

Patterns of instability in the care system

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Evidence that children and young people placed in local authority care often fail to achieve 'satisfactory wellbeing in adulthood' is a matter of concern in most Western societies (Stein and Munro, 2008). In England, the chances of children and young people looked after by local authorities achieving five or more GCSE's at A*-C are four times less than those of their peers; these young people are also three times as likely as their peers to be unemployed three months after leaving school and twice as likely to be cautioned or convicted of criminal offences (Department for Children, Schools and Families, 2008a). Data such as these are often presented as evidence of a failing system (see Sergeant, 2006), although there are many, complex factors which contribute to such disappointing outcomes, only a few of which are attributable to children's social care (Ward, 2008). One factor, however, which is likely to impact on the life trajectories of children in care is the unstable nature of placements, again a common problem, both in the United Kingdom, North America and Australia and in much of Europe (Stein and Munro, 2008; Unrau, 2007). English children move home on average three times before reaching adulthood (Moyers and Mason, 1995), whereas it is not unusual for those in the care system to experience the equivalent level of change in the course of a year (Department for Children Schools and Families, 2008b).

While some moves are of positive benefit to the children and young people concerned, others can be damaging to their life chances. Instability is one of the major reasons why welfare outcomes for children in care are often so disappointing, for constant change can have a major impact not only on children and young people's patterns of attachment and emotional wellbeing (Ward, Munro and Dearden, 2006) and their sense of self-esteem and identity (Skuse and Ward, 2003; Unrau, Seita and Putney, 2008) but also on their access to education (Social Exclusion Unit, 2003) and health care (Ward et al., 2002).

The data presented below come from a study commissioned by the Department of Health and the Department for Children, Schools and Families to explore how welfare outcomes for children placed in care might be improved. The study examined the moves of 242 long-stay children for a minimum of 3.5 years after they entered the care of six English local authorities, using quantitative data extracted from case files and qualitative data from interviews with children and young people.

During the study period 965 placements were made and 843 ended. The median length of placements in foster care was four months and 3.5 months in residential care, only a little longer than a school term. It did not substantially increase until the third year of the care episode. While the numbers of placements differed according to children's ages and attributes, even very young children with no additional support needs experienced frequent moves. Instability in care replicated children's experiences within their birth families and reinforced perceptions of transience.

While some placements broke down, the majority of moves were planned transitions embedded in the case management process. This was the single most common reason for placement endings, accounting for 302 (43%) of all moves within care. Some planned transitions were agency-led moves, as children and young people moved to and from placements provided by agencies such as the National Health Service or the criminal justice system. Others were purposive moves to progress care plans, such as moves to place children with prospective adoptive placements. However the majority of planned transitions were resource or practice led, occasioned by a shortage of suitable placements, a lack of choice or inappropriate planning.

Only a relatively small proportion of moves occurred because placements disrupted at the carer's request, although other precipitate moves were initiated by children and young people who refused to stay in placements where they were unhappy. Placements with relatives or with parents were more likely to

disrupt than those with foster carers, in residential units or in independent living. However almost all absconscions were from residential placements.

Placements of children who displayed emotional or behavioural difficulties or who committed offences were significantly more likely to disrupt than those of children who showed no evidence of additional support needs. However about one in six of placements for this latter group ended in breakdown, about half of them for children under the age of three.

There is little doubt that children in care move too frequently, and that such instability can have damaging consequences for many areas of their lives. Measures to reduce placement breakdown might include greater support for relatives, who often receive insufficient financial or emotional help to cope with very complex situations, and focussed training and support for residential workers who sometimes do not appear to have the skills to cope with difficult situations when they arise. However stability will not substantially improve without addressing the extent of movement endemic in the system. Much of the instability reflects how social workers and the courts struggle to acknowledge that some parents will not be able to provide adequate care within a child's timescale. As well as improved resources and greater placement choice, improved stability also requires more realistic planning, better decision making, and an acknowledgement that care can be both necessary and beneficial to some children.

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