reporting that their lives were a bit better and 47 per cent stating that their lives were much better as a result of going into care.

## Themes from children's accounts

A literature review to support the Bright Spots project (Hadley Centre for Adoption and Foster Care Studies and Coram Voice, 2015) examined existing research on young people's views of their care experiences, identifying 97 studies. Four primary themes emerged from the review:

- relationships – maintaining and developing positive relationships were at the heart of children's and young people's concerns
- respect – adults challenging negative stereotypes and taking children seriously
- rights – to information, choice and participation
- responsibility – children attach importance to being given opportunities to be or to become responsible for themselves.

## The importance of relationships

It was good to have a hug, and good for them to say, 'I love you, we're proud of you'...It was good to be told that you were loved, cause obviously being in foster care, at times, it's quite lonely...It was good to feel the love in different ways. (Young person, Hadley Centre and Coram Voice, p1)

Strong relationships are at the heart of what children want from care. Children and young people have highlighted the significance of all the relationships in their lives – with birth parents, siblings, friends, carers, social workers and other professionals (Hadley Centre and Coram Voice, 2015; Winter, 2015; Morgan, 2012). They have talked about needing love, care and affection and of how the absence of these qualities affected them (Children's Commissioner for England, 2015; Hadley Centre and Coram Voice, 2015; Dixon et al, 2015):

I feel safe, I am cared for e.g. fed, washed, clean clothes, clean bedding, listened to, not pushed away, doing things with my foster family, having fun, being loved and wanted. (Young person in Children's Commissioner for England, 2015, p10)

The value that many children and young people attach to having a relationship with a trusted and supportive adult who is there when they are needed is an overriding

theme (Hadley Centre and Coram Voice , 2015; Winter, 2015; The Care Inquiry, 2013; Morgan, 2012; Leeson 2007, 2010; McLeod 2007). For those children who have suffered abuse, regular moves or who have been let down by adults in the past, this may be a difficult thing to achieve (Hadley Centre and Coram Voice, 2015; Winter, 2015). Where children/young people are able to form a trusting relationship with an adult (or sometimes more than one adult) who can provide consistency and support, children report positive benefits in terms of, for example, 'a shoulder to cry on', support to settle and achieve educationally, involvement in decision making and their views being listened to, deterrence from attention-seeking behaviour and general feelings of wellbeing (Hadley Centre and Coram Voice, 2015).

Several studies (for example, Howe, 2005; Lindheim and Dozier, 2007; and Schofield and Beek, 2005) have identified the social, emotional and attachment difficulties that may make it hard for children in care to bond with foster carers and also may make it harder for carers to develop relationships with them. This is particularly the case where children/young people experience frequent placement moves.

Many young people have talked about the lack of care and attention that was given to their relationships by professionals and carers and the impact this had on them. For example, the Hadley Centre and Coram Voice review (2015) referred to a US study conducted by Folman (1998) where young people described how hard it was to be separated from siblings when those siblings had previously been responsible for caring for them – for example, when their parents were misusing substances.

A survey by Ofsted (2009) which attracted responses from 1,417 children and young people in care showed that nearly two thirds (63%) of respondents had brothers or sisters who were also in care. Of these, just under a quarter (24%) were placed with their sibling but most siblings (76%) lived in different placements. Of those separated, just under half (46%) disagreed with the decision to place their sibling(s) in a different placement while just over a third (34%) thought it was right they had been separated and a fifth (20%) were not sure.

The reasons why over 50 per cent of all children who went missing in 2015–2016 did so were linked primarily to issues relating to contact, including avoiding contact, with family and friends (1,610, 53%) (Ofsted, 2017), highlighting the importance of professionals giving due attention to all the key relationships in a child's life. (See section 8 for more information on contact with birth families and siblings).

## **Children's relationships with professionals**

There are many professionals with whom young people in care might form meaningful and trusting relationships, including teachers and health workers, but

clearly their relationship with their social worker is likely to be of great significance. The importance of the relationship with their social worker and the need for social workers to be proactive in contacting and supporting children and young people (and care leavers) were often cited (see, for example, Minnis and Walker, 2012; Morgan, 2012; and Selwyn and Briheim-Crookhall, 2017). Previous research with young people as they enter the child protection system has found that children often judge children's services by the contact they have with their social worker (Jobe and Gorin, 2013).

In a review of research on children's views and experiences of their contact with social workers, Oliver (2010) identified several areas of social work practice where children and young people have said they would like to see improvement. Children want the services they are in contact with to be flexible (including enabling children to exercise choice), responsive, individualised or personalised, respectful of children's views and wishes, and participative. In order to achieve this, the quality of the relationship between children and their social workers is of key importance. Oliver concluded that children tend to view 'paperwork' and other procedural aspects of social work tasks as getting in the way of their wish to be heard and treated as individuals. But they want more than to be listened to, they want practical help from social workers such as obtaining a national insurance number or a laptop computer.

The importance of being treated respectfully by professionals and a desire for greater emphasis to be placed on their strengths and achievements are also frequently raised (Hadley Centre and Coram Voice, 2015; Dixon et al, 2015). Children and young people say they want to be treated as individuals, not as a homogenous group, and they want people to show real interest in who they are and what they have to say. They want adults to take into account their needs as individuals and to recognise that what is right for one individual may not be right for them (Minnis and Walker, 2012).

Munro (2001) interviewed a group of children and young people who had spent more than two years in foster care about their social workers. They wanted a consistent relationship with someone who knew them but complained about the high turnover of social workers, as well as the failure of some social workers to keep appointments and to follow through on agreed tasks. Morgan (2012) also reported that young people were unhappy that there were too many changes of 'key' people.

Research with 24 young people (some of whom had lived in foster care) found that consistency of social workers was key to a trusting relationship and that changes could undermine trust:

I really think that they should try and keep that same social worker with that child for as long as possible, so then a relationship can get built up, the trust

can get built up. And then at the end of the day the social worker will find out a lot more... I think if they expect children to tell them things and put trust in them, then you need to put the work in and be with them for a long period of time, and just make a relationship with them. (Jobe and Gorin, 2013, p434).

Research has highlighted that children who have experienced a high rate of change of social workers may make a conscious decision not to confide in future social workers (Baginsky et al, forthcoming). Taking care to ensure that children are informed about changes of social workers, reasons for change and having an opportunity to say goodbye to old workers and be introduced to new workers prior to changes taking place can help to improve the process of change for children:

As soon as you were beginning to trust them (social workers), they moved on. Just as you were putting trust in them, if you did put trust in them, they were gone. (Young person, Hadley Centre and Coram Voice, 2015, p6)

Relationships of trust are essential if children and young people are to feel able to confide in professionals and carers. A report by the Care Quality Commission (CQC) (2016) highlighted the hidden abuse and distress suffered by many children who did not feel able to disclose to professionals what was happening to them. Young people who had recently left care told the CQC that trust in professionals was crucial and that they would not open up about issues unless they felt that the person actually cared. They said that they needed staff in health services to take the time to get to know them and to be curious about the things that did not add up. This curiosity and preparedness to listen to children were, the report stated, 'vital to identifying children in early need of help, as well as those who have been suffering for years' (p27).

As Minnis and Walker (2012) explained in their literature review, some of the improvements that children and young people ask for have resource implications, including improved access to support from their social workers, greater choice of placements and foster carers, more time available to support contact visits and better arrangements for review meetings. These considerations need to be factored into any review of the system.

## **Belonging**

The carers I live with and have been with for more than eight years now treat me as one of their own and to them I am family and not someone in care, they have helped me through everything no matter how hard it may get, they meet my needs as my own person. (Young person in Children's Commissioner for England, 2015, p10)

A survey of over 3,000 children in care carried out by Ofsted (2015b) found that feeling like they were part of the foster family was very important to children. They wanted to be welcomed into the family, feel safe, loved, supported and respected. They also wanted to be treated like a member of the family and to feel like their foster carers were there for them:

It just feels like I'm living with my family and not with someone who gets paid to look after me. (16–17 year old, Ofsted, 2015b, slide 19)

The Hadley Centre and Coram Voice (2015) review of the literature also highlighted the importance of a sense of belonging, of feeling welcome and of being treated the same as other children. Small acts of kindness mattered, as did a feeling that someone genuinely cared and was thinking about them. These findings are supported by Rock et al (2013) who synthesised the findings from 58 European, US and Australian studies, offering a combined sample of nearly 19,000 placements. Foster children consistently reported that an unconditional acceptance into the family and a caring and patient approach were important carer characteristics. Morgan (2012) observed that being part of a family emerged as one of the best things about being in care in all ten discussion groups of the study. The Children's Commissioner's survey (2015) also found that stability and a sense of belonging were very important to children:

I feel cared for and loved by my foster carer and her family. (Young person in Morgan, 2012, p7)

One young person in another study of fostering identified the importance of feeling as though the whole family had fostered her, and not just the foster carers:

So it was the whole family that fostered you, it wasn't just mum and dad. It really has to work that way. (Hadley Centre and Coram Voice, 2015, p5)

When this sense of belonging is absent, some children reported feeling very isolated and unhappy:

I don't get along with my foster carer or her daughters and I spend a lot of the time on my own or outside of the house. I also find that I try to spend as much time out of the house as possible which says that I don't like being in the house. I also don't have the permission to be in the house on my own and I don't have a key either for reasons that have not been explained to me which gives me another reason to not get along with my placement. (Young person in Children's Commissioner for England, 2015, p10)

I don't feel part of my foster parents' family. Also I feel like they cause arguments when they have a go at me. I feel like they don't care or love me

like my old foster mum did. (Young person in Children's Commissioner for England, 2015, p10)

Biehal (2014) found that feelings about being fostered were strongly related to how young people conceptualised their relationship with their birth families. Those who found it hard to accept the loss of parents were more troubled about where they belonged than those children who found ways of making sense of separation and came to terms with it. Children in long-term foster families may consider a foster placement as home while still feeling a sense of connection to their birth families. They may negotiate different ways of positioning themselves between their birth and foster families, but these positions may change over time.

Moving frequently makes it difficult to develop this sense of belonging. It can create difficulties in establishing positive relationships with carers, disrupt children's education and friendship networks, make it hard to maintain contact with family and friends, and leave children feeling rejected and that they do not have any control over their lives (Morgan, 2012; Oliver, 2010; Mainey et al, 2009; Timms and Thoburn, 2003). Placement moves are not always perceived by children and young people as negative events. If a move is wanted, if the transition is handled well (see below) and if the children can see positive benefits to the move, then they may welcome it. In a survey of nearly 3,000 children in care carried out by the Children's Commissioner for England (2015), over half (57.7%) of children who had experienced placement moves said that they had been happy to move:

Sometimes coz I hated been moved about not knowing where i was going next and who these people where so sometimes it was quite scary and upsetting as I could never settle down and was always playing up at school and at home. (Timms and Thoburn, 2003, p44)

Moving around is the worst thing. We have lived in too many placements. You just get settled down then you have to move again. Too many placements are a bad thing. (Care leaver in Morgan, 2012, p12)

## **Shame and stigma**

I hate that when the register comes up on screen and others in the class can see that I am a local authority. It winds me up...I don't like to be different. (11–18 year old, Selwyn and Briheim-Crookhall, 2017, p21)

All people have certain views on people in care. They think we were troublemakers. (Young person, Hadley Centre and Coram Voice, 2015, p10)

Many children and young people in care have reported feeling very aware of and stigmatised by negative labelling and stereotyping (Hadley Centre and Coram

Voice, 2015; Children's Commissioner for England, 2015; Morgan, 2012; Mannay et al, 2015). Young people feel that there is a lack of awareness from professionals (including social workers and teachers), foster carers and peers around the reasons why children go into care and the issues they are facing and that this leads to a lack of understanding. There is a strong feeling that children and young people just want to be 'normal':

Try to make children in care feel the same, and feel like a 'normal' child.  
(Care leaver in Morgan, 2012, p19)

Nearly all young people in Selwyn et al's (2013) study who were in kinship care considered it was a good experience and described feeling nurtured, valued and loved, but for some there was a shame and stigmatisation at living with their carers and many kept the reasons why they lived with kinship carers secret. One girl had refused counselling at school because she would have appeared to be different. The Hadley Centre and Coram Voice review (2015) highlighted the isolation that children can experience when they are made to feel different from other children, particularly in schools. Children also talk about the negative labelling that children can feel in school and the low expectations teachers may have of them because of their care status.

## **Children's experiences of being taken into care**

The review by the Hadley Centre and Coram Voice (2015) highlighted that many young people reported not knowing where they were being taken or what was happening to their birth families when they went into care. This could make them feel scared, unsafe and concerned for their future, as well as worried about what was happening to their loved ones. Children reported a need to know in advance what would happen to them, to be told when they would next see their birth family and of very basic needs, like wanting to have new household routines explained to them so that they knew, for example, at what time they would be eating (Hadley Centre and Coram Voice, 2015; Minnis and Walker, 2012):

No one tells you all the things you need to know, to explain things to you like where to find a doctor, transport, how things work here (Young person in Oliver, 2010, p18)

Over 50 per cent of children in the Children's Commissioner's survey (2015) reported that they did not understand why they were in care. This may be age related. In Selwyn and Briheim-Crookhall's study (2017) 31 per cent of four- to seven-year-olds did not understand why they were looked after whereas 73 per cent of 11–18-year-olds said that they did know why they had gone into care.

Generally, transitions needed to be handled with greater care and sensitivity, with more gradual readjustments helping young people feel secure and able to cope with moves. Concerns about moves were exacerbated by, for example, having to cope with a new social worker, something that many young people reported as being difficult and isolating:

You don't know who your person is going to be – looking after you; you don't know anything about them. You don't know what kind of food they'll have in that family. You don't know what time they'll eat. You don't know what's bedtime. What's the laundry system. (Young person in Hadley Centre and Coram Voice, 2015, p7)

Goodyer's study (2016) was designed to understand how children made sense of their experiences of moving to a foster home. Twenty-two children – most aged between 11 and 13 – were included in the study. There was confusion and disillusionment about reasons why they needed to leave their birth families, as well as fear and apprehension about the new environment. Some said they had been given very little information about the planned move, but where children were prepared for moves they were usually more positive. The Children's Commissioner's survey (2015) also reported that children who reported moves as being a bad experience often said that they had not had enough time to prepare.

Mirroring the sentiment expressed by Triseliotis (2002) quoted at the beginning of this section, Thoburn (2002) emphasised the important role that listening to children plays in preventing placement breakdown:

A major reason for placement breakdown is that the child was not emotionally willing to be placed with a new family, but was not enabled to say so. (p7)

## **Lack of information/communication**

Lack of information is very difficult to cope with for many children (Hadley Centre and Coram Voice, 2015; Minnis and Walker, 2012). In one study involving nearly 600 children in 12 local authorities, the most common issues raised by young people who rated their local authority as a poor corporate parent related to the absence or lack of communication and low levels of direct contact with lead professionals (Dixon et al, 2015).

The Hadley Centre and Coram Voice report (2015) highlighted that young people want to know what their rights and entitlements are whilst they are in care, especially during times of change. They also wanted information on things like health, education and what their choices were around placement moves. There is some evidence that children who have experienced sexual and other forms of

abuse would like more information to help them make sense of what has happened to them (Hadley Centre and Coram Voice, 2015).

## Children's involvement in decision making

Social services should also try to listen to them more, and actually listen, not just pretend to. (Young person in Hadley Centre and Coram Voice, 2015, p13)

The importance of being involved in decision making is a consistent message from the research with children and young people. Children reported knowing that their care plans existed but that they were not always involved in what was included in them and they did not feel involved in their care (Care Quality Commission, 2016; Minnis and Walker, 2012). In Dickens et al's (2015) study of the role of the IRO they interviewed 15 young people and held two focus groups with young people to gather their reactions to the review process. There was positive feedback as well as complaints about the consultation forms and meetings both being repetitive, but the researchers noted that although they felt their views were sought and that changes could be made, the children were not always clear about how decisions were made:

You see things have got sorted at my review but I just don't know who sorts them, that's what is really annoying, they do get sorted but where they are all talking among themselves you don't know who is actually doing anything...they take all each other's email addresses or whatever, you see I don't actually know what happens behind, it is like there is this door and you don't know what actually happens behind it. (17-year-old in foster care quoted in Dickens et al, p115)

The authors recognised that many children and young people do not attend their reviews, and there were other reports that they often found these meetings boring. However, those interviewed for this study thought it was important that they attended and, for the most part, appreciated the efforts made to consult them even if this was not always effective. IROs were consulted on how they involved children and young people. Alongside innovative and imaginative approaches there were also barriers in the form of:

...time constraints, lack of suitable venues, reliance on others to fulfil their part in preparing for the reviews, and the shortcomings of existing consultation documents. (p118)

Pert et al (2017) interviewed 25 children aged 8–17 and 16 foster carers to examine children's understanding of and participation in reviews. The study found that levels of participation were very low and the researchers described the

methods used as 'relatively ineffective'. They also found that social work and IRO support that was provided to the children prior to reviews was insufficient and not well received. Some children were reported to have established a good relationship with their social workers and in those cases their views on the reviews tended to be more positive. However, this was not the case for everyone:

The starkest example was of a child who reported having had eight social workers in three years, with extremely sporadic visits. The foster carer felt that this had not been challenged and the child reported feeling 'forgotten'.  
(p5)

Both Dickens et al (2015) and Pert et al (2017) reported low usage of advocacy services.

The wish to be given choices is frequently mentioned – for example, some children felt very strongly that counselling was not for them and wanted to be given the option about whether they engaged or not (Hadley Centre and Coram Voice, 2015):

My social worker was really good. She made sure I was involved in everything. (Young person in Hadley Centre and Coram Voice, 2015, p18)

Many young people reported how important it was to them to be involved in decision making processes and to have decisions explained to them. A feeling that they were part of the decision making process was an important part of developing a trusting relationship with adults (Hadley Centre and Coram Voice, 2015). Many children said that there was little choice about where they would live and that they wanted more choice in the final decisions made about where and with whom they should live (Minnis and Walker, 2012). IROs are charged with ensuring a child's or young person's voice is heard; under s 25B(1) of the Children Act 1989, they are required to ensure that the child's wishes and feelings are ascertained and given due consideration by the local authority. Minnis and Walker (2012) found that in their sample young people reported that they understood the role of IROs but many had not felt confident to express their views at a review meeting. In Sinclair et al (2001) and Ofsted (2009) some children suggested treating a placement as a trial period in an attempt to achieve a better match between children and their carers, providing an opportunity for both sides to see if it is working.

## **Learning from positive outcomes**

Martin and Jackson (2002) studied young people who had left the care system and had been successful in education and asked them what they thought helped children in care do well. The researchers used a contrast group of low achievers

who had been in the care system and found that many of their characteristics were similar, including reasons why they came into care. This group of high achievers had no more advantages than the other group in terms of their experiences prior to coming into care, with the majority coming from very disadvantaged birth families. Young people reported the importance of being 'normal' and of being able to access opportunities by, for example, having money to be able to take part in hobbies and interests outside of school. There was a strong sense that they should not be marked out as different by service providers and professionals. Encouragement from carers was vital, and there were suggestions that when carers were educated to a poor standard themselves they did not always understand the importance of education. Over a quarter of the participants said that having a good relationship with their social worker had helped them and that this needed to involve regular contact and a genuine interest in how young people were developing. Over a third of the participants felt that there was a process of labelling and stereotyping of children in care and this too often led to teachers having low expectations of them.

## **Views of specific groups of children**

### **Unaccompanied asylum-seeking children**

In view of the increasing numbers of unaccompanied asylum-seeking children who have entered the country in recent years it is perhaps surprising that there have been few attempts to capture their views, although as Wade et al (2012a and b) pointed out, when the research was conducted only a minority of unaccompanied young people would experience foster care as most would be placed in supported housing.<sup>77</sup> A study by Kidane in 2001 reported a number of factors that helped this group to settle and deal with emotional difficulties. Perhaps not surprisingly, the most important was to find somewhere to live that provided security. A few years later, when Hek (2005) reviewed the literature on the experiences and needs of refugee and asylum-seeking young people in foster care she reported that they wanted to:

- be treated as part of the foster family and to receive the same care as others in the family
- be placed with their sibling

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<sup>77</sup> Private fostering is not included in this review but Connolly (2014) captures the views of unaccompanied asylum seeking children who were in private fostering.

- be helped with finding a school, settling in and attending regularly
- be helped to find or to stay in contact with family members.

Their experiences of foster care indicated that the most helpful thing was feeling liked, valued and cared for, and any negative experiences were linked to feeling isolated, uncared for and being treated differently.

## **Black and Minority Ethnic (BME) children and young people**

The studies which report on the ethnicity of respondents show a predominance of responses from White children (Selwyn and Briheim-Crookhall, 2017; Children's Commissioner for England, 2015; Timms and Thoburn, 2003). The lack of research about the experiences of BME children in foster care generally is discussed in Section 11. There is an urgent need for the views and experiences of these children and young people to be sought and better understood:

My old placement, I liked them very much. I wanted to stay there...And the stupid social worker said that because I'm mixed race and the carers were white that I had to go to someone who was black...If I was the social worker, I'd say, 'you can stay wherever you're happy', but she's (the social worker) got to be so stressful. (Young person in Oliver, 2008, p194)

The Hadley Centre and Coram Voice (2015) identified a few studies that had reported that young people thought that their views on the ethnicity or the religion of the family with whom they were going to be placed were not taken into consideration. There was evidence also that Black children did not necessarily want to be placed with a Black family (as highlighted by the quote above). Young people criticised tokenistic efforts to meet their ethnicity and cultural needs and some young people from minority ethnic backgrounds said that they wanted more respect for their culture and ethnicity and greater efforts by professionals to communicate with young people from different backgrounds.

## **LGBT children and young people**

Another group with whom limited work has been conducted are LGBT young people in care. Cossar et al (in preparation) were awarded an ESRC grant (2014–2016) to investigate the experiences of LGBT young people in care and the quality of care and support received. They found that carers needed to be accepting, especially when young people talked about their LGBT identity for the first time, and this included understanding and helping to protect young people from the risks of stigma and bullying.

## Children with disabilities

Few studies have dealt directly with the views of looked after children with disabilities. In many ways the situation described by Gordon et al in 2000 has not changed:

...the pool of reliable, up-to-date, national and local data both on disabled children generally, and more specifically on those away from home, is limited. (p4)

Disabled children are over-represented in looked after children populations and Baker (2007, 2011) estimated that between 10 and 25 per cent<sup>78</sup> of looked after children are disabled yet very little research has been conducted with them. Indeed Welch et al (2015), in conducting an international review of permanence, found no empirical research on disabled children's views. Lightfoot et al (2011) also found that little is known about their views and experiences or about how these may differ between children with different types of disability. It is worth noting that this is also a research priority for the DfE in relation to adoption (DfE, 2014c).

The Hadley Centre and Coram Voice Review (2015) drew on a study conducted in 1998 which examined the experiences of young people with a disability living away from home (Morris, 1998) and similar more general studies. The views of these children and young people have found that, unsurprisingly, on the whole they express the same issues and needs as other groups of children. Isolation from family and friends can be a bigger problem for these children, however, and communication has been identified as a difficulty in some cases. Some children required support with communication which they did not always get and this could lead to them feeling excluded from decision making or feeling that decisions were being made to suit other people rather than them:

I always felt that I was being shunted around to suit other people, because I didn't fit in with them. When they said I got too heavy to lift it was me that had to move, not them that had to change the way they did things'. (Young person in Hadley Centre and Coram Voice, 2015, p28).

## Younger children

There has also been very little research on the views of younger children (Hadley Centre and Coram Voice, 2015). This is partly because of the difficulties and perceived difficulties of conducting research with young children. The gap has

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<sup>78</sup> Depending on the definition used.

been recognised and work is beginning to be carried out with younger groups of children. The online surveys conducted by Selwyn and Briheim-Crookhall (2017) targeted children between the ages of four and seven: 126 children in this age group completed the survey; 78 per cent of children in this age group reported that they felt happy and 94 per cent said that they trusted their carer.

The Hadley Centre and Coram Voice's review of research (2015) found that young children had many of the same concerns as the older age groups. They wanted to be listened to, to have a say in what happened to them and they wanted to keep in touch with their families. Many did not know why they were in care, an issue also identified by Selwyn and Briheim-Crookhall (2017). Children said that not having things explained to them properly could make them feel scared, confused and self-blame. For younger children, being treated fairly was very important.

## Reflections

In her 2015 State of the Nation report on children in care and care leavers, the Children's Commissioner for England (Children's Commissioner for England (2015) noted that 'It is essential that children's views are sought and influence all decisions that are made about them and that all decisions are fully explained to them' (Introduction). There is widespread agreement with the principles of this statement within the care literature and great interest in hearing what children and young people have to say. The information from fostered children about their experiences of care substantially illuminates the other literature and must be central to any review of the system. Much more work needs to be done to capture the views of all children in foster care, including the very young and those in minority groups, and to apply the lessons we learn from them to enhance children's care and outcomes.

## Section 11: Outcomes for children and young people in foster care

### Key points

- Research and data do not always differentiate between outcomes for children in different types of care placements. When viewed as an undifferentiated group, children who have been in care are significantly more likely than other children to suffer adverse outcomes across all measures, including physical and mental health, education, employment, homelessness, offending behaviours, substance abuse and general wellbeing.
- There is evidence that quality foster care can be a protective factor which can support and enable children to achieve positive outcomes.
- Research is increasingly drawing away from broad comparisons between all looked after and all non-looked after children to consider the differences in outcomes between distinct groups within the care system and, for example, children 'on the edge of care'. Recent work has shown that children who enter care early and stay in care for long periods, particularly in foster and kinship care, do better than other groups, such as those who stay for short periods and children identified as being in need but who are not in care.
- The Public Accounts Committee (House of Commons Committee of Public Accounts , 2015) criticised the DfE both for failing to:
  - use a wealth of information and knowledge which it has to support better outcomes for children in care, and
  - evaluate recently introduced initiatives to improve educational outcomes for children in care
- There are benefits to considering the needs and issues of specific groups of children in foster care, such as care leavers, adolescents, BME children or those facing particular issues or adversity such as child sexual exploitation or trafficking. However, it is important to bear in mind that many children will defy generalities and that the idea of providing individualistic care to children should be a key tenet of the care system.
- Relationships are central to good outcomes. Warm, sensitive care giving makes a huge difference. A supportive, stable relationship with an adult, often but not necessarily the foster carer, is frequently cited as the most important factor in improving outcomes for children in all types of care.

- Age at first placement is a strong predictor of success. Generally, the younger the child when they enter care, the more likely the placement will succeed and that the child will benefit from better outcomes. Evidence shows that it is much more difficult, though by no means impossible, to improve the outcomes of a child who comes into the care system when they are older.
- Placement instability is one of the factors most often linked to poor outcomes. Many children who move foster placement will also have to move schools and other services that were supporting them. There are also huge challenges with children accessing services (health, education, support, etc.) when they are not in long-term, stable foster placements, particularly when they are moved outside their home local authority. However, children who are in stable placements that do not meet their needs can benefit from a move to a placement that does. Stability is of value when it is stability in a foster family placement that helps children to feel loved and fulfil their potential.

## Overview

The research on outcomes does not always differentiate between children in different types of care placements. There are characteristics and issues that are common across placement types and the reality is that many children move in and out of foster care and residential care, so that the effect of a particular care placement on their outcomes is frequently not clear cut. This section does, therefore, sometimes consider looked after children and young people as a broad group. Wherever possible, however, it highlights work that focuses on foster care and seeks to draw out the differences between children in foster care and other types of placements.

This section examines the general factors affecting outcomes for children and young people in foster care, as well as how outcomes are monitored and the responses they attract; and outcomes in areas such as education, health, offending behaviours and going missing from care. It goes on to report what is known from research in relation to outcomes for specific groups – adolescents, disabled children and young people, those from ethnic minorities, unaccompanied asylum seeking children/young people, those who have experienced sexual abuse and/or trafficking, and care leavers.

## **Factors affecting outcomes – pre-placement, in placement and post placement**

The outcomes of children in all types of care depend on a complex interplay between genetic, pre-care, in-care and post-care factors. Health can be strongly influenced by genetic factors and predisposition. The intrauterine environment can also be very influential – for example, where the mother is taking in toxic substances which are being transferred to the unborn child. This can affect the child's physiological and brain development and may cause irreversible damage to brain development (Hill, 2009). Davies and Ward (2012) cited the extensive evidence of the consequences of abuse, which include delayed development, poor speech and language, poor school performance, decayed teeth and untreated medical conditions, as well as presenting in numerous emotional and behavioural problems, particularly violence and aggression.

Different types of abuse and maltreatment can affect children in different ways (Howe, 2005 and 2009). Physically and psychologically abused children may become anxious and aggressive, have a limited range of emotional expression and struggle with empathy; neglected children may develop feelings of dissociation and a lack of emotional regulation. In some circumstances the age at which the child experiences the abuse will also be a factor in the impact of the abuse and the ability of the child to recover from it. In-care experiences such as placement instability, failures to address need and poor care provision can severely affect children, and some children have themselves reported that the care system made things worse not better for them (Morgan, 2012). Leaving care and what happens during what should be a transitional period may also have significant consequence (Schofield et al, 2012; Dixon, 2008).

## **Approach to outcome analysis**

Hiles et al (2013) noted that the dominant discourse has largely been one of negative comparison to non-looked after children whose other life experiences are rarely comparable to those who have been in care. Research has drawn attention to the limitations of this approach (Hill, 2009 and Sebba et al, 2015). In its place they have advocated that looked after children's outcomes should be compared with those of children classified by local authorities as being in need or on the edge of care; or of trying to analyse outcomes for different groups of looked after children, such as those who have entered care at an early age against those who have longer care experiences, and between children in different types of placement.

Whilst it is clearly important to highlight the disadvantages suffered by all looked after children compared with the non-looked after population, the inward facing

approach has the benefit of exploring the factors that contribute to better outcomes for looked after children within a comparable population and of focusing attention on what is working in the care system as well as where it fails. This approach is also more favourable to a positive focus on looked after children's potential (Jackson, 2013), something that looked after children themselves are very aware is often lacking in the discourse (Hadley Centre and Coram Voice, 2015; Minnis and Walker, 2012). La Valle et al (2016) also noted the emphasis in the literature on negative expectations and commented that this approach does not reflect experiences of services or the broader range of outcomes typically used to assess children's development, specifically those included in the *Framework for the Assessment of Children in Need and their Families* (Department of Health et al, 2000) . La Valle et al's study also noted a lack of quantitative indicators to 'systematically and consistently measure' (p19) the quality of care and associations with outcomes.

Thoburn (2014) cautioned against the dangers of reaching general conclusions about outcomes for children in care based on a particular study or particular cohort of care entrants. Other studies express similar sentiments. For example, Brodie et al (2011) argued that research attests to the complex nature of 'care' and that snapshots of the care population do not adequately demonstrate the nature of young people's journeys through that system, both in relation to their pre- and post-care experiences. Hill (2009) pointed out that research can only identify probable outcomes. It should be borne in mind that an individual child may, for any number of reasons, defy generalities. Some children who enter care early and who stay in care may achieve poor outcomes because of the severity of early abuse or genetic factors. An adolescent displaying severe behavioural and emotional difficulties may achieve good outcomes if, for example, they develop a good relationship with a key individual, which helps them put past difficulties behind them.

## **General factors affecting foster care outcomes**

There is a substantial body of evidence to show that some children do well in care, particularly those in foster and kinship care (Luke et al, 2014). Age at first placement is a strong predictor of success across all types of placement. Generally, the younger the child when they enter care, the more likely the placement will succeed and that the child will benefit from better outcomes (Luke et al, 2014). Where children are at risk of not being able to live with birth families, separation and speedy progress towards permanence are likely to be the least damaging courses of action (Davies and Ward, 2012). Evidence shows that it is much more difficult, though by no means impossible, to improve the outcomes for a child who comes into the care system when they are older (Luke et al, 2014).

Hill (2009) argued that adoption and foster care can 'represent the most radical, comprehensive and potent therapeutic input in the lives of abused and neglected children' (p60). He contended that sensitive, emotionally reflective caregiving is likely to be the key experience for children and young people which will enable them to develop the qualities they need to break links between their early experiences and poor outcomes. Some time earlier, Gilligan (2001) identified that children in the care system are likely to be more resilient to adverse circumstances if they have the following:

- supportive relationships with at least one adult
- supportive relationships with siblings and grandparents
- a committed adult other than a parent who takes a strong interest in the young person and serves as a long-term mentor and role model
- capacity to develop and reflect on a coherent story about what has happened and is happening to them
- talents and interests
- positive experiences in school
- positive friendships
- capacity to think ahead and plan in their lives.

Luke et al (2014) provided a summary of key messages from the literature on improving outcomes for children in foster care:

- The way the placement is made is crucial – placements made in a rush or without proper consultation with the foster carers are less likely to be successful.
- The characteristics of the children will be influential – those who show difficult or disturbed behaviour before entry to the placement or who do not want to be fostered are less likely to succeed.
- The quality of the foster carers is vital – those who are warm, caring, clear in their expectations, interested in doing things with the child that the child will enjoy, and agree with other adults on their approach are more likely to succeed.
- There must be a 'fit' between child and placement.
- Contact between birth parent and child, which can be destructive or positive depending on the relative involved, can affect the child's ability to settle.

- How the child is getting on at school is crucial. Educational success and stability at school can be an important stabilising and protective feature.

Placement instability is frequently cited as contributing to poor outcomes. A scoping study which sought to identify interventions aimed at improving outcomes for looked after children in Wales (Roberts et al, 2016) highlighted this issue. It reported that interventions designed to boost placement stability which are sensitive to fundamental underlying issues of attachment, separation, loss, trauma and birth family relationships seemed to be good candidates for investment.

Instability can occur between care placements or because of moves between care and the family home. Moves back home have been an area of focused concern in the literature. Research shows that over a range of outcomes and ages, and in studies of varying methodologies, outcomes are better for children who do not go home or only do so to a radically changed situation (Biehal et al, 2015; Luke et al, 2014). If the home situation is significantly improved and the reason for the child going into care has been resolved – for example, an abusive adult has left the home – the child may do well. However, if children return home only to be removed once again to care because they suffer abuse, maltreatment or inadequate parenting, they will do less well than if they had remained in care (Biehal et al, 2014; Luke et al, 2014; Davies and Ward, 2012). Returns to birth families are unsuccessful in a large proportion of cases. These issues are discussed in more detail in Section 9.

A systematic review by Gypen et al (2017) on outcomes of children who grew up in foster care categorised the 32 studies that met their criteria into two groups that reflected the child welfare orientation of the country as defined by Gilbert et al (2011): those that were child protection focused, such as the UK and US, and those adopting a family service approach, which includes many Western European countries. The authors found that in both systems, children who leave care have poorer outcomes in relation to education, employment, income, housing, health, substance abuse and criminal involvement compared with their peers from the general population. The factors that contributed to better outcomes were stable foster care placements, being given additional time and encouragement in education and having a mentor who supported them as they left care and afterwards.

## **Monitoring of and responding to outcomes**

There are two main sources of data for outcomes of children in foster care: the figures released annually by the DfE based on data collected from local authorities each spring through the [SSDA903 return](#) and [Ofsted's annual release of fostering data](#) which contains data sourced from Local Authorities and Independent

Fostering Agencies through its annual fostering data collection exercise. There are some anomalies in comparable data between the two collections, highlighting issues common to this type of data collection as well as differences in methodology. So, for example, the DfE's published data does not currently break down much of the outcomes data by placement type. The Public Accounts Committee (House of Commons Committee of Public Accounts, 2015) criticised the DfE for sitting on a wealth of information and knowledge and failing to use it in an active way to support better outcomes for children in care.<sup>79</sup>

The importance of monitoring and responding to outcomes was emphasised in a recent review by the Care Quality Commission (CQC) into safeguarding and the health care of looked after children (2016). The review reported that:

...when providers and commissioners monitored appropriate outcomes, they knew exactly what was making a difference in their area and could focus their efforts and resources where it mattered most. However, the extent to which such outcomes were being monitored and used effectively to improve care varied significantly. (p3).

## **The public cost of childhood adversity**

Poor outcomes carry huge personal cost for individuals; research is also increasingly drawing attention to the impact on the public purse and society of adverse childhood experiences over the course of a person's lifetime (Public Health Wales, 2016; Davies and Ward, 2012).

Work carried out by Hannon et al (2010) demonstrated the financial benefits over a 15-year period of ensuring children receive good quality support to achieve positive outcomes: the team used a cost calculator, an approach first developed by Beecham (2000) and widely applied by a team in the Centre for Child and Family Research at Loughborough University (see Ward et al 2004, 2008a and 2008b) to estimate the costs of a child's journey through care. Hannon and colleagues are clear that the examples they use are not meant to imply an inevitable connection between the events and outcomes. Child A illustrated the 'good journey'. Child A entered care at an early age, experienced a stable and high-quality placement in long-term foster care and received supported transition from care at 18, which is associated with good mental health outcomes and better educational achievement. Child B demonstrated a 'poor' care journey, entering care later (a factor associated

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<sup>79</sup> A data pack, which will look at foster care in detail, will be published by the DfE as part of the fostering stocktake.

with higher mental health needs), experiencing a number of unstable and low-quality placements and several unsuccessful attempts at reunification with the birth family, followed by an early exit from care at 16, often associated with both poor mental health and educational outcomes. The team calculated that Child A's journey over 15 years amounted to £352,053 or £23,430 per annum and Child B's journey over seven years at £393,579 or £56,226 per annum.<sup>80</sup> The NAO report (2104) referred to data from the Care Leaver Strategy (HM Government, 2013) which reported that 34 per cent of all care leavers were not in education, employment or training (NEET) at age 19 compared to 15.5 per cent of 18-year-olds in the general population. They then used Coles et al's (2010) calculation that the estimated lifetime cost to public finance of 16-to 18-year-olds being NEET is £56,000 per person.<sup>81</sup> However, the NAO did not use the broader 'resource cost' calculation used by the researchers that reflects lost productivity to the economy and welfare to individuals and families, estimated at £104,000.

## Outcomes in specific areas

### Education

The educational attainment of children who are, or have been in care, continues to fall well behind that of non-looked after children in this country as it does elsewhere (see, for example, O'Higgins, 2015; Mannay et al, 2015; Jackson, 2013; and Berridge, 2012). The attainment gap between looked after and non-looked after children widens with age, getting increasingly worse to the point where only six per cent of care leavers attend university compared to 50 per cent of the non-looked after population (Sebba et al, 2015). The most recent government data relating to children who had been continuously looked after for 12 months as at 31 March 2015 does not differentiate between different placement types; it showed that only 14 per cent of looked after children achieved five or more A\*–C-grade GCSEs or equivalent including English and Mathematics compared to 53 per cent of non-looked after children (DfE, 2016d).

Poor educational outcomes can impact on all aspects of a young person's life, negatively contributing to offending (Staines, 2016) social exclusion (Berridge, 2012) and mental health (Luke et al, 2014). Greater educational success has been linked to better long-term outcomes and is seen as crucial to interrupting

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<sup>80</sup> The authors go on to calculate the costs on hypothetical journeys up to the age of 30.

<sup>81</sup> NAO report this as £56,000 per year.

disadvantage and poor life trajectories (O'Higgins, 2015; Berridge, 2012; Lipscombe, 2007).<sup>82</sup>

### **Special educational needs (SEN)**

The reason for the huge gap in attainment between looked after and non-looked after children can be partially explained by the high numbers of looked after children identified as having a special educational need. Looked after children are four times more likely to have a special educational need than all children and are almost 10 times as likely to have a statement of special educational needs or an education, health and care plan. In 2015, 61 per cent of children looked after had a special educational need, compared with 50 per cent of children in need and 15 per cent of all children (DfE, 2016c). The differences between looked after and non-looked after children are less pronounced when this factor is taken into account, although still considerable; 32 per cent of looked after children without any SEN achieved five or more GCSEs or equivalents including English and mathematics, compared to 64 per cent of non-looked after children. The SENs most strongly associated with poorer outcomes for looked after children are severe/profound learning difficulties, autism spectrum disorders and moderate learning difficulties (Sebba et al, 2015). Sebba et al (2015) found that other factors that contribute to poor GCSE outcomes for looked after children are being male and having a high score on the Strengths and Difficulties Questionnaire.

### **Factors impacting on educational attainment**

As indicated above, there is not an inevitable causal link between level of achievement and being in care (Welbourne and Leeson, 2013). Many young people have identified care as being positively beneficial to their educational experiences and achievements (Brodie et al, 2011; Jackson, 2013; Martin and Jackson, 2002). O'Higgins et al (2015) concluded that:

...the poor outcomes of children in care are likely to be a result of a complex combination of individual characteristics and pre-care and potentially in-care experiences, such as placement instability (p13).

The weight to be attached to the various factors is the subject of some debate. Jackson (2007) located the problem in the shortcomings of the care system,

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<sup>82</sup> Evans et al (2017) report a systematic review of results of educational interventions for looked after children. Evidence of effectiveness could not be determined as a result of the variable methodological quality of the studies, assessed against the Cochrane risk of bias tool. It is beyond the scope of this review to report on these but the findings should be noted.

pointing, for example, to the failure of professionals to collaborate effectively, and failings in the recruitment and expectations of foster carers. Some local authorities, she reported, had recruited carers who were illiterate and some foster carers did not see educational support as part of their role. The importance of foster carers' educational backgrounds and abilities and the role they might play in closing the attainment gap have been the subject of inconclusive debate in the UK and remains an area that would benefit from further work (Berridge, 2012). Berridge argued that previous analyses and explanations had often been insufficient or simplistic and that it was disingenuous to attribute the poor academic results of looked after children mainly to inadequacies in the care system, particularly since many of the children included in the statistics were only in care for short periods of time, thereby limiting the possibility of positive influence from the care system. He cited a range of factors that can influence educational attainment that are summarised in Table 2.

One issue was the reported low expectations of teachers, which were also identified by Davey (2006) and noted by Mannay et al (2015). Davey had found that:

...there was some evidence that key professionals tended to take a rather pessimistic view of the education potential of the young people and did not vigorously promote their inclusion or achievement. (p.266)

Research has shown that a large proportion of foster carers are educated to GCSE level, a slightly higher proportion of foster carers have no educational qualifications and fewer foster carers are educated to degree level or above, compared with the national population of adults of working age (McDermid et al, 2012). Jackson pointed to an urgent need to recruit foster carers who value education and love books (2013) while Lipscombe and Farmer (2007) called for further clarity about foster carers' roles in relation to the education of young people in their care and for training to be given to help foster carers understand the educational system and their role in relation to it. Manney et al (2015) held discussions with young people as part of a study commissioned by the Welsh Government to look at the educational attainment of looked after children and found that:

The young people felt that it would be a good thing to raise the required educational qualifications of foster carers, but also recognised, given the scarcity of foster carers, that it might be unrealistic to do so. They noted that many carers would not have the knowledge and skills to provide homework support. (p97)

**Table 2: Berridge’s influences and impediments to educational achievement of looked after children**

| <b>Influences</b>           | <b>Impediments created by professionals and agencies</b>   |
|-----------------------------|--|
| Previous poor attainment    | A failure to prioritise education  |
| Genetic inheritance         | Low expectations by teachers   |
| Special educational needs   | Low priority given to education by many social workers and carers  |
| Impact of family breakdown  | A mistaken assumption that most looked after children have a learning difficulty                               |
| Parental engagement         | Lack of continuity in care, as a result of placement instability and broken schooling                          |
| Parental employment         | Inadequate information held by local educational authorities about looked after children’s educational careers |
| Impact of neglect and abuse | Insufficient effort made to address any negative attitudes towards schooling                                   |

As Mannay et al (2015) point out, looked after children have a higher rate of school exclusions where there has been more than one placement in the year, and the rate of exclusion increases with the number of placements (DfE 2011). They cite Jackson and Cameron (2010) who conducted a cross-international study on the education of young people in care and concluded that they were more often excluded in England and were 10 times more likely to be excluded from school than other children with ‘challenging’ behaviour. Since this time, the DfE has issued statutory guidance for all local authorities on closing the attainment gap between looked after children and their peers (DfE 2014d). It identifies several key priorities to promote the education of looked after children and young people. For example, every local authority is required to have a virtual school head (VSH) to oversee the education of all looked after children and all looked after children are required to have a personal education plan (PEP).

O’Higgins and colleagues (2015) also highlighted the complex nature of the link between care and educational attainment. They argued that overall there is a correlation between being in foster or kinship care and educational outcomes but that ‘this relationship is mediated by several individual, family and environmental risk factors’ (p5). Their report noted that several robust studies found that children in care had similar educational outcomes to their non-looked after peers when

these factors were taken into consideration. They concluded that ‘there is little tangible evidence that the care system is the cause of poor educational outcomes but few, if any, of the studies were sufficient in size and methodology to make robust causal inferences’ (p11).

### **The impact of placement instability on educational attainment**

Sebba et al (2015) also identified a number of risk factors, which had also been raised in previous studies (Berridge, 2012; O’Higgins, 2015). These included short care periods interspersed with periods with birth families and many placement changes and/or school changes, particularly for those moved whilst in Years 10 or 11. Having to change schools in the run-up to GCSEs was particularly disruptive and should be avoided if possible (Sebba et al, 2015). Placement changes could, it was noted, be markers of a child being in difficulty but they were also periods of stress and disruption in themselves. The most recent figures show that 12 per cent of children in foster care who experienced an unplanned ending in 2015–2016 also experienced an education placement move (Ofsted, 2017). During this year, 2,295 children experienced at least one educational placement change as a result of a fostering placement change (Ofsted, 2017).

### **Factors contributing to higher educational attainment**

Stein (2005) showed that some children and young people in care do achieve educational success. His work indicated that they were more likely to be female, and experience placement stability within a foster care setting where the carer is committed to helping and supporting the young person achieve at school. There was also some evidence that young people who have had several placements are able to do well if they remain in the same school and, as Sebba et al (2015) suggested, this was the case where the final placement was in foster or kinship care rather than other types of placement (see below). The type of school a child attended was also found to be a factor in attainment; those who went to mainstream schools doing far better than their peers who attended special schools, pupil referral units and alternative provision. Absence, exclusion and changes of school were linked with poor attainment, with unauthorised absence being a major predictor of poorer scores (Sebba et al, 2015).

Adult attention and support were also found to be hugely important to educational progress. Young people in Sebba et al’s study (2015) identified teachers and school staff as being more important to them when it came to educational support than foster carers and most of the young people in the study reported that they enjoyed and benefited from one-to-one tuition. Having someone who genuinely cared about them was also, young people reported, very important to them. Young people spoke about needing to feel that their life mattered to other people before it could matter to them. Most of the high progress group identified relationships with

people to whom they felt gratitude and did not want to let down. Successful children had often been supported educationally from a young age by birth families, notwithstanding other family problems. Other experts have also emphasised the key role an interested and supportive adult can play in helping looked after children engage in education and achieve well (Jackson, 2013; Martin and Jackson, 2002). Young people have reported the importance of feeling supported and wanted by foster carers and of how foster carers can make a difference to their educational outcomes by providing somewhere suitable to study, equipping them with the necessary study aids and encouraging higher aspirations and expectations (Sebba et al, 2015).

### **Foster care as a protective factor**

Research by Sebba and colleagues (2015) shifted the focus away from a broad comparison between all looked after and all non-looked after children offered by the above data. Their study considered the relationship between educational outcomes, young people's care histories and individual characteristics. It found that care generally provided a protective element and that early admission into care combined with longer placements were associated with consistently better outcomes than those experienced by children who entered the care system later (post Key Stage 2), those who stayed in care for short periods of time and children classified by the local authority as being in need (children on the edge of care). Children whose final placement was in foster or kinship care did better than those in residential care or other types of care placements, although to some extent this again reflected the length of the final placement, with longer placements leading to better outcomes.

Whilst it is generally the case that children who enter the care system early do better, the study found that the very long stay group did not fare well. The researchers conjectured that the lasting effects of early abuse and neglect for some young people are barriers to educational achievements.

### **Physical and mental health**

The health of children and young people in care is often poor at the time of their entry to the care system, since it may reflect the impact of poor early life experiences, family influences and environmental risk factors (see NICE, 2010). However, there is a paucity of detailed evidence regarding the health of looked after children and a lack of reliable data (House of Commons Education Select Committee, 2016; Martin et al, 2014; Dickson et al, 2010; Dixon, 2008). What there is attests to high rates of physical and mental ill health amongst children in care (Hill, 2009; Martin et al, 2014; Sempik, 2010), although, where comparisons have

been made, the outcomes for children in foster care are shown to be significantly better than for those in residential care (Sempik, 2010; Meltzer et al, 2003).

### **Rates of physical ill health**

Although conducted some years ago, Meltzer et al's large-scale national study (2003) of the health of looked after children is still widely respected and quoted. They found that two-thirds of children in care were reported to have at least one physical health complaint. Looked after children are more likely than their peers to experience problems including eye and/or sight problems, speech and language problems, bedwetting, coordination difficulties and asthma, with some chronic illnesses being a factor that may lead to a child going into care in the first place. In a study conducted in the USA in 2005 on children in foster care, Leslie et al found that prevalence of language delays was reported to be 57 per cent and cognitive delay was 33 per cent compared with 4–10 per cent in the general population.

According to Meltzer et al (2003), children living with foster carers in the UK were, however, more likely to have very good health (69 per cent) than children living in any other placement type, particularly those living in residential care (41 per cent). Length of placement appeared to play a part in physical health, with about two-thirds of children who had been in their placement for a year or more assessed as having very good health compared with just over half of those who had been in their placement for less than a year. Ofsted data show that in 2015–2016 just under 10 per cent of children (4,855) in foster care were reported as being disabled (compared with 7% of all children), an increase from 7 per cent on the previous year and the largest increase since the collection started (Ofsted, 2017).

Biehal et al (1995) estimated that a quarter of young women leaving care are pregnant or have a child within 18–24 months of leaving care. The number of teenage girls getting pregnant in England and Wales is continuing to fall and this may be expected also to be the case amongst looked after children and former looked after children. Teenagers who become parents are known to experience poorer health than young people who are not parents and, in turn, this contributes to the possibility of their children being exposed to the consequences of greater social deprivation and disadvantage (Biehal et al 1995).

### **Rates of mental ill health**

Looked after children and young people have consistently been found to have much higher rates of mental health problems than their non-looked after peers both in the UK and internationally (Tarren-Sweeney, 2008). A review of available research by Sempik (2010) calculated that around 45 per cent of looked after children in the UK have a diagnosable mental health disorder and that up to 70–80 per cent have recognisable problems. McSherry et al (2015) found that behavioural and mental/emotional health problems were the most common health issues

suffered by looked after children and young people in Northern Ireland, with 40 per cent having been diagnosed with behavioural problems, 35 per cent with emotional problems and 21 per cent with depression or anxiety.

Luke et al (2014) found that almost half of looked after children meet the criteria for a psychiatric disorder, with the proportion rising to three-quarters for children in residential homes. Jackson (2013) noted that many children will be suffering from post-traumatic stress disorder as a result of previous traumas.

While McSherry and colleagues (2015) reported that some studies had found that significant majorities of children in foster care fall within the clinical range of behavioural and emotional problems, they found that children in residential care had a much more negative physical and mental health profile than those in foster or kinship care. Meltzer et al (2003) reported similar findings 12 years earlier. About two-thirds of the children surveyed living in residential care were assessed as having a mental disorder, compared with half of those living independently, and about four in ten of those placed with foster carers or with their natural parents. In addition, they reported, the distributions of all mental health disorders were significantly different according to placement type. Government analysis of 2013 data revealed that children in foster care are much less likely to have a substance misuse problem than children living in children's homes and that placement stability appeared to be a protective factor (DfE, 2014e).

## **Wellbeing**

A recent survey of over 600 looked after children (in all forms of placement) carried out by the Hadley Centre for Adoption and Foster Care Studies and CoramBAAF focused on children's subjective feelings of wellbeing (Selwyn and Briheim-Crookhall, 2017). It reported that the majority of children (83 per cent) said that being in care had improved their lives and that they had moderate levels of subjective wellbeing. This aspect of mental health is emphasised in the World Health Organization's definition of mental health which stresses the positive dimensions of mental health – that is, emotional wellbeing – as well as the absence of problems, difficulties or clinically defined disorders (Dickson et al, 2009). Selwyn and Briheim-Crookhall (2017) noted that whilst considerable work had been carried out on conceptualising and measuring adult wellbeing, there has been much less attention on children's subjective wellbeing and that more research needed to be done in this area.

## **Factors impacting on physical and mental health**

Some studies have highlighted a correlation between physical and mental health. Meltzer et al (2003) reported that over three-quarters of looked after children with a mental disorder in their study had at least one physical complaint compared with just over half (57 per cent) of the children who were assessed as not having a

mental disorder. McSherry et al (2015) calculated that nearly one-third of the children in their study also suffered from a longstanding illness and/or disability (according to their current carers). Other work highlights the complexity and range of mental health and wellbeing issues affecting looked after children, which can include attachment and relationship difficulties, trauma-related anxieties, inappropriate sexual or other behaviours, inattention, hyperactivity, conduct problems and defiant behaviour (Wade, 2014). As mentioned above, in 2015–2016, just under 10 per cent of children in foster care were reported as being disabled (Ofsted, 2017).

In a study conducted in the USA by Zlotnik et al (2012) the researchers compared the prevalence rates of mental health and physical health problems between adults who had and had not been in foster care. They used 2003–2005 California Health Interview Survey data (n=70,456) to test a hypothesis that adults with childhood histories of foster care would report higher rates of mental and physical health concerns. The results showed that adults who had been in foster care were more than twice as likely to be in receipt of Social Security Disability Insurance because they were unable to work owing to mental or physical health problems for the past year, even after stratifying by age and adjusting for demographic and socioeconomic characteristics.

The reasons for physical and mental health conditions will be individual to each child. Some will have been caused by abuse and maltreatment, which are, as discussed above, the main reasons for entry to the care system. Individual factors such as biology and personal characteristics may play a part alongside environmental factors, which are likely to include experiences before and in care (Tarren-Sweeney, 2008). The trauma of separation from and relationships with birth families are frequently a factor in mental and emotional health (Luke et al, 2014). As Jackson noted, the experience of coming into care can also be intensely traumatic for young people (Jackson, 2013). Experiences whilst in care, including placement instability (Hill, 2009) and at worst further abuse, may contribute to a child's overall health. There are strong links between poverty and poor health, and with many children in care coming from disadvantaged homes health inequalities associated with economic disadvantage are widespread (Hill, 2009).

Martin et al (2014) warned that there may be significant unmet need, with health professionals and carers failing to identify illnesses. This can be exacerbated by placement moves, which will often result in changes of healthcare providers (Meltzer et al, 2003) and in carers and other professionals not having time to learn about or help with conditions (Croft, 2014). Transitional arrangements can be 'unacceptably poor' for looked after children (Care Quality Commission, 2016, p5), particularly when children move out of their home local authority area. Children placed out of area may experience difficulties or long delays accessing health services. Access to CAMHS has been highlighted as especially problematic

(Brodie et al, 2014). This can leave vulnerable young people without access to the care they need for long periods (Care Quality Commission, 2016, p35). Some children living out of area may continue to be seen by CAMHS professionals when they move out of area but limits are often set on distances they are able to travel and fast track CAMHS services may be inaccessible to children if they are not living within their own local authority (Moriarty et al, 2016). Change of schools and absences from school can also disrupt health education, including sexual health education (Ely, 2008).

### **Addressing physical and mental health issues in a foster care setting**

Bazalgette et al (2015) advocated a holistic approach to looked after children's wellbeing, which included therapeutic interventions but with a focus on the importance of everyday environments and relationships. This is not a specialist task, it was noted, and it should be one that is within the sights and skill set of everyone who is supporting the child. Dickson et al (2010) emphasised the importance of a sense of belonging to looked after children's emotional wellbeing, which would include feeling part of a family and experiencing a normal, everyday life. Luke et al (2014) reported that research showed that quality of care was key to helping improve children's emotional and mental health and wellbeing. This work also showed a number of limitations in the research on mental health interventions for looked after children, including small sample sizes, inappropriate comparison groups, data drawn from only one perspective, and a lack of long-term follow-ups.

As mentioned above, there is evidence that children in foster care are more likely to have better physical and mental health outcomes than children in other forms of care, particularly residential care. Some research has considered the reasons for this. Ely (2008) suggested that foster care could offer a supportive and safe environment for children with HIV, providing foster carers are sufficiently trained to ensure children are given appropriate medical care and that they are supported to deal with issues that children may face, such as stigma and discrimination. Her conclusions have implications for the care of other children with chronic or complex conditions for whom foster care might be the most beneficial care placement. The importance of adequate training for foster carers to enable them to deal with health issues was noted by Luke et al (2014) and discussed in the House of Commons Education Select Committee in 2016. The review by the House of Commons Education Select Committee (2016) concluded that many local authorities fail to equip carers with the knowledge and skills needed to support looked after children with mental health difficulties.

Luke et al's (2014) review of interventions designed to improve the mental health and wellbeing of children in care reached similar conclusions to studies on improving other outcomes. In general, decisions over admitting or discharging children from care need to be taken as early as possible; they should take account

of the wishes and rights of the child and family; placement stability should be achieved as early as possible; and unsuccessful attempts to return children to birth homes are likely to negatively impact on the child's mental health. Tarren-Sweeney (2008) also advocated early identification and entry into care at a younger age in order to protect chronically maltreated children from developing mental health problems. A study with over 700 young people (Beck, 2006) found a correlation between multiple placements and increased likelihood of psychiatric disorders and deliberate self-harming. The study also found that although young people who move placement frequently are far more likely to develop psychiatric disturbance than other looked after children, they are much less likely to access mental health services.

As noted at various points in this review, the effectiveness of interventions is strongly linked with the quality of carers:

...warm, sensitive carers, who are committed to the child and clear about what they expect of him or her are more likely to be successful (Luke et al, 2014, p6).

Other factors which can exert positive or negative influences on a child in foster care may include their feelings about being in care, their relationships with the people living in their foster home, their contact with and feelings about their birth family and their stability or otherwise at school. These factors combine with others to create either an environment in which interventions can be successfully employed or a disruptive environment which may contribute to negative outcomes (Luke et al, 2014). According to Luke and colleagues, there is a lack of proven models for selecting, training, supervising and quality assuring carers and staff in such a way that the quality of care is enhanced.

### **Difficulties accessing services**

Looked after children who need access to mental health services often have numerous and complex issues that require specialist input across multiple agencies, including schools, to improve their mental health and wellbeing outcomes (House of Commons Education Select Committee, 2016; Rahilly and Hendry, 2014). Too frequently children and young people have difficulties accessing services for a variety of reasons, including strict eligibility criteria, unwillingness to accept referrals from foster carers, lack of availability of local services, lack of home visiting, placement instability, lack of information, long waiting lists, lack of support in accessing services and issues with being unable to access services because they have been placed outside their local authority area (Staines, 2016; McSherry et al, 2015; Golding, 2014; Bazalgette et al, 2015). Gaps in service provision and quality of the provision that is available are huge issues,

particularly with regards to mental health – services are often over-subscribed, reactive, and fail to provide appropriate, targeted support.

A survey by Cann and Lawson (2016) for The Fostering Network that attracted responses from 700 self-selected fosters carers sought their view on the impact of austerity. They asked whether carers felt the changes to funding had impacted negatively on the children and young people they care for. Forty-five per cent of respondents said that they felt the cuts had impacted negatively on children by reducing the available services they were able to access. The area of most concern was the lack of access to mental health services. Some respondents felt that even in crisis situations access to mental health services was denied. Long waiting lists and high thresholds were repeatedly cited as barriers to accessing mental health and counselling services (Cann and Lawson, 2016).

As mentioned above, CAMHS has been the subject of considerable criticism. A recent report from the Education Select Committee (2016) presented evidence that the thresholds for treatment through CAMHS were high, that waiting lists were too long and that the service often refused to see looked after children until they were in a permanent, settled placement. The report concluded that 'The inflexibility of CAMHS is failing looked after children in too many areas and leaving vulnerable young people without support' (p9).

## Offending

The vast majority of children who are in care do not become involved with the criminal justice system but the proportion that does is much higher than amongst their non-looked after peers, a situation which has generated significant concern and inquiry (Prison Reform Trust, 2016; Howard League, 2016; Staines, 2016). The extent of the problem and the concerns around this issue are reflected in recent changes to sentencing guidelines which highlight the special circumstances of children in care who come before the courts (Sentencing Council, 2017). Contact with the youth justice system and the imposition of a criminal record can seriously impact on the life chances of children in care, affecting employment, housing and education as well as damaging mental health and emotional wellbeing with long-term consequences (Prison Reform Trust, 2016).

Statistics show that children in residential care have much higher levels of police involvement than children in other forms of care, that most recorded offences are being committed by older children, aged 15 and upwards, and that boys are being sanctioned at much higher rates than girls. Overall, non-offending looked after children are more likely than looked after children who offended to be in foster care placements (Schofield et al, 2012). However, this should not draw attention away from the issues facing the foster care system. A recent literature review cautioned

that the statistics may reflect the fact that children in residential placements are more likely to be prosecuted than those in foster care (Staines, 2016). The new sentencing guidelines for children and young people state that:

In some instances a looked after child or young person (including those placed in foster homes and independent accommodation, as well as in care homes) may be before the court for a low level offence that the police would not have been involved in, if it had occurred in an ordinary family setting. (Sentencing Council, 2017, para 1.16).

It is also the case that many of the children in residential children's homes have experienced foster care breakdown, placement instability and difficulties being placed (Staines, 2016).

### **Supporting young people in danger of offending through foster care**

Schofield et al (2012) argued that the care system can help mitigate the disadvantages suffered by many looked after children, providing good enough care to help children recover and move on from past experiences and disadvantage, and fostering within children security, resilience and prosocial values which act as a barrier against offending behaviour. Children who enter care under 10, following often serious histories of abuse and neglect, who are very quickly moved to a permanent placement in long-term foster care are likely not to offend (Schofield et al, 2012). Two of the most crucial periods in terms of effects on offending behaviour are entry into care during adolescence and transitions from care to independence (see also Sentencing Council, 2017, para 1.17). These transitional periods can be fraught with psychological stress and have the potential to bring both positive and negative influences upon a young person. However, the right care can aid non-offending at *all* stages of a child's life and care journey, whether a child enters care at an early age or during late adolescence (Schofield et al, 2012).

Schofield et al (2012) argued that given the complexity of some of these children's needs, sensitive and committed foster care must, where necessary, be supported by highly targeted therapeutic and educational support and guidance from agencies. Bateman (2015) argued against a purely risk-led approach to tackling offending behaviour, which can undermine engagement with young people by focusing on their deficits and imposing 'solutions' on them; he emphasises the importance and value of listening to young people and working with them to equip them to achieve.

The consistency and stability of support and the significance of positive relationships are well documented as being key factors in improving all outcomes, including reducing the risk of offending (Economic and Social Research Council, 2014; Schofield et al, 2012). Foster care and stable family settings more generally are believed to provide the young person with positive role models, guidance and

boundaries, supervision, stability of carer, and to increase the likelihood of access to education, employment and training. However, it is vital that the foster carer has the necessary qualities to meet the young person's needs (Staines, 2016). The literature highlights the importance of good corporate parenting and of the need to ensure foster parents have sufficient training and support to respond to challenging behaviour without recourse to the police and to improvement placement stability (Prison Reform Trust, 2016; Staines, 2016). The positive impact of educational support and encouragement to take part in constructive activities alongside addressing children's physical and mental health needs and their emotional wellbeing are also considered to be beneficial in helping children in care stay away from police contact (Prison Reform Trust, 2016; Staines, 2016).

### **The impact of placement instability on offending behaviour**

There is a correlation between the number of care placements (including foster care placements) a young person experiences and offending behaviour (DfE, 2014e; Staines, 2016). Studies have suggested that young people are more likely to offend if they experience more placements for various reasons, which might include distancing themselves from adults to avoid being hurt; displaying challenging behaviour as a defence mechanism; disruption of access to services, such as mental health services and the negative consequences for psychological and emotional wellbeing. The challenging behaviour itself can also lead to placement breakdown, which exacerbates the problem (Staines, 2016). Narey's report into residential care (2016) highlighted the stabilising effect a consistent key worker can have when young people were moved between placements, including between care homes and fostering placements. Other research supports the importance of continuity of support from social workers and other professionals (Dickson et al, 2010). Experience of maltreatment in early childhood that was followed by sensitive, secure base foster care can achieve good outcomes even when a child has experienced other unsuccessful placements (Schofield et al, 2012).

### **Specialist foster care**

There is some evidence that treatment and Multidimensional Treatment Foster Care (MTFC) can help reduce offending behaviour and the number of placement moves (Dickson et al, 2010). Such programmes must be supported by adequate training and support for foster carers, and a multiagency approach to providing support for young people is crucial (Dickson et al, 2010). Many local authorities developed specialist foster care options during the 1990s and early part of this century; however, a 2012 study reported that many had closed schemes for specialist adolescent foster carers and remand foster carers in recent years because of budget cuts (Schofield et al, 2014).

## Missing from care

In 2015–2016, 3,055 children were recorded as missing from foster placements, and there were a total of 10,640 recorded missing incidents (Ofsted, 2017). Just over half of all missing incidents were related to contact with family and friends and around half were missing for less than 24 hours. It is widely held that data reporting on missing children is inadequate and that this requires urgent attention (ECPAT, 2016; HMIC, 2016; Ofsted, 2014b).

The vulnerability of children who go missing from care has garnered widespread concern in recent years, with growing awareness of the dangers of child sexual exploitation and trafficking (Ofsted, 2017; Ofsted, 2014b; and the All Party Parliamentary Group for Runaway and Missing Children and Adults and the All Party Parliamentary Group for Looked After Children and Care Leavers, 2012). Ofsted reported that in 2015–2016, 40 per cent of children identified as being at risk of child sexual exploitation had at least one missing incident (Ofsted, 2017). A report published by ECPAT UK and Missing People (2016) on the number of trafficked and unaccompanied children going missing from care between September 2014 to September 2015 (not necessarily from foster placements) recorded that of the 590 children suspected or identified as trafficked, 28 per cent (167) went missing at least once; 13 per cent of the 4,744 unaccompanied children went missing at least once. Of these, 207 missing, trafficked or unaccompanied children had not been found at the end of the reporting period. Less widely reported, or monitored, are concerns about children coming into contact with the criminal justice system whilst they are missing from care (see HM Inspectorate of Constabulary, 2016; Prison Reform Trust, 2016; The Howard League, 2016; and the All Party Parliamentary Group for Runaway and Missing Children and Adults and All Party Parliamentary Group for Looked After Children and Care Leavers, 2012).

A review of the police response to children who go missing, published in 2016, found that there were:

...unacceptable inconsistencies between and within forces, across all aspects of the approach to missing children, whether in respect of assessing risks, investigating or supporting children...These inconsistencies are leaving children unprotected, and at risk of serious harm' (HMIC, 2016, p10).

## Outcomes for specific groups of looked after children and young people in foster care

Certain groups of children and young people in foster care merit special consideration and planning; their needs are different from their fellows and these

will impact on their outcomes. This section considers the following groups: adolescents; Black and Minority Ethnic (BME) children and young people; LGBT children and young people; unaccompanied asylum seeking children and young people; children and young people who are the victims of or at risk from child sexual exploitation and/or trafficking; and care leavers.

## **Adolescents**

According to Biehal (2009) research indicates that young people's behaviour is not usually given as the reason for admission to care but it is often the precipitating factor. In Farmer et al (2004) a third of young people entering care did so as a result of a breakdown in the relationship with parents, so much attention has been focused on the challenging behaviour of teenagers and the high levels of placement breakdown for adolescents, which are often attributed to carers being unable to cope with the behaviours that brought them into care.

### **'Adolescent graduates' and 'adolescent entrants'**

Research tends to broadly differentiate between teenagers who came into care at a young age and who stay in care for long periods of time ('adolescent graduates') and those who enter care for the first time as a teenager or who re-enter care during adolescence ('adolescent entrants') (Sinclair et al, 2007). Many of this second group will have experienced a series of care episodes, punctuated by returns to birth families or to relatives or friends (Sinclair, 2007, and Biehal, 2009).

Sinclair et al (2007) found that 'adolescent graduates' tended to have experienced high levels of abuse and neglect in their early years. Schofield and Beek (2014, 2008) advocate for a 'secure base' parenting model for work with this group of young people. The model draws on four dimensions of caregiving – availability, acceptance, sensitivity and cooperation – alongside family membership. This model can, they argue, promote confidence, competence and attachment in adolescents in long-term placements. They argue for the importance of continuing to offer support as the young person makes the transition into adult life.

### **Complexity of needs**

A high proportion of teenagers in the care system will have complex needs. The most common reasons for an 'adolescent graduate' to enter care are family breakdown, abuse or neglect or the young person's behaviour (Biehal, 2009) and there is a predominance of crisis admission into care (ADCS, 2013). Research has shown that young people aged 11–17 are seen as more resilient than younger children and are less likely to receive a safeguarding response (Rees et al, 2010). Teenagers who do come into care may be suffering from a wide range of emotional and psychological difficulties, which are likely to be compounded by, for

example, lack of engagement in education, physical health problems and issues with birth families. In a special edition of *Children and Youth Services Review* edited by Stein et al (2011) focusing on the transition from care to adulthood, the wide range of impacts neglect can have on young people are highlighted. A study by The Children's Society (Raws, 2016) found that large numbers of teenagers (15%) were neglected in one or more ways by adult caregivers and that this was having a huge impact on levels of wellbeing and contributing to negative behaviour.

All adolescents will undergo accelerated physical, hormonal and neurological development that can lead to impulsive and risk-taking behaviours (Bowyer and Wilkinson, 2013). Research into brain development has shown that maltreatment can have long-term negative effects on brain development, with considerable potential to impact on behaviour during adolescence. Adolescents with a history of childhood maltreatment can have decreased levels of growth in the hippocampus (affecting memory and learning) and amygdala (affecting expression and perception of emotion) compared to non-maltreated adolescents. Teenagers who have been abused may have developed brains that focus on survival, at the expense of the more advanced thinking that happens in the brain's cortex. An underdeveloped cortex can lead to increased impulsive behaviour, as well as difficulties with tasks that require higher-level thinking and feeling, affecting education and social skills. Young people whose brain development has been impaired by maltreatment may be more drawn to taking risks, which may put them at increased likelihood of taking illegal substances or being involved in criminal activity (Child Welfare Information Gateway, 2015).

The development of specialist fostering programmes focused on adolescents with specific needs in the last two decades (Biehal, 2009) means that the foster care system is supporting more adolescents with complex needs. These include children with very specific needs, such as unaccompanied asylum seeking children, children who have offended and children at risk of or suffering from child sexual exploitation and trafficking.

### **Foster care for adolescents**

Many older children do still go into residential homes rather than into foster care. There are a number of reasons for this. Some teenagers express a preference for placement in a residential care home rather than with a foster family. Young people may have existing family loyalties which make them averse to entering a new household or, conversely, their experiences with their birth family may have made them mistrustful of the family unit. Other teenagers, however, may actively want the opportunity to live in a 'normal' family home. Where foster carers are able to negotiate the difficulties, they may be able to form a warm and supportive

relationship, which contributes to positive outcomes for the young person and which can last into adulthood (Hill, 2009).

Studies have found that short-term foster placements can be helpful – for example, where they give families a breathing space to get over a crisis (Biehal, 2009). Biehal (2009) reported that long-term fostering is not employed for many adolescents who enter care during their teenage years, their placements frequently made with the express purpose of preventing the need for long-term care. Such short-term care does, as Biehal pointed out, have implications for emotional stability and sense of permanence. Key to successful outcomes is the ability to develop and maintain relationships with adults and prosocial peers (Bowyer and Wilkinson, 2013).

### **Adolescents on the edge of care**

An evaluation of the Step Change programme by Blower et al (2017) considers the need for preventative strategies for adolescents who are on the edge of care or custody. Step Change was created as a partnership involving three local authorities and the children's charity Action for Children, and was intended to improve outcomes for young people (aged 11–17 years) on the edge of care or custody and their families, by introducing evidence-based programmes (Functional Family Therapy and Multi-Systemic Therapy).

The report refers to growing research interest in adolescents on the edge of care or custody and attributes recent increased policy focus to five main concerns: the high numbers of adolescents entering care; the tendency for adolescent care episodes to be short term and crisis driven; the relatively poor outcomes for care-experienced young adults in comparison to their non-care peers; the emotional and social costs of care; and the increasing financial costs of care which are placing greater pressure on local authorities to seek out more cost efficient ways of working with families. The Step Change programme was intended to include an intensive fostering (Treatment Foster Care Oregon) element. This element was withdrawn on the basis of high costs and concerns about the evidence of its effectiveness in the UK.

### **Disabled children and young people**

There is an absence of research from this country and very little from elsewhere on the outcomes for disabled young people who have been in foster care. A report by the National Council on Disability in the USA (2008) described them as one of the most vulnerable populations in the United States, but that little attention had been paid to the challenges they faced in moving into adulthood. Lightfoot et al (2011) regarded it as a priority that research was needed into how children with different types of disabilities fare in the child welfare system.

Anctil et al (2007) examined 1,609 foster care alumni who had been placed with a Casey foster family for 12 months or more between 1966 and 1998: 1,087 (68%) were interviewed and of these 578 had documented disabilities.<sup>83</sup> The researchers found that while that group had a significantly poorer quality of life in adulthood than their non-disabled peers. There were protective factors associated with services that prepared disabled young people for the transition to adulthood that positively predicted more educational attainment and better self-esteem in adulthood.

Hill (2012) conducted one of the few studies that does exist and cites a few others<sup>84</sup> that show that young people with disabilities who are also in foster care are at risk of particularly poor outcomes, experiencing even lower rates of employment, educational attainment and economic stability than their non-disabled peers leaving care. Hill's own work has thrown some light on this area. She used state administrative data to examine the experience of young people with disabilities in foster care, focusing on placement stability, permanency planning and placement outcomes. She found that young people with disabilities were more likely to experience longer time in out-of-home placement and higher rates of placement instability than their peers without disabilities. Additionally, analysis found that only 60 per cent had a concurrent plan on file, and that youth with disabilities had different placement plans than their peers without disabilities.

As Anctil et al (2007) point out, children and young people with disabilities represent a heterogeneous group. There are many differences in type and severity of limitations covered by the term 'disability' so future research should include an assessment of the disability(s).

## **Black and Minority Ethnic children and young people**

The most recent Ofsted figures (Ofsted, 2017) show that 22 per cent of all children in foster care come from minority ethnic groups. This is a slight over-representation compared with the (now dated) 2011 census figures, which placed 21 per cent of all children in England in this grouping, but reflects findings over the years (see, for example, Owen and Statham, 2009, and Selwyn and Wijedesa, 2011). However, evidence from both sides of the Atlantic shows that when controlled for deprivation,

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<sup>83</sup> Casey Family Programs is a privately endowed US foundation. At the time of the study, Casey provided long-term foster care to youth in 13 states. As the placements were with a private foster care agency that selects children who will probably not be reunified with their family or adopted they are not necessarily representative of all disabled children/young people in foster care.

rates of Black children in out of home care may not be higher than for White children (see Bywaters et al, 2014; Putnam-Hornstein et al, 2013; and Wulczyn et al, 2013).

### **The importance of terminology**

Issues with definitions and terminology are rife within the literature with many finding the subtlety of a general BME label offensive and misleading in that it can hide differences between groups and even be factually incorrect in places where non-White communities are in the majority (Selwyn and Wijedasa, 2009). Thoburn et al's research review of child welfare services for minority ethnic families (2005) stressed the importance of avoiding stereotypes and recognising differences.

### **Unaccompanied asylum seeking children**

Unaccompanied asylum seeking children are a particularly vulnerable group, with multiple challenges arising from the trauma and hardships they are likely to have faced (Humphris and Sigona, 2016). A study of unaccompanied asylum seeking children living in foster care in the UK in 2009 (Wade et al, 2012) concluded that 'There is no doubt that good foster care can make a positive difference to the lives of many unaccompanied young people' (p9). Other research supports this proposition. Hodes et al (2008) found that unaccompanied asylum seeking children who were provided with more supportive accommodation, such as foster care, experienced lower levels of stress and psychological difficulties than those who were in less supportive accommodation, such as hostels or bed and breakfast accommodation.

### **Characteristics and needs of unaccompanied asylum seeking children**

Sinclair et al (2007) reported that the key difficulty for many unaccompanied asylum seeking children was establishing a base. Unaccompanied asylum seeking children were, the research stated, more likely than other looked after children to be living in residential care (including hostel accommodation); their placements were unlikely to continue after their 18th birthday; they were less likely than others to be placed for 'care and upbringing'; and there could be difficulties in achieving a 'match'. These problems would, of course, be compounded by anxieties over resolving problems with immigration status (Prison Reform Trust, 2016; Barrie and Mendes, 2011), difficulties associated with adapting to a new culture and language, separation from friends and families, and dealing with past traumas. A high proportion of unaccompanied asylum seeking children suffer post-traumatic stress symptoms (Barrie and Mendes, 2011; Hodes et al, 2008) and local services may struggle to meet the mental health needs of unaccompanied asylum seeking

children who have experienced extreme trauma and violence (Prison Reform Trust, 2016).

Unaccompanied asylum seeking children may have very different physical health needs to those children born in the UK. There is currently little research in this area but Golding's (2014) study of refugees found that one in six had a physical health problem severe enough to affect their lives. Professionals working with these children need to be trained in medical age determination investigations, to have knowledge of the diseases endemic in the country of origin and of culturally specific practices, and to have an understanding of the sociopolitical context of the child's trauma.

Sinclair et al (2007) found that this group of children is less likely to display behaviour that is experienced as difficult by their carers and, as Wade et al (2012) also noted, they often make comparatively good progress at school and can be highly motivated. Wade et al viewed education as a setting where unaccompanied asylum seeking children can 'regain an ordinary rhythm', make friends and acquire vital language skills. Their study highlighted the innate qualities many unaccompanied asylum seeking children might have which would contribute to this motivation and success, stating that they 'have often been chosen by their family as the child who most needed to be rescued or who was most likely to establish themselves in a new safe country for the opportunity and rewards that might create' and that the obstacles they have overcome to reach the UK indicated 'a determination, resilience and sense of hope that is almost unimaginable' (p2).

### **Foster care and unaccompanied asylum seeking children**

Foster care for asylum-seeking children are viewed as specialist placements for the minority of unaccompanied asylum seeking children, generally known or assessed to be 16 years or under (Humphris and Segona, 2016). They are specialist in so far as the foster carers need to be assessed in terms of their ability to deal with and support unaccompanied asylum seeking children's cultural, religious and other needs and be empathetic about their experience in their home country and during the journey to the UK. Many placements are for short periods of time before young people are moved to private shared housing (Wade et al, 2012a and 2012b). Carers are required to help children settle into their new country and establish them in school whilst supporting them to cope with the impact of the trauma (in some cases extreme trauma) they are likely to have suffered.

In November 2016 the Minister of State for Children and Families, Edward Timpson announced that the government would publish a strategy on safeguarding and promoting the welfare of unaccompanied asylum seeking and refugee children. Foster care was highlighted as an important form of care for these children. The minister announced that the strategy will include plans to increase

the number of foster carers available to look after unaccompanied asylum seeking children and an evaluation of additional training needs for foster carers and other support workers.

Wade et al (2012) found that in foster placements for unaccompanied asylum seeking children that worked well, foster carers initially extended 'hospitality', taking time to draw the young person into a more intimate family-like relationship. A literature review on the experiences of unaccompanied asylum seeking children in and leaving the out of home care system in the UK and Australia (Barrie and Mendes, 2011) found that young people appreciated and responded best to carers who showed an understanding and interest in their language, culture and religion, although there may be valid reasons for a young person preferring carers from outside their culture, such as a feeling that this creates the best opportunity for them to settle and integrate or a fear of information being passed home. Sirriyeh (2013) found that whilst hospitality at the threshold of the foster placement was important, for the placement to be successful the young person had to be drawn into the family more intimately and feel part of it. Support in accessing education and developing suitable social ties and activities were also crucial and appreciated by young people (Hek, 2005), many of whom developed a wide range of hobbies and activities with the support of their foster families and schools. Unfortunately, the bullying and racism that some unaccompanied asylum seeking children encountered outside the foster home and identified in Wade et al's study could discourage participation.

One recent study (Ní Raghallaigh and Sirriyeh, 2015) conducted in Ireland and England warned against placing too much emphasis on nationality or religion when seeking to place a unaccompanied asylum seeking children in foster care. These are, the study noted, just two components in the matching process and they should not be allowed to detract from other important considerations such as the personalities of those involved, the location of placements, family composition, the wishes of the young person and particular foster carers' skills. Culture and identity can, the study argued, be nurtured and developed within foster relationships, whether in cross-cultural or matched placements.

Wade et al (2012) highlighted the 'extensive' demands placed on foster carers to understand and meet the needs of unaccompanied asylum seeking children. Only one-third of foster carers who were interviewed in the study reported that they felt well prepared for their first placement. Usually these carers had personal experience of migration, they shared the young person's religious or ethnic background, they had had previous contact with refugees (through fostering or employment), or they had received formal training from the local authority. Encouragingly, the study reported that foster carers were broadly satisfied with their experience of fostering and felt it had enriched their lives. The importance of training and suitable, timely preparation for the placement was emphasised. This,

of course, depends on good quality needs assessments at the outset, as identified by Barrie and Mendes (2011). The question of forced return was an important and difficult issue for this group of children and Wade et al (2012) recommended that planning pathways take into account and plan for all possible outcomes, including this one.

Not all unaccompanied asylum seeking children who are fostered establish or want to establish family-like ties with their foster carers. Wade et al (2012) found that for some, the placements were working sufficiently well but they were only a temporary base for the young person and ties were unlikely to last when the placement came to an end. For others, the placement simply acted as lodgings and was merely a functional arrangement. These kinds of more superficial arrangements may arise because of issues with the foster care and service provision or because of the characteristics, needs and wishes of the young person, particularly if they are older and wish to be more autonomous (Barrie and Mendes, 2011).

### **Private fostering**

Connolly (2014) sounded alarm bells over the practice of 'private fostering' of unaccompanied asylum seeking children. These arrangements are made without the involvement of the local authority (although authorities may subsequently become involved with the child) and involve 'carers' who are not the child's parent or relative and who do not have parental responsibility for the child (Children Act 1989, s 66). The study, albeit with a small group of children, warned of the potential dangers of these arrangements, including abuse, exploitation and neglect, possibly in the context of trafficking and child sexual exploitation. The study highlighted the lack of research, policy direction and knowledge of children living in such private arrangements.

### **Children and young people who have been sexually exploited or trafficked**

The issue of child sexual exploitation (CSE) and trafficking has risen in prominence in recent years but requires further research, understanding and better data collection. Ofsted reported that in the year 2015–2016, 1,725 children in foster care were recorded as being at risk of CSE and 500 were considered to be subject to CSE. Figures for the number of children in foster placements who were at risk of CSE varied between local authorities from 1 per cent to 6 per cent, with 10 local authorities reporting that no child placed with a foster carer in their areas was known to be either at risk or subject to CSE (Ofsted, 2017).

## CSE and foster care

A review into providing safe and supported accommodation for young looked after people who are at risk of, or experiencing, CSE or trafficking carried out by Brodie et al in 2011 highlighted the gaps in knowledge and research a year after the convictions of five men in Rotherham for child sexual abuse offences. At that point, there had been no empirical studies looking at the specific issue of providing safe and supported accommodation for young people facing these issues in care, and the authors reported an absence of systematic comparison and evaluation of different models of practice. Their report highlighted the range of difficulties this group of young people might be experiencing, including physical and mental health issues, disengagement from education and problem drug use. The researchers found that frequent changes of care placement and accommodation were unhelpful and that the key for these young people was a stable, ongoing, supportive adult relationship.

Many of the issues raised in Brodie et al's research were echoed in Shuker's (2013) evaluation of a specialist foster care programme for children who are at risk of, or have experienced, CSE. Shuker noted the need for foster carers working with this group of children to strike a balance between care and control; restrictive safety measures may need to be employed to keep young people safe but these must be provided alongside sensitive care that supports children and young people to deal with the effects of the abuse and to move away and on from it. The evaluation reported on Barnardo's 'Safe Accommodation Project'. Shuker found that foster care was capable of providing a supportive and safe environment for these very vulnerable young people as long as placements were properly planned for and a strong support structure was in place. Where foster carers were able to form good relationships with young people they could strike the right balance between control and care, and engender a number of positive outcomes, including reduced missing incidences and increased awareness of exploitation.

The success or otherwise of such specialist placements is a complex and subtle matter. Shuker's evaluation identified a range of factors that appeared to contribute to good outcomes. Central to success was the development of a warm and trusting relationship between the young person and their foster carer, a theme that permeates the children in care literature generally (Brodie et al, 2011). These relationships take time to develop, and placements, Shuker found, needed to last at least a year. The need to allow interventions and placements time to work was also raised by a study into practice in tackling CSE in London boroughs (Beckett et al, 2014). Professionals from statutory and voluntary services involved in this study reported problems with short-term interventions and emphasised the benefits of building trusting relationships with children.

The importance of appropriate and adequate training is a predominant theme (Beckett et al, 2014; Shuker; 2013; Brodie et al, 2011). Foster carers' training might, depending on the complexity of the placement, need to be topped up with advanced training (Shuker, 2013). Shuker also found that for placements to be successful the carer and child should be supported by a 'team around the child' who could provide specialist therapeutic interventions where necessary and support the foster carer in what was likely to be a demanding role. All the individuals in the team should be appropriately trained and share a common safeguarding approach and attitude to the young person's risk (Shuker, 2013). Research also stresses the importance of listening to and understanding the young person and of enabling them to give their input into decision making processes (Shuker, 2013; Brodie et al, 2011). Brodie et al (2011) found that this group of young people value a service response that is flexible and which takes their views and individual circumstances, needs and relationships seriously. Where young people were opposed to the placement and wanting to return to people or communities they felt ties with, they needed additional support to help them want to stay in the foster home (Shuker, 2013).

## **Care leavers**

Care leavers, both in the UK and abroad, are an extremely vulnerable group with high risk of social exclusion and reduced life chances (Stein, 2006). Outcomes for this group are frequently described as 'poor' with many suffering difficulties which can include physical ill health, mental health issues, poor educational outcomes and lack of engagement in further education, unemployment, offending behaviour, homelessness and substance misuse (Hiles et al, 2013; Stein, 2006). The BBC (2017) reported that a freedom of information request had revealed that care leavers are seven times more likely to die between the ages of 18 to 21 than other young people (the figures did not reveal the care placements these young people had experienced).

## **Transition from care to independence**

The transition from care to independence is seen as a time of particularly high risk for young people, especially where they are suffering from physical and mental health problems or are at risk of, for example, offending behaviour (Staines, 2016; Schofield et al, 2012). Leaving care can, for some, lead to entrenched housing problems, issues with making the transition to adult services, social isolation and having to deal with the benefits system. Physical and mental health problems may become exacerbated on leaving care for multiple reasons. For example, issues young people have experienced in the past relating to disruption, instability and difficulties forming self-identities can be heightened by this 'transitional flashpoint' (Staines, 2016). Dixon (2008) contends that the transition from care itself can

combine with earlier pre- and in-care difficulties or raise new challenges, which can affect young people's overall health and wellbeing. The interplay between health and life outcomes is not straightforward. It may be that a young person's predisposition to health difficulties can affect their ability to cope with the transition from care to independent living. Conversely, trying to cope with adverse experiences after care, such as poor housing or isolation, can affect a young person's health and in turn damage their coping strategies (Dixon, 2008).

For many care leavers the transition to adulthood is 'accelerated and compressed' in comparison to non-looked after young people (Stein, 2006). Many leave care and become independent between the ages of 16 to 18. Rather than being an extended process, leaving care can, for many, happen as a sudden and 'final event', a 'transition into immediate adulthood' with 'no option to return in times of difficulty' (Stein, 2006). This is a markedly different situation to that experienced by the vast majority of children, most of whom are, more and more, leaving home gradually, falling back on the safety net of family for emotional and financial support well into their 20s (in 2013, 50 per cent of 22-year-olds were still living with their parents) (National Audit Office, 2015) and many of whom benefit also from a transitional period through attendance at university or other higher education institution.

Stein (2006) identified three distinct groups of care leavers: those who are 'moving on', the 'survivors' and the 'victims'. Young people in the 'moving on' group 'are likely to have had stability and continuity in their lives, including a secure attachment relationship'; they are also likely to have had a more gradual and planned transition to independence and to feel positive about the next stage in their life. 'Survivors' will probably have experienced more instability and disruption. Evidence suggests that what makes the difference to their outcomes is the support they received after leaving care. 'Victims' will have had the most difficult experiences both pre- and during care. Care experiences may have been unable to compensate for pre-care abuse and trauma or may have contributed to the damage. This group is likely to display challenging behaviour and experience difficulties with relationships.

### **Specific groups of care leavers**

Some groups of care leavers will face specific challenges: BME young people may experience identity problems derived from a lack of knowledge or contact with family and community, as well as the impact of racism and discrimination (Stein, 2006); young disabled people may experience inadequate planning and poor consultation, and their transition from care may be abrupt or delayed by restricted housing and employment options and poor support after care (Stein, 2009); young women who have been in care are more likely to become teenage parents than other young people with all the associated difficulties of young parenthood (22% in

2014) (National Audit Office, 2015; Knight et al, 2006). Unaccompanied asylum seeking children encounter a unique set of problems, which may include greater exclusion from services than other care leavers (Stein, 2006). It is reported that recent research has also highlighted the numbers of care leavers whose children are subsequently taken into care; a review of a representative sample of court files concerning women who had experienced multiple court proceedings, drawing records from across 56 local authorities, found that 40 per cent were former care leavers (Broadhurst et al, 2017).

### **Improving outcomes for young people leaving foster care**

The experiences of social support for those leaving care varies greatly (Hiles et al, 2013). Whilst some feel that they have sufficient, and that good support made the difference between a successful and unsuccessful transition for them, many feel either completely unsupported or lacking in specific types of support. In the UK context, there is some evidence that support varies even within the same local authority (National Audit Office, 2015).

In their review of the international literature on the importance of social support for care leavers Hiles et al (2013) highlighted some consistent themes:

- the influence of past experiences on social support in the present (generally associated with feelings of loss, poor support or violations of trust)
- the importance of supportive relationships during the transition from care (these need to be accompanied by genuine understanding and concern for the young person's current experiences)
- contact with birth families, usually mother or siblings but often extended family also (these could provide social support but were particularly crucial in acting as a 'bridge' between the person's family identity and emerging individual identity)
- the crucial role of practical support
- issues associated with the experience of leaving care such as lack of agency, feelings of isolation, challenges of independence and loss of relationships that had been important and on which young people had relied.

Stein (2009) argued that, in general terms, the evidence shows that outcomes for care leavers are associated with the quality of care they experience, their transitions from care and the support they receive after care. Improving outcomes for these young people will require more comprehensive responses across their life course including the provision of:

- early intervention and family support (for example, providing stable, 'secure base', foster placements)
- better quality care to compensate them for their damaging pre-care experiences through stability and continuity, as well as assistance to overcome educational deficits
- opportunities for more gradual transitions from care that are more akin to normative transitions
- ongoing support to those young people who need it, especially those young people with mental health problems and complex needs.

Care providers need to be planning for young people's transitions out of care at a much earlier stage of their journey through care. Screenings and interventions should be provided at an early stage and should be delivered with an eye to the future (Stein, 2006). Post-care, mental health should, Wade contended, be offered as part of a 'holistic package of transitional support' (Wade, 2014, p255). Dixon (2008) argued for the interconnectedness of issues in young people's lives and the need to understand and approach the health and wellbeing of care-leavers in a holistic manner. All interventions need to be tailored to the individual, be responsive to their needs and be delivered in a flexible way (Dixon, 2008). Some leaving care services have been successful in meeting these needs, whereas others, notably CAMHS and Adult Mental Health services, have not. Issues around access to mental health services have frequently been raised as a key concern for care leavers (Care Quality Commission, 2016; Stein, 2016; National Audit Office, 2015; Wade, 2014). A review by the Care Quality Commission in 2016 reported that the needs of looked after children who were in transition, including those leaving care, were overlooked.

It is clear that care leavers can benefit from the support provided by various people whilst making the transition to adulthood. All relationships with which young people are involved should be considered when planning their support network.

Professionals are an important source of support but they must only be part of the jigsaw given the fact that their involvement is inevitably time limited, and often age dependent (Hiles et al, 2013). There is a need to support and nurture the whole network of relationships in which a young person is located, including those with peers (Hiles et al, 2013). Young people should be involved in identifying these key relationships, particularly those within their extended family, and there should be both practical and emotional support to manage them (Hiles et al, 2013). Research with young people highlights the need for adult support during this transitional period (Barnardo's, 2014; Morgan, 2012) and the impact on young people of a perceived lack of care (Gaskell, 2010).

The provision of leaving care and independent living services can make a positive contribution to specific outcomes for care leavers by assisting young people with preparation and life skills, accessing housing, employment, education, parenting, financial, social and personal support (Stein, 2006). Young people remaining in foster care placements through extended foster care services or initiatives such as Staying Put until they are prepared and ready to leave is associated with reduced crime and sustaining better educational and employment outcomes (Staines, 2016). Wade (2014) cautioned that whilst there is a political and cultural shift towards young people remaining in care for longer it still seems that those who stay with foster carers beyond the age of 18 tend to have well-established familial relationships, and that young people with more complex needs still tend to be among those who move on early. Not all young people want to remain in care and not all foster carers want to keep them on past their 18th birthday (Staines, 2016). It remains the case, Wade argued (2014), that those who are least able and prepared to leave care successfully tend to be the ones to do so first.

## Reflections

The needs of children who come into foster care are wide-ranging and complex as are the factors affecting their long-term outcomes. As the section on specific groups of children in foster care illustrates, these children are far from a homogenous group. Many require specialist support and, even with these broad groups, they all need to be considered and treated as individuals. The evidence shows that negative life trajectories can be interrupted and that good quality foster care can provide an environment in which the child can do well, particularly where children come into care early and stay in placements for long periods of time. Placement instability is frequently cited as a factor leading to worse outcomes; stability in the form of stable placements, stable education and the existence of a supportive, consistent, caring adult, is central to helping children thrive in foster care and move on from previous adversity.

## Section 12: Conclusions

### What is (still) good about fostering

In 2004 Wilson et al conducted a knowledge review on fostering for SCIE. Their conclusions on what is positive about fostering are as valid today as they were then:

- For many children and young people in long-term foster care, being fostered may be better than the obvious alternative – that is, remaining at home.
- The majority of children in foster care go on to lead happy, healthy, productive lives as adults.
- Most foster children are generally positive about the care they receive.
- Generally, foster children want a normal family life, encouragement, respect, basic information about what they are entitled to, a good education and choice about contact with their own families.
- Most also want a say about their time in care and what they want from it.
- How satisfied fostered children and young people are depends on:
  - the care they receive from their foster families
  - their relationship with their own birth families
  - the balance of their relationships with their foster families and their own families
  - the reasons for their being in care
  - having lives in care that are predictable and stable
  - being able to lead an ordinary life.
- The key to successful foster care lies in recruiting, training and supporting good foster carers.

The reasons for reminding readers of these are twofold. Not only have the findings been confirmed by this review but they have also been echoed in studies that have been conducted since. This raises the question of the extent to which what is known is used. How do the messages from research not only get passed to practitioners – there are well tried routes for doing so – but how are they then used? And it is not only practitioners who need to be aware and act on findings from research, it is also policy makers and those responsible for the strategies at local and regional levels.

## The biggest challenge

Perhaps the biggest current issue in fostering is how to secure the future recruitment and retention of enough, high-quality foster carers. It is not a new issue but our children's system will be jeopardised if we fail to do so. Reflecting on the situation they found in Scotland, Triseliotis et al (1999) wrote about how the recruitment of foster carers was largely unsystematic, lacked a long-term policy direction and failed to deploy targeted recruitment strategies. Yet in England, 18 years later, there is still no clear policy on how the future recruitment and retention of foster carers is going to be achieved. Reports from across England provided by informants to our review indicated that the approach in many areas appears to be as unsystematic as that described by Triseliotis et al in 1999 and as variable as Dickens et al noted in 2007.

It is accepted that some of the reasons that contribute to variation, including staff shortages, the actions of local courts and local practice cultures, may be harder to address. However, lack of confidence in the quality of care that fostering is able to offer may lead local authorities and courts to view care as the last resort and, as a result, that may delay entry to care or decisions about permanency.

## The three 'wicked' issues

There were three issues – 'wicked' and hard to resolve problems – that emerged very strongly in the literature and in the interviews with key informants.

In many of the interviews and studies examined there were references to children coming into care with increasingly complex problems. It would, however, be difficult to establish the validity of these claims because the 'complexity' of problems is not systematically recorded when children come into care, so there would be no baseline data to compare with recent data. Local authorities are required to collect data to return to the government annually on the emotional health of looked after children. All children aged four to sixteen will have a Strengths and Difficulties Questionnaire (SDQ) completed as they enter the care system as a baseline assessment of their emotional and behavioural wellbeing. Children aged four to sixteen already in care have an annual SDQ completed about them by their carer and, from the age of 11, they complete an SDQ themselves. The SDQ is validated for this group but, as explored in the review, it is possible that another instrument may be needed alongside to address the complexity issue and measure change.

The second issue which also emerged in interviews and literature was the quality of the social work support offered to children and young people in foster care and their carers, including frequency of visits from, and availability of, social workers. Amongst other things Triseliotis et al (1999) found that most carers required support and consultation on how to manage the integration of the children in their

families, the children's behaviours and contact between the children and their families. Holland et al (2005) linked high levels of vacancies within social work teams and a high proportion of inexperienced social workers with poor decision making and placement breakdown. It is time for a more detailed examination, not only of the interaction between the child's social worker and the supervising social worker but of the training and preparation provided and required to work in fostering. However, this must be viewed against the background of a continuing shortage of experienced social workers and, in some areas, unacceptably high caseloads.

The final issue, in light of *Putting Children First* (DfE, 2016b), is the need to review the issues that facilitate and challenge outsourcing of fostering services. Alongside this it is hoped that the Peterborough/TACT initiative (see Section 5) will be evaluated to capture lessons for any similar arrangements in the future.

## **The missing data**

It is evident that some very reliable results have emerged from well-structured projects conducted by experienced researchers, but evidence is not equally distributed across all the domains of fostering. However, one of the striking things about examining the research on fostering was what was not there. Throughout the review there are references to innovative practice/services for children and young people. In many cases they have been evaluated but the studies are often small-scale pilot evaluations that can only ever give tentative indications of effect. As a consequence there is little good quality evidence to inform the commissioning of services and very little attempt to provide the quality of detail on which to judge either success or value for money. One systematic review conducted by Cardiff University that is noted in our review examined 15 studies reporting on 12 interventions that met the inclusion criteria (see Evans et al, 2017). While nine interventions demonstrated tentative impacts, evidence of effectiveness could not be confirmed. This was because of the variable methodological quality – the majority of studies indicating a high risk of bias and inadequate sample sizes – when appraised by the Cochrane risk of bias tool, and none of the studies had conducted a full economic evaluation of the intervention. As a result, the researchers concluded that the evidence-base is too limited to recommend investment in any established interventions. So there is a clear need to design studies that allow policy makers and commissioners to draw conclusions around what works, for whom and in what contexts, which must include developing innovative but robust research methodologies.

An important step would be the development of appropriate and consistent measures of placement outcomes. But in addition to robust evaluations and rigorously conducted qualitative studies, we also need reliable and representative

data that are collected applying appropriate techniques to achieve stratified samples that represent the foster carer population. At the present time we do not have these data and that impedes our understanding of some of the issues that are proving difficult to address, such as supply and capacity.

# Appendix A: Literature search method

## Databases accessed

### Through ProQuest searches we accessed:

- ProQuest Social Sciences Premium Collection
- Social Services Abstracts
- Social Science Database
- Applied Social Science Information and Abstracts (ASSIA)
- Education Database
- Sociology Database
- International Bibliography of Social Sciences (IBSS)
- Sociological Abstracts
- ERIC Institute of Education Sciences
- Library and Information Science Abstracts
- Australian Education Index
- Sociological Abstracts

### We also used:

- Google/Google Scholar
- Social Care Online (part of Social Care Institute for Excellence)
- NSPCC specialist library

## Websites

- National Children's Bureau
- Research in Practice
- Barnardo's
- The Fostering Network
- Action for Children
- National Society for the Prevention of Cruelty to Children
- Coram BAAF
- Rees Centre for Research in Fostering and Education, University of Oxford

- The Social Policy Research Unit, University of York
- International Society for the Prevention of Child Abuse and Neglect
- GOV.UK
- The Scottish Government
- Welsh Government
- The Northern Ireland Executive
- School of Social Work, University of East Anglia
- Centre for Child and Family Research , University of Loughborough
- Centre for Research on Families and Relationships, University of Edinburgh
- Institute for Public Policy Research
- Centre for Excellence for Looked After Children in Scotland
- Children’s Commissioner for England
- International Childhood and Youth Research Network

## Search terms

foster care

foster care AND commissioning

fostering system

foster care system

foster care market

fostering system

fostering AND change

foster AND change

changes in foster care

foster AND organisation (foster\* AND organisation)

organisation of services AND foster care OR looked after OR in care

foster care AND organisation

foster care organisation

foster care management

foster care AND management

decision-making models AND foster care

decision-making AND (foster care OR looked after OR in care)

foster and birth parents

quality AND foster care OR foster placement OR looked after OR in care

measuring quality AND (foster care OR looked after) OR in care  
team around the child  
foster care AND (cost OR payment)  
specialist foster placement OR looked after  
specialist AND (foster care OR looked after OR in care)  
disabled AND (foster care OR looked after OR in care)  
disability AND (foster care OR looked after OR in care)  
intensive AND (foster care OR looked after OR in care)  
therapeutic AND (foster care OR looked after OR in care)  
remand AND (foster care OR looked after OR in care)  
adolescent AND (foster care OR looked after OR in care)  
kinship care  
siblings in foster care  
siblings AND (foster care OR looked after)  
placing siblings in foster care  
recruitment AND (foster care OR looked after OR in care)  
retention AND (foster care OR looked after OR in care)  
motivation AND (foster care OR looked after OR in care)  
training AND (foster care OR looked after OR in care)  
foster care training  
barriers AND (foster care OR looked after OR in care)  
skills for fostering  
skills AND (foster care OR looked after OR in care)  
skills for foster care  
skills required for foster carers  
qualities AND (foster care OR looked after) OR in care  
international foster care  
international comparison AND (foster care OR looked after OR in  
care)  
capacity AND foster care  
needs of foster children  
out of county AND (foster care OR looked after OR in care)  
support AND foster children  
successful foster placement  
shortages AND (foster care OR looked after OR in care)  
ceasing AND (foster care OR looked after OR in care)  
foster family  
foster carers own children  
allegations AND (foster care OR looked after OR in care)  
foster sibling  
biological children of foster carers  
payment AND (foster care OR looked after OR in care)

costs AND (foster care OR looked after) OR in care  
foster children  
experiences AND foster children OR children in care OR looked  
after children  
being looked after OR being in care OR being in foster care  
support AND foster children OR in care OR looked after  
leaving care OR care leavers  
outcomes AND (foster care OR looked after OR in care)  
reunification AND (foster placement OR birth family) OR (looked  
after OR in care)  
contact AND (foster placement OR birth family)  
contact AND (foster care OR looked after) OR (in care OR birth  
families)

- All searches 2006–2017
- All peer reviewed
- All English language
- Searches narrowed by searching for articles/literature reviews/official documents/reports. If necessary searches were then limited by journal name. We concentrated on:
  - Adoption and Fostering
  - British Journal of Social Work
  - Child and Family Social Work
  - Child Abuse Review
  - Children and Society
  - Children and Youth Services Review

## Appendix B: Foster Care in the United States: Challenges in Practice

By Ovita F. Williams, LCSW-R, Columbia University School of Social Work

Since 1999, the United States has experienced a considerable reduction in the number of children in foster care. By 2012, the number began to slowly increase, along with several other prevalent issues in foster care. There is work to be done to address the myriad of concerns advocates share about the state of foster care in our country. The number of children in out of home care is one concern; however, a few complicated issues are also prevalent and alarming to advocates, administrators and families.

### Foster youth aging out of care

Between 20,000 and 30,000 foster youth are immediately dropped from the foster care system once they reach the age of 18, which leads to many unable to support themselves. The foster care system has set 18 years of age as the bar of adulthood and self-sufficiency, but this seems premature when foster youth are coming into adulthood with many barriers. By age 21, they have officially 'aged out' of foster care and are ill equipped to take care of themselves. Adults by chronological age, but by no means ready for adulthood, young people age out of foster care without adequate planning for independent life after foster care. This includes lack of affordable, safe, independent housing options, severed family ties, limited advanced educational options and systemic structures that are not set up for young adulthood independent living. According to The Children's Aid Society (nd), on the basis of studies conducted across a number of states:

- 12–30 per cent struggled with homelessness
- 40–63 per cent did not complete high school
- 25–55 per cent were unemployed; those employed had average earnings below the poverty level, and only 38 percent of those employed were still working one year after discharge
- 30–62 per cent had trouble accessing health care due to inadequate finances or lack of insurance
- 32–40 percent were forced to rely on some form of public assistance and 50 percent experienced extreme financial hardship
- 31–42 percent were arrested
- 18–26 percent were incarcerated, and

- 40–60 percent of the young women were pregnant within 12–18 months of leaving foster care.

Youth who are aging out should have a viable home, adequate income, educational options and mentorship, and life skills training. Some agencies are responding with developing comprehensive programmes providing support to young people, which includes educational and vocational services, connecting youth with mentors, developing action plans well before a youth ages out and housing advocacy efforts.

### **Focus on reunification is necessary**

The primary discussion for permanency planning for foster children is either adoption or waiting until children age out. In 2014, 46 per cent of foster children were residing in homes without any known relative.<sup>85</sup>

Reunification with the biological parent seems more of a challenge for our foster care system to take on. Once a child enters foster care, the assumption is often that the family of origin is not best suited to care for the child. Children end up away from their family of origin for too long and spend a longer time in temporary homes with limited sense of belonging and safety. Children need to spend less time in foster care and the courts must work with agencies towards reunification efforts with as much fervour as locating a foster family or adoptive family. This requires services by child welfare organisations and the legal system, which include ways to reunify quickly and create more stable structures for parents and their children to remain together after brief foster care placement. If we change the paradigm from foster care to family healing, we begin to look at supporting rather than chronically treating the issue with out of home placement. Lack of stable housing, a culture of violence, poverty, institutionalised systems of oppression, all impact families and we are less focused on these issues as concurrent, if not paramount, to individual challenges faced by parents. Rather than dismantling the family we need to rethink the harmful societal and institutionalised elements that create pressures for families to parent successfully. Children need to be with their families of origin, if at all possible.

### **Shortage of foster homes**

There is a need for more stable foster homes for children who require out of home care. There is a lack of foster homes and current foster parents are overworked and overused. Recruitment and retention of foster families have been problematic, and interest to be a foster parent has declined. Agencies and child protective

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<sup>85</sup> [Child Trends: Foster Care](#)

services are struggling to find homes where the substitute care providers are willing to become permanent caregivers should the child not be able to reunify with his/her family. This problem has become more critical with a heroine epidemic sweeping certain parts of the country requiring more foster home placement in certain jurisdictions. There is also a lack of foster families apt to care for older teens, children with severe disabilities and children of color.<sup>86</sup> Congregate care has seen a reduction in use in the states, with a movement towards placement of children within fostering families, not institutions.<sup>87</sup> These issues imply a need for more concerted recruitment efforts for diverse, stable and dedicated family foster homes.

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<sup>86</sup> [More kids for fewer homes, The Chronicles of Social Change, 26 August 2016](#)

<sup>87</sup> Congregate care is defined as a placement setting of group home (a licensed or approved home providing 24-hour care in a small group setting of 7 to 12 children) or institution (a licensed or approved child care facility operated by a public or private agency and providing 24-hour care and/or treatment typically for 12 or more children who require separation from their own homes or a group living experience). These settings may include child care institutions, residential treatment facilities, or maternity homes. See [national look at the use of Congregate care in child welfare](#), Children's Bureau, US Department of Health and Human Services

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