Written evidence submitted by CoramBAAF

Introduction and context

1. There is one fundamental driver that the care system as a whole and fostering in particular must embed in everything that is does –

   Children and young people who cannot be cared for by their birth parents or birth family need the equivalent of a family life that becomes their secure base from which they develop a positive sense of their own value, experiences and subjective well-being. Above all, this needs to be embedded in and connected to those that care for and about them. It is also essential that this is experienced both in the present and into the future and it enables the child's positive engagement with people and opportunities such as school, the wider community and society as a whole. The conditions that facilitate this have no more meaningful description than that of parenting and family life.

2. While family life at a general level may be diverse and multi factorial in the way that it has come to be embedded in the day-to-day reality of how life is lived, there has never even been a proposed alternative model. A child needs a family and the life long commitment of a family. It is our hope that in everything the Select Committee explores in its Inquiry, this is the fundamental issue that it returns to.

3. For the care system and for fostering, it is essential to recognise that all children are born into a family. They have their parents, their grandparents, aunts, uncles, maybe full and half siblings and others. The law recognises the fundamental right of the child to be brought up and live with their family or to remain connected to their family unless their child is adopted. Alongside this, it is the case that many families find themselves in difficulty and this can involve a wide range of temporary or longer standing issues. The State provides a wide range of universal services to support families but there are also some circumstances where local authorities have a responsibility to provide specific services or interventions –

   - Where a child is identified as being 'in need', then local authorities have a responsibility to support the child and their family.
   - Where the child is at risk – from their family or others - then the State has powers to make a child protection plan and provide services to facilitate the objectives of that plan.
   - Where the parents request that the local authority care for their child, then the child can be accommodated usually in foster care, until the parents request that the child returns home as their problems are resolved.

- Where a local authority identifies that the child is at risk of significant harm, then it can apply to the court to remove the child and where the court agrees, the child will usually be placed in foster care. The State then has a responsibility to immediately plan to meet the child's needs and within 4 months to identify a long term plan for the child – to return home, to be cared for by the extended family or to be placed in an alternative family arrangement – foster care or for some, to be adopted.

4. The significance of parenting and family life informs every one of these actions with the child's family of origin playing a significant part in every plan. When that plan is adoption, the State through the local authority and the courts can dispense with the consent of the parents to that plan and when an Adoption Order is made, the legal relationship between the child and the birth parents is severed. However, that relationship may continue in some form through contact arrangements and may for some children become active or re-built as the child matures.

5. The provision of an alternative family life for the child must always take into account the fact that child already has a family - legally and most importantly from the child's point of view -subjectively. The parent's ability to exercise their rights defined as their 'parental responsibility' may be curtailed to a large degree for those families where the threshold for significant harm to the child has been crossed and a Care Order and plan is made. The court in making any decision is required to consider in examining the local authority's plan to take into account that:

    - The child's welfare is paramount,
    - The plan and any decision in relation to the child is proportionate in balancing the various options open to the local authority and the court,
    - The plan takes into account the requirement that any order the court may make should address the need for the 'least interventionist' approach.

6. Fundamental to any plan is the welfare and needs of the child and their membership of their birth family. What is a major challenge in every plan is the requirement to agree a plan that:

    - Addresses the known current needs of the child in the context of and centred on the core requirement of a 'family for life',
    - Recognises their continuing membership of their family of origin, community and the history associated with this,
    - Recognises the evolving capacity (positive or negative) of their family of origin to resume their care of the child
    - Enables the evolving picture of the needs of the child and the capacity of the 'new (foster) family' to respond to this.

7. Throughout this, there is a particular issue that will have a significant impact on the plan and the development of the plan and that is the fact that the new *(foster)* family does not have 'parental responsibility for the child. The local

authority exercises 'parental responsibility' as a corporate body if the courts make a Care Order. The foster family may hold 'delegated authority' in relation to the child that allows decisions and actions to be made by the foster carers as defined in secondary legislation and as agreed by the local authority. But the degree to which this is meaningful for the child and carers is the result of the evolving and subjective experience of the child and their carers in the context of the legal responsibilities and duties of the local authority as a corporate body and the birth parents. For the child and the carers building a family life is therefore challenged in various ways. There may be questions about or even serious conflicts about family loyalty, identity, membership and views about the future. For some this may be an issue from time to time and for others fade into the background. But it can never be assumed to be a settled issue – not least at periods of transition such as leaving care. There always likely to be questions about the ways in which the 'ordinariness' of family life as it is lived is compromised by overarching legal responsibility of the corporate parent and the ties with the child's family of origin.

The needs of the child

8. There is no single definition but children in foster care must be considered to be some of the most vulnerable children in society. At the same time they are children with all the potential to develop and growth, to make relationships, to be curious, to learn, participate in and contribute to society. They should not be stigmatised and set apart from other children or carry the burden of assumption that they are in care because they are 'difficult' or 'at fault'.

9. It is almost certain that adversity in its many forms will have impacted on each child in significant ways. This may a combination of genetic factors, poor antenatal care including exposure to risk factors such as alcohol or prescribed or illegal drugs and domestic violence while in the womb. Post birth, there may be exposure to various forms of neglect – poor levels of parental sensitivity or stimulation, inadequate nutrition, warmth, hygiene and health care. This may be added to by abuse - emotional, physical or sexual. Family relationships may be challenging with serious mental health issues, alcohol and drug use and learning difficulties, changes of partner, conflict and abuse between adults and significant household instability. Community and societal factors may also be significant such as violence, gangs, poor housing and inadequate income. Disengagement from positive societal influences may be significant for the child and family – the wider family, community resources, local authority children's services, schools and health. These may be relatively short-lived issues – a specific crisis - or long-term and sometimes generational issues. They may appear from day 1 of the child's life and continue, or become significant issues at particular points in the child's life through to 18. It is not easy to predict what may happen to each individual child from these factors given the multiple influences that interact with each other and then over time. But the cost to each child of these adversities and the number and dosage of these adversities cannot be underestimated in terms of their impact on their physical health,

mental health, educational achievements, employment and contribution to society over the life course[1]. Resilience through its recent conceptual and research developments plays an important part as mitigating factors in a child's life and this must not be underestimated when considering and planning for developmental recovery.

10. The most important factor in all of this is recognising the significance of family life and parenting with safe, meaningful and established relationships as absolutely core drivers. The challenges of the issues that arise from adversity are the challenge of the issues for foster care and foster carers. They are also challenges for social workers, health professionals, teachers and lawyers and others as well but from a child's point of view the day-to-day experience of those that provide their family life is key. At one level this might be understand as the intimacy of family life – physically, emotionally and socially. At another, it has been defined by Sroufe (2005)[2] as compromising of a number of identifiable parenting factors –

    - Regulation of arousal
    - Appropriately modulated stimulation
    - Provision of a secure base and safe haven
    - Appropriate guidance, limits and structure
    - Maintenance of parent-child boundaries
    - Socialisation of emotional expression and containment
    - Scaffolding for problem solving
    - Supporting mastery and achievement
    - Supporting the child's contacts with a broader social world
    - Accepting the child's growing independence

The foster carer's role

11. Foster carers draw on their own personal understanding and experiences of the issues of parenting and family life. This will combine:

    - What they themselves have experienced as children, adolescents and adults in their own families,
    - What they have experienced with any children they may have,
    - Their wider experience of children in their family or the community and any professional experience or training they may have had.
    - Their motivation, capacity and competence to become a foster carer

12. In their preparation and application to be approved as a foster carer, various aspects of this will be explored with a focus on the balance of positive and

[1] See https://www.cdc.gov/violenceprevention/acestudy/about_ace.html

[2] Sroufe, L. A. (2005). *The development of the person : the Minnesota study of risk and adaptation from birth to adulthood*. New York, NY: Guilford Press.

negative factors such as safeguarding, motivation, early, later and current life experiences, health, current housing, employment and financial circumstances.

13. Although tightly regulated, being approved as a foster carer cannot and does not draw on a single or simple model of what it means to be a foster carer. And what is particularly difficult to identify is the response of a foster carer to the reality of any individual child being placed with them – the way that they and their family adapts to the uniqueness of that child, negotiates the practical, emotional, learning and social needs of the child and builds forms of trust given that separation, loss and grief, trauma and anxiety that are likely to pervade the child's past and current subjective experiences. Helping the child to settle and conveying a realistic and sensitive view of who the foster carer/family is and what they are planning to do is challenging for carers. This is probably so in all placements but there are particular issues when the child has experienced their birth parents and family life as neglectful or abusive, where little was predictive on a daily basis and 'trust' in adults a foreign and suspicious concept. At the same time, the child's relief when regularly and appropriately fed, clothed and bathed, the absence of anxiety or uncertainty in daily routines, the warmth of a family life, being listened to and having fun cannot be underestimated. But unlike 'typical' family life, there is always likely to be questions in the child's mind about their new carers, their new family and the circumstances of the placement –

    - 'Can I trust you?',
    - 'Who are you and why are you doing this?',
    - 'What happens next?',
    - 'Where is my mum or dad and when will I next see them?'
    - 'Where is my brother or sister and are they OK?'
    - What happens about school, my friends, my football team, my exams, my teacher?'
    - 'Can your dog sleep with me tonight?'
    - 'Can I go to the Mosque?',
    - 'What is a fork?'
    - 'I don't want you to bath me?'
    - 'Are you going to hurt me?'

14. Familiarity, consistency and predictability are the norms of family life and parenting although variability, change and the new are also common. The complexity of building or re-building relationships for each child in their particular circumstances is at the heart of foster care. For some it may be relatively straightforward, for others a Herculean struggle. The support needed, the openness of communication between professionals, carers, birth parents and children and the respect owed to foster carers in the challenge of this task are at the core of the foster care system. The problems that the system has in addressing this has been recently identified in a University of Bristol study of the impact of 'compassion fatigue', 'burnout' and 'secondary trauma' and its consequences on foster carers[3].

Some current issues

15. While foster care needs to be re-invigorated and improved, it is important that this is balanced in exploring this. Many children do well in foster care, certainly compared to those in similar circumstances who return home. In a study by Biehal (2010)[4] that compared three forms of permanent placement – long-term foster care, adoption by foster carers and adoption by 'strangers', the placement choice made was strongly associated with the child's age at last entry to care – in long term foster care placements that were unstable, the children were on average 5.3 years, in stable foster care, 3.9 years, in adoption by foster carers, 3.1 years and adoption by strangers 1.5 years. Age was a significant factor in many of the outcomes explored – so while 28% of the long term foster care placements disrupted and 11% of the adoption placements, the placement type needed to take into account the older age of those children entering long term foster care. Related to this was the severity of the child's emotional and behavioural problems with those in unstable foster care, at higher risk when assessed using a standardised measure[5]. At the same time, the SDQ scores of those children in long term foster care was similar to those children adopted and this persisted over time. Alongside this was evidence of the foster carers' parenting style being less 'accepting' of the child and their circumstances. And finally significant events in foster carer's lives had an impact on placement stability and security e.g. divorce and bereavement.

16. Examining the current functioning and operation of the foster care system and identifying a strategy for improvement will mean returning to these issues as the primary drivers.

> *The child or young person must be at the centre and the adults that care for and support the child are the foundation. The infrastructure surrounding this and the means by which it allows the development of and sustains the child and foster family are the questions that are fundamental to the Inquiry.*

17. The foster care system in England has developed over many years and for most of the children who are care for by the State, it will be core to their experience. Although comparisons with other countries are not straightforward, the commitment to family life through foster care in he U.K. is a substantial achievement over the last 50 years. This has not been replicated in the same way in other countries outside of the U.K. At the same time the efficiency and effectiveness of the system has been routinely subject to searching questions in both policy, research and practice development. Some of these questions have been focussed on issues such as:

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[3] http://www.bristol.ac.uk/news/2016/november/foster-carers.html

[4] Biehal, N., Ellison S., Baker C., Sinclair I., (2010) Belonging and Permanence: Outcomes in long-term foster care and adoption, London, BAAF

[5] The Strengths and Difficulties Questionnaire (SDQ)

- The stability of placements and the numbers of placements a child may have during their care experience.
- The poorer levels of educational outcomes for looked after children[6]
- The higher levels of emotional and behavioural difficulty for looked after children[7],[8]
- The post code lottery of provision and the standards of local services
- The role of the independent fostering sector, commissioning issues and the development of the market.[9]
- The high number of poor ratings of local authority children's services following OFSTED inspections.
- The adequacy of support, training, skills and knowledge available to foster carers to ensure that children receive the highest level of care specifically addressing their needs and issues arising out of prior adversity.
- The level, investigation of and outcomes from allegations made against foster carers[10].
- The system that addresses the needs of care leavers and the adequacy of 'staying put ' arrangements and other post care systems and entitlements.
- The higher levels of teenage pregnancy and repeat pregnancies in looked after young girls[11].

What kinds of young people are looked after

18. A significant study of the care system was undertaken by Sinclair in the early 2000's[12].[13] The study described the basic characteristics of all the children and young people who were looked after in the course of a year. Among those over 11, for example, some are very disabled and their high dependency needs are such that care arrangements must take this into account. Some have 'no place to be' – they have never settled in the care system and cannot go home either. Others have had long-term placements, usually with foster carers but

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[6] http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2015/12/EducationalProgressLookedAfterChildrenKeyMessages_Nov2015.pdf

[7] Ford et al (2007) Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. Br J Psychiatry 2007;190;319-25

[8] http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2014/09/onlineMentalHealthExecSum.pdf

[9] https://www.demos.co.uk/project/commissioning-in-childrens-services-what-works/

[10] http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2016/06/ImpactofUnprovenAllegations_ReesCentreJuly2016.pdf

[11] http://bjsw.oxfordjournals.org/content/early/2015/12/14/bjsw.bcv130.full

[12] Sinclair, I., Baker, C., Lee, J., & Gibbs, I. (2007). *The Pursuit of Permanence : a study of the English Care System*. London: Jessica Kingsley.

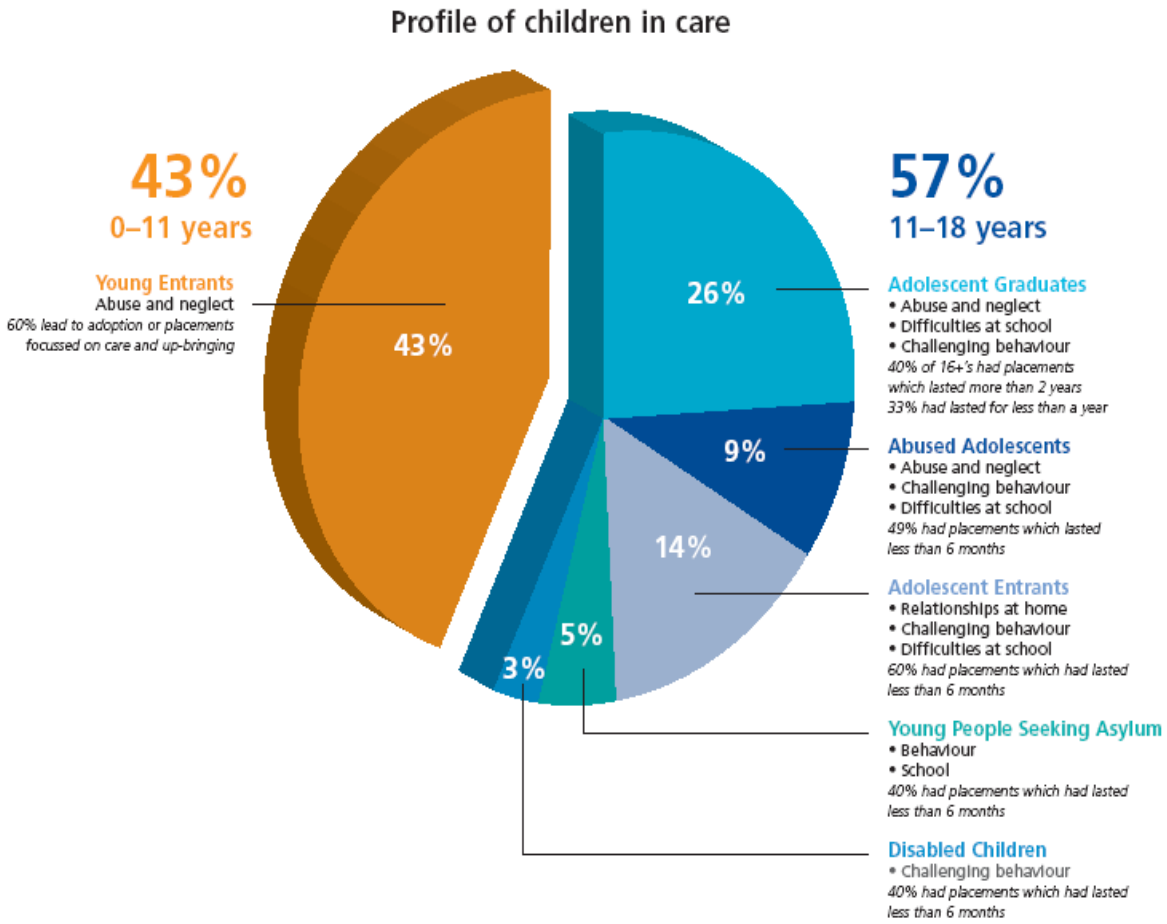
[13] The material drawn from this study used was prepared as dissemination messages by Sinclair and BAAF from the original findings. That material was not finally published and is used here in edited form.

sometimes in residential care. A few have entered during adolescence either because they are seeking asylum or because of serious problems at home with their parents. They may be looking not so much for a 'home in care' as respite and a launch pad from which to make their way out into the world.

19. For statistical purposes the study grouped the children into 6 groups.

- Young Entrants,
- Adolescent Graduates,
- Abused Adolescents,
- Adolescent Entrants,
- Young People who were Seeking Asylum and
- Disabled Young People.

20. The chart outlines the six groups and the proportions they made up of those looked after in the course of the year.



YOUNG ENTRANTS

21. This group makes up 43% of the care population

22. These children are under the age of 11 and are looked after primarily for reasons connected with abuse (65% of under 11's compared to 35% of over 11's) and neglect and where the child's family has many identified difficulties. They are much more likely than other groups to be in care on a Care Order. Overall they made up 43 per cent of the 'care population' (i.e. of those looked after at any time in a given year)

23. In terms of movement, three features stand out.

    - Very few children who first enter care under 2 are still looked after at 16
    - Entering care between age 2 and 4 increases the likelihood of being in care at 16+
    - Children entering care between age 5 and 9 are commonly still looked after when they are aged 10 to 15

24. The reasons for this are probably that very young children either go home or are adopted. As children grow older, it becomes more difficult to place them for adoption. Only 23 children out of 4500 who were first looked after age 5+ were adopted. For the children that remain, other plans become necessary as they are likely to be in care for a considerable period of time. A significant number of the under 11's will become a member of the next group – adolescent graduates.

ADOLESCENT GRADUATES

25. This group makes up 26% of the care population

26. These are young people who entered care when they were under 11 and therefore started their pathway as YOUNG ENTRANTS. Their chance of going home in the next year is low –around 5 per cent of those aged 11 to 15 will leave the system before the year is out. They are thus effectively being brought up in care. In comparison with YOUNG ENTRANTS they have more difficulties at school and their behaviour poses more difficulties for the adults who are caring or responsible for them.

27. This group make up around six out of ten of those who are looked after when over the age of 11 and the age of 16. On average the current placement was more than five and a half years since their last admission. In keeping with this, their average length of stay in their latest placement was just under three years. This average, however, conceals large variations. Just under a fifth (19%) had spent less than six months in their latest placement. At the other end of the spectrum just under a fifth (19%) had spent five years or more.

28. Many of the 16+ young people are therefore not in stable and secure placements and where they are, they will be confronted by the care system's plan for them to move on.

ABUSED ADOLESCENTS

29. This group makes up 9% of the care population

30. These young people are first admitted to care when they are over 11 for reasons of abuse or neglect. In comparison with the ADOLESCENT GRADUATES they are more challenging in their behaviour to their carers and others responsible for them. They are more disaffected at school and were consequently doing poorly there. Difficulties of this kind combined with their late arrival meant that comparatively few of the abused adolescents had achieved a stable placement. Nearly half (49%) had been in their latest placement for no more than six months. Only 18 per cent had been in their placement for more than two years.

ADOLESCENT ENTRANTS

31. This group makes up 14% of the care population

32. These young people had entered care over the age of 11. They were less likely to have been abused but their family difficulties were quite pronounced. Their integration and performance at school was poor and they had high levels of challenging behaviour. Difficulties of this kind meant that ADOLESCENT ENTRANTS rarely had placements that lasted long. Six out of ten had had the latest placement last for less than six months. By contrast only 12 per cent had one that exceeded two years. Only a quarter of this group were in placements planned to provide 'care and upbringing'. So the issue may be not how to provide them with a more permanent home 'in care', but rather identifying what it is that they most need to establish themselves on a more satisfactory path to early adulthood.

YOUNG PEOPLE WHO WERE SEEKING ASYLUM

33. This group makes up 5% of the care population

34. This group of young people is a distinct group because of their immigration status. Almost all of them are over the age of 11 and by the nature of their arrival in the U.K. both want as well as need to be looked after. As a group, they are far less likely to be seen as displaying challenging behaviour or having difficulties at school than other young people who are looked after and they are much more likely to be seen as accepting the need to be in care. These young people have suffered severe dislocations and sometimes trauma. A question mark hangs over their status and future. They may well have more problems

than their accepting behaviour would suggest. These problems, however, do not show themselves in the same way as those of the rest of the care population.

35. The degree of long-term security that could be offered to them was low. Forty per cent had a current or last placement that had lasted for less than six months. Only 12 per cent had a placement that lasted for more than two years.

DISABLED YOUNG PEOPLE

36. This group makes up 3% of the care population

37. The defining characteristic of this group is that they are looked after primarily because of their disability. They are a small group of young people but this does not mean that very few of those who are looked after are 'disabled'. Other disabled children are 'looked after' because they are neglected or for other reasons and they will be found in other groups because that is the primary reason they entered care.

38. As a group these disabled children tend to be older and have been looked after for longer. They are also more likely to be male and they show, on average, much higher levels of challenging behaviour although the reasons may be different to those found in other groups. Eighteen per cent have a latest placement that has lasted for less than six months. By contrast 38 per cent have one that has lasted for two years or more. Four out of ten, however, are in residential care so these longer placements do not necessarily offer an experience of family life.

SO WHAT ARE THE ISSUES FOR THESE GROUPS?

Different Policy and Service Frameworks

39. The study's core assumption was that all children and young people have the same need for a family base where they feel secure and to which they belong. However, the six groupings identified suggest that this objective and the way professionals pursue it will vary across the different groups. The most important conclusion to be drawn from this is that each group requires a different policy and service framework. As an example, if very young children do not return home, there is real possibility that they can be adopted, whereas adolescent entrants with challenging behaviour have almost no chance of this. Adolescent graduates therefore will need a specific policy and service framework that focuses on enabling them to become 'more settled' in themselves before they can build the kinds of roots that provide for a more secure pathway i.e. services that address challenging behaviour, disaffection and attainment at school and other consequences of a disrupted life. Each group will be examined

in relation to the specific questions for that group later. Here we look at information that applies to all of the groups.

How do children and young people move into, out of and within care: entrances, exits and intended movement

40. There are four main pathways that children and young people follow as they enter and leave the care system.

- Some children enter the care system and return home quickly.
- Some young children wait until they can be placed for adoption.
- Some return home after a longer period in care; their Care Orders are discharged or replaced by other Orders such as Residence Orders[14]. Others leave for other service provision such as the criminal justice or health systems.
- Finally a large group leave the system (via leaving care arrangements) because they are approaching 18.

41. These movements are all very different and raise a variety of different issues. However, there is one issue that continues to stand out and was first identified in research in the 1980's.

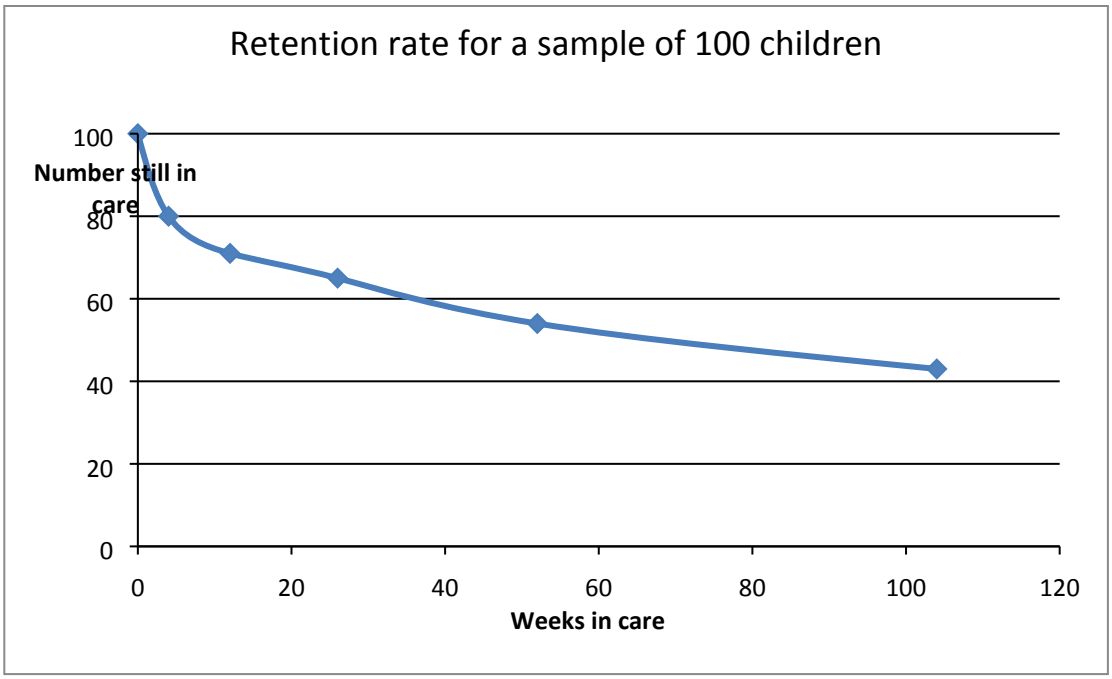
42. Rowe, (1989) identified and described a 'leaving care curve which showed that the longer a child was in care, the chances of them remaining in care increased significantly. Rowe forcibly argued that there needed to be proactive early planning and decision making to ensure that children did not 'drift' into long term care arrangements.

43. These issues remain. In the sample for this study–

- 89% of children and young people who entered care stayed for at least a week
- If a child or young person stayed for a week, 90% of them would stay for 4 weeks
- If a child or young person stayed for 4 weeks, 89% of them would stay 12 weeks
- If a child or young person stayed for 12 weeks, 91% of them would stay for 26 weeks
- If a child or young person stayed for 26 weeks, 83% would stay for 52 weeks

44. Around eight out of ten of those who had been looked after for a year were still looked after a year later. These figures are set out in below.

[14] Now 'Child Arrangement Orders'



Exits: Returning Home

45. The objective of returning children home quickly is still as strong as it was when Rowe first identified the 'leaving care curve'. (for a discussion of the issues see (Biehal 2006; Biehasl, 2007[15]) However, as an objective it has to be consistent with the responsibility to safeguard children and fully meet their developmental needs. Achieving this balance can be very difficult as the importance of early decision making needs to be set against the risk of a return home that breaks down and results in a further admission. (Farmer, 2011[16])

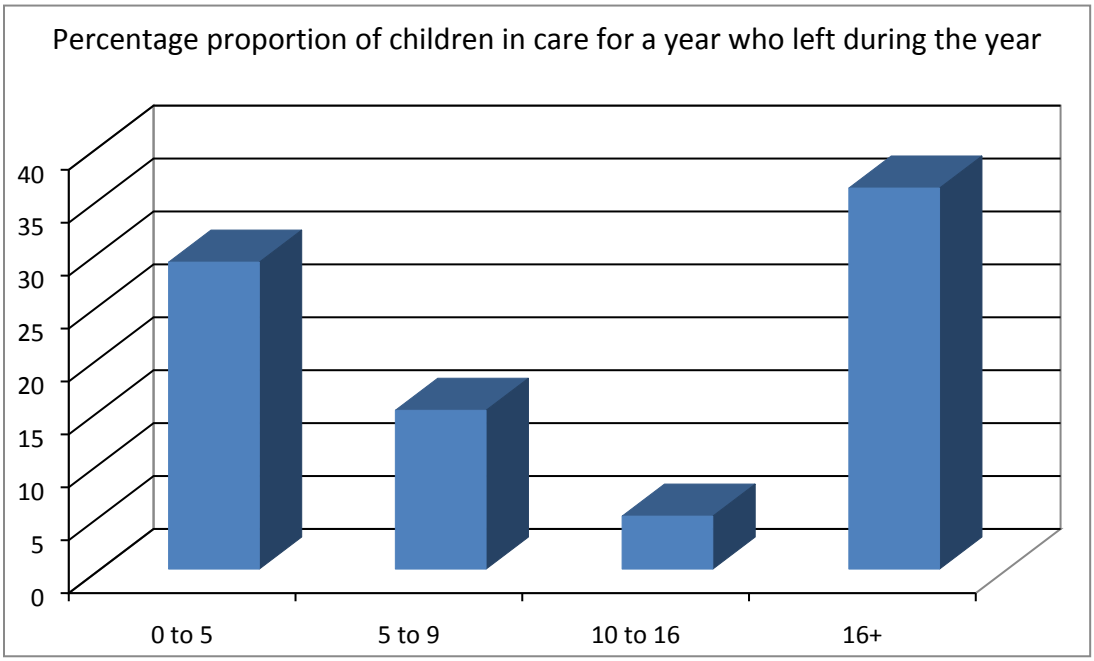
46. The study identified that for a significant number of children, returns do not work out. For example, nearly six out of ten of the teenage graduates had experienced at least one repeat admission. Those with this experience had poorer outcomes, more placements and less stable careers than those who had not.

47. There were also very large differences between councils in the proportions of children returning home within the first year. These differences were not explained by differences in the characteristics of the children. Councils which returned high proportions of children quickly had higher proportions of children who had experienced repeat admissions.

[15] Biehal, N. (2006). Reuniting Children with their Families: Reconsidering the Evidence on Timing, Contact and Outcomes. *British Journal of Social Work, 37*(5), 807-823. doi:10.1093/bjsw/bcl051

[16] Farmer, E., Sturgess, W., O'Neill, T., & Wijedasa, D. (2011). *Achieving successful returns from care: What makes returns work?* London: BAAF.

48. In general, those children who are going to return home do so quickly as the 'leaving care curve' demonstrates. Those who do not return tend to stay for longish periods of time. This results in the 'build up' of a 'long-stay population'. At any one point in time around three quarters of the study's sample had been looked after for a year or more.



49. Among this long-stay group, the child or young person's age has a very significant impact on their chance of remaining in care. Those who have first entered care under five have a relatively high chance of being adopted if they do not return home. Those who have first entered the system aged 5 to 9 are much less likely to be placed for adoption and are less likely to leave the system at all. Those aged 10 to 16 will not be adopted. Their chance of leaving the system in the next year is low (about 5% do so). Those who are over 16 may graduate out of care via a 'leaving care pathway'.

Exits: Becoming adopted

50. The research showed that adoption plays a key role in preventing a 'build up' of some children who are in care. Some authorities make much more use of adoption than others and these differences are not explained by differences in the characteristics of the children. In all authorities adoption is largely restricted to those who are first looked after under the age of five. Among the under 5's, those who first enter care as babies are much more likely to be adopted than those first entering care when they are 2 or over.

Later exits

51. Almost all those who leave care within a year of admission go home. Most of those who leave later do not. In this long-stay group those who are under 10 mainly leave, if at all, for adoption. Very few of those who are over 10 and have stayed for at least a year go home. A small minority of them may leave through residence orders or late adoption (special guardianship was not available at the time of the study). A few may not settle in care and go home, not because this is necessarily the best option, but because there seems little other choice. Otherwise their chance of becoming a 'care leaver' is high.

52. There are sizeable differences between authorities in the likelihood that these longer staying children who have spent a year in the system will leave it within the next year. These variations are not explained by differences in the children's characteristics.

Intended movement

53. As identified through this submission, the Sinclair study identifies that the overall objective of the care system is to establish and sustain children and young people in stable and permanent placements – with people who care for them and in a place that they can call and identify as 'home'. These placements provide the core conditions that enable and promote their development. Children who had such a base and were settled in it were also more likely to be doing well across a range of important dimensions. Any one placement therefore, needs to be evaluated for its contribution to the overall objective of securing this primary goal. This suggests that placements and movement fall into one of two groups –

    - those that are important and necessary in order to achieve stability and permanence for a child in achieving the long term objectives in their care plan.
    - those that are unplanned and signal either difficulties for the child or young person in settling into a placement or in the system's capacity to provide placements that move them in that direction. These placements and the moves they generate are potentially disruptive and damaging to a child or young person's welfare and do not obviously contribute to achieving the long term goal.

54. Some moves in care have to be accepted. Some placements aim at assessment or 'treatment' and are designed to end. However, even when moves are intended, they are likely to be upsetting and worrying for children and young people and require carefully planning. There is therefore a need to keep these moves to a minimum and balanced against the contribution that they make to achieving the overall plan for the child.
55. In all age groups the most common reason for movement was almost certainly that it was intended. Much intended movement occurs close to the time a child

is admitted. As the time since admission increases, the proportion of those with a plan for permanent substitute care increases sharply from 28% to 73%. However, the shift to a plan for permanent care does not necessarily mean that the child quickly acquires a permanent placement. Children may move from emergency to short-term placements, or to placements designed for assessment. Others may move to 'semi-permanent' placements in which they wait for adoption, or to placements where they are better matched or can live with their siblings. Most children looked after during the year are not in placements that are meant to last. These moves tend not to be evaluated in terms of whether the sequence of moves contributed to the child finding a satisfactory placement in the end.

56. Unplanned and unintended movement is different. It needs to be understood and addressed both in relation to each individual child but also in relation to the messages it conveys about the operation of the system as a whole. In particular, these messages will ask strategic as well operational questions and they will need to be answered in order to address the systemic causes of unintended movement. We consider its causes and consequences when we look at child well-being.

Entrances, exits and intended movement: issues

57. Local authorities appear to be handling these 'entrances and exits' in very different ways. Different groups of children exit the system at different rates. The reasons for intended movements vary – for example, an authority may decide to look after as many children 'in-house' as possible and move them for this reason. Another authority might decide to leave them where they are. All these differences have financial implications (long-term care is expensive) and for the welfare of the children (failed attempts at rehabilitation can have serious long term consequences).

58. The key issue for the care system as a whole is in identifying a care plan for a child or young person that maximizes the possibility of establishing a placement that meets the child or young person's needs in the long term. There are serious potential downsides to all decisions. A plan to return home has a high risk of failing to work out, and if it does fail, may result in the loss of the chance of adoption because the child is of an age where identifying an adoptive placement is too difficult. Staying in the care system does provide some children and young people with a 'family' that meets the objectives of 'care and upbringing'. But most get at best serial parenting marked by more or less frequent movement. Even those who achieve some form of stability are expected to leave it before and certainly when they are 18 – accepting that 'Staying Put' and other positive support packages are expected to be in place.

Placements: the building blocks

59. At any one point in time about seven out of ten the children who are looked after are in foster care. All the authorities studied used foster care as the dominant placement choice. There are, however, quite wide variations in how much they do so. There are even more striking variations in the degree to which they use more specific forms of care. So some authorities are much more likely than others to use family and friends care, or residential care, or placements in the independent sector, or outside the authority or with parents on an order.

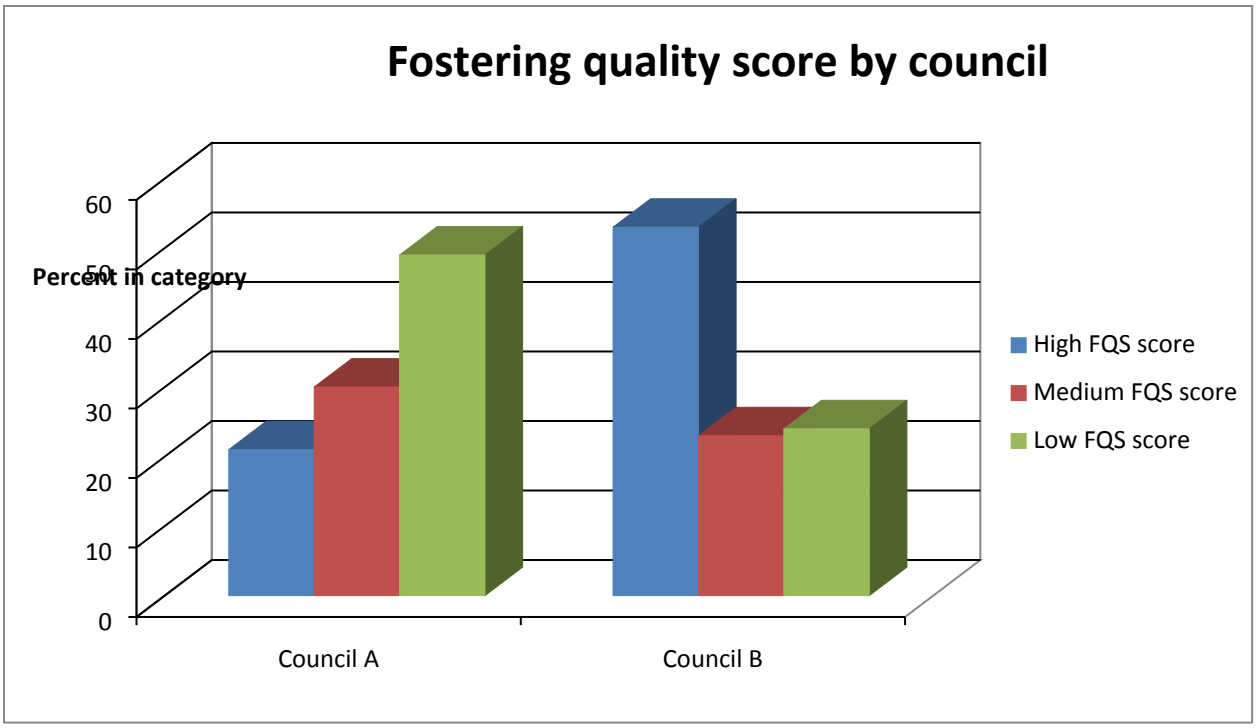
60. Variations in the kinds of placements used are matched by variations in their quality. As will be seen below these variations were particularly important.

Assessing the Quality of Foster Care

61. Social workers considered the quality of placements to be vital. They had no difficulty in describing the kinds of foster carers they were looking for - warm, loving, committed, flexible, able to work with the children's families, realistic and clear in their expectations and able to work with professionals. They also identified one other critical aspect – that different foster carers suited different children.

62. Sinclair's research used two approaches to assessing quality. The simplest was to ask social workers to rate the quality of the child or young person's placement. A second was to ask social workers or staff with a particular knowledge of residential units a series of questions based on previous research that has predicted outcomes.

63. The latter method of measurement provided a 'fostering quality' score' intended to identify those placements that were 'good' at meeting a child or young person's needs and those which were not. The maximum fostering quality score was 32. A quarter of all carers scored at this level and nearly four out of ten scored 30 or over. A quarter scored under 25. There were however, striking variations in the quality of placements within and, to a much lesser extent, between authorities. When the study divided the scores into high, medium and low scoring groups, one council had rated over half of its carers in high group while another just under half in the low group.



Placements: issues

64. The study identified that there was considerable variation in the kinds and the quality of placements used by councils and that there were many reasons why this was so. These variations have major implications for cost and, more importantly, for children and young people. So there are significant strategic and operational issues for councils in understanding the profile, use, costs and outcomes of its placement provision. These need to be specifically evaluated against the segmented model of the care system identified earlier. Planning the contribution that placements make to the outcomes of each of these groups is critical to both the effectiveness and to the efficiency of the care system as a whole.

Moving Placement and Child Outcomes

Unintended movement and low scores of 'well-being'

65. After two or three years, about six out of ten children are in placements that are intended to provide 'care and upbringing'. These placements, however, can break down. Once again age proved an important part of this. There was a relatively small group of children who were 'difficult' to manage and who had an unusually high number of placements. The children's characteristics were therefore a source of movement but this only seemed to be the case where a) the child was over the age of 11 and b) the placement was intended to last. Among younger children there was a different problem. Case studies suggested

that they often stayed in placements where they were acutely unhappy but were unable to make their views felt or take action to change their circumstances.

66. Case studies, statistics and material from this and other research all suggest that the reasons for low scores of 'well-being' and breakdown (unintended movement) are very similar. They include:

- The characteristics of the child (e.g., their age, temperament, degree of earlier life experience and behaviour)
- What the child's wishes and feelings are about being in care and in particular whether they accept their need to be in care
- The nature of their contacts with their family
- The quality of their placement
- The degree to which this placement matches their particular needs
- Their school and the degree to which they are happy there

Three challenges

67. This research suggests that the care system faces three challenges:

- How to ensure that 'intended moves' are identified as such and planned in such a way to minimize any disruptive impact they may have and maximize their intended purpose
- How to reduce the number of breakdowns among older children and young people by identifying those factors which make it difficult for them to settle and provide care, health and educational opportunities that they can positively respond to
- How to ensure that younger children who are not adopted or who do not return home are quickly settled into long term placements which last for as long as the child needs it.

Influencing outcomes

68. The study measured two broad outcomes – stability and 'well-being'. Case studies suggested that ideally these run alongside each other. Children flourished when they were in placements where they felt they belonged, where they were cared for, where they wanted to be and where they did not feel a conflict of loyalties.

69. Both statistics and case studies suggested that the achievement of such placements depended on four things:

- the individual child,
- the council responsible for them,
- the social work team and the social worker
- the placement.

70. Any plan to improve these outcomes must take these factors and the interaction of these factors into account. This section focuses not on the children but on those who are trying to help them. One point is particularly important. Councils do not influence well-being directly but indirectly through their influence on the type of placement a child has (e.g. whether it is with kin) and above all through the quality of the placement. If a council does not have effective strategies for influencing this quality, its ability to influence well-being is likely to be very low indeed.

Influence of Councils

71. Councils varied significantly in the numbers of children they returned home, the proportion of entrants who had previously been admitted, and the kinds of placements they made. The likelihood of a positive score on the 'three placements' and 'PSA measures' similarly varied between councils after taking account of the children's characteristics. These variations in practice and provision were not explained by differences in clientele although these were also very large. The findings left no doubt that councils and teams could influence those aspects of movement about which they could take decisions (for example, whether a child should go home).

72. The interviews with managers suggested that they did this through a combination of:

- Policies (e.g. the way that 'thresholds' were established for admitting children into care).
- Central procedures and arrangements (placement panels, procedures for signing off and monitoring care plans) through which the policies were implemented and whether key decision makers were 'signed up' to the policies.
- Resource provision (e.g. recruitment of local foster carers in order to reduce reliance on the independent sector).
- Cultural change (e.g. replacing a team that had a particular approach to risk assessment with another).

73. Councils seemed less able to affect those variables such as 'well-being' or the achievement of a long-stay foster placement that depended heavily on the quality of placements and practice. All the evidence suggested that the quality of a child's current placement had a far stronger impact on how well he or she was doing than either the council or the child's social work team.

74. This leads to the conclusion that that the key influence on particular outcomes is often practice. The problem therefore, is how to ensure good outcomes through the better management of variables that influence practice. These may include training, supervision, quality assurance and selection. The research did not study these directly but did produce evidence that was relevant to them.

Comment [JS]: Spelt out

Influence of teams

75. In some respects social work teams appeared more potent influences on placement decisions than the council. This was particularly so in relation to placements with 'family and friends carers'. However, it was also true of adoption and decisions to return a child home. Like councils, teams seemed able to influence matters on which there were clear cut decisions to be taken. If, as far as possible, like was compared with like, teams seemed to have relatively little bearing on well-being.

Influence of the placement

76. Outcomes varied with the kinds of placements made and their quality.

77. After allowing for differences in the characteristics of the children, only care with family and friends seemed to confer advantages in terms of either well-being or stability.

78. Quality of placements (as judged by the social workers) and quality of foster carer (as judged by the supervising social worker) were both very strongly related to the measure of 'doing-well'. The higher the quality the better the child did. This conclusion held when the researchers took account, as far as they could, of the children's characteristics. Quality of foster care and quality of placement were also related to the length of placement but only if the placement was intended to last and the child was over 11. When this was so, children remained for longer in the 'better' placements.

Influencing Outcomes: Issues

79. So overall there are two main challenges to the system:

- How can the influence of councils be brought to bear on those things they can clearly control so that outcomes improve?
- How can they affect placement quality when this is the key determinant of outcome

Conclusion

80. Sinclair's research has generated data on the kinds of children looked after, the way they move into, out of, and within the system, the placements they have, and the factors that influence their stability and well-being. This data has been used to model the care system and this can be used to identify the way that local systems operate. It can also help to identify the degree to which key aspects of the model in each council are subject to well-developed policies and

procedures including an evaluation of their effectiveness. The research suggests that senior managers in every local authority address:

- The extent to which local policies and practice address the needs of different groups of children and young people
- An audit of the local pattern and approach to the way children enter and leave the system
- The type, quality and use of the placements
- The way that the local system operates that influences stability and well-being
- The systems in place that determine or influence the way that councils, teams and placements ensure good outcomes for children and young people

81. But to return to the core issue for CoramBAAF, the care system must be primarily focussed on the creation of an alternative family life and the parenting that enables this for children who cannot be cared for by their birth parents to developmentally rover and reach their full potential in life. The core issue is relatively straightforward to identify but troublesome to consistently achieve for every child. The details as set out by Sinclair are still key issues despite the passage of time. It is very much hoped that the Education Select Committee in reviewing the evidence submitted from the sector as a whole will generate a strategic and operational set of recommendations and possible solutions. The children and young people we are concerned with deserve and need no less.

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