Stability and Well-Being in the Care System

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Introduction

This note discusses placement stability in the care system. It deals with the reasons for stability or the lack of it, its relationship with the children's well-being, and the ways in which both stability and well-being might be improved

Sources

The note draws on research carried out by the author and colleagues over the past ten years. The main references are to:

- The Pursuit of Permanence (1) – a large, quasi-longitudinal study of 7399 children of all ages in 13 authorities which provided both an analysis of stability and a more general study of the English care system.
- Fostering studies (2, 3, 4) – A longitudinal study of 596 foster children of all ages, picked up at a particular point in time, and followed over three years. The study focussed on foster carer turnover and morale (2), why placements did well or badly (3) and why the children's careers turned out as they did (4).
- Studies of residential care (5, 6) – Two separates studies, one by the author and Ian Gibbs (5) and a more recent one by Leslie Hicks and colleagues (6). These analysed the differences in performance of residential units, the reasons for these, and, in the case of Hicks's study, the relationship to cost.
- Research reviews – Three scoping reviews dealing with foster care studies funded by Central Government (7), British studies of residential care (8) and the research initiative 'Costs and Effectiveness of Services for Children in Need' (9).

The publications listed above give detail on the methods used in these studies. There is not the space to describe them here. In general our research is 'observational', relying on differences that occur naturally rather deliberate experiment. Typically we try to explain

outcomes statistically, seeking to estimate the effects of differences between interventions after allowing for differences in their clientele. We also try to test the reliability of conclusions by looking at different kinds of evidence (e.g. statistical evidence and the views of children and practitioners) and assessing how far the findings fit with common sense, and form a pattern. In reaching conclusions we have sought a much higher standard of evidence for conclusions that either run contrary to common sense or could cause harm.

Findings

Nature of Stability or Instability and Reasons for it

The most common measure of instability is the proportion of children in care on 31st of March who have had three or more placements in the course of the year. A less well known measure is the proportion of children in care for four years who have been fostered with the same carer for the past two. A newer measure is 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.

These measures depend to varying extents on a) planned moves and b) unplanned placement breakdowns. So moves can, for example, include the rapid move of a baby from a hospital bed to an emergency foster placement and thence within a day or two to a longer term placement, or the breakdown of a foster placement that has lasted five years and was expected to be permanent.

In general, most placements are meant to end within a reasonably short time and thus imply moves. This is particularly so at the beginning of a period in care. The aim then is to hold the situation temporarily, provide a time for assessment, and sometimes to prepare a child for a suitable longer term placement or allow time for one to be found. Changes may also be made between similar placements, for example, to ensure more ethnically matched placements, bring siblings together or reduce the number of out of authority placements. Returns home which fail and placement breakdowns ensure further cycles of planned placements. (See 1).

The likelihood of and case for long-term family placements is not the same for the all the varied groups sheltered by the care system. These include young children, children who

entered at a young age and are now adolescent, adolescents who have been abused, adolescents entering because of their behaviour and the breakdown of family relationships, a small group of severely disabled children and young people seeking asylum (1). As an example, some adolescents do not want a 'family home' but may need a time limited placement where they can 'get their head together' (1).

Placement breakdowns are mostly found among older children. Here they are almost certainly affected by the quality of the placement (1, 3, 4, 5, 7, 9) as well as by the wishes and behaviour of the child. By contrast, placement stability among younger children does not go with placement quality (1). Some older children complain that when younger they spent far too long in placements where they were acutely unhappy. Case studies suggest that some older children also want a move but are not assertive or difficult enough to get one or are just waiting out time with families they do not like (1). Other children have 'no place to be', moving frequently from placement to placement and unable to find a home with their own family or elsewhere. Their situation is made worse because they lose touch with people they value. For example, few return to previous carers after a failed attempt at return home though some at least would like this.

Relationship between Instability and Well-being

Children who move a great deal also tend to have worse mental health, worse educational records and so on. Movement clearly disrupts education and so the association here may be partly one of cause and effect. Poor mental health increases the chance of a move (3, 4) but the reverse may not be true (3). A rather neglected kind of movement arises from failed returns home. Children who have such returns do 'worse' on a variety of measures (1). This worse performance may or may not reflect cause and effect. Where it arises from re-abuse, it probably does (4). In general, moves cost money (9), prevent the long-term, settled placements most children want and, other things being equal, should be avoided. That said, some moves are necessary and some apparently settled placements are not good ones (1).

Correlates of Placement Stability and Well-being: Foster Care

In foster care the main determinant of placement stability is the type of placement involved. Some foster carers are only approved for short-term placements and have a

very high 'throughput'. Kin carers tend to keep children longest, almost certainly because this is what they have been chosen to do (1, 2, 7).

Most of our work has focussed on the breakdown of longer-term placements (3, 7) and to a lesser extent on 'well-being' (1) and whether a placement 'goes well' (3). In general these outcomes seem to depend on: 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. High quality carers are seen as 'authoritative' (i.e. warm, clear about what they want, agreed on their approach and not easily provoked). Contacts with birth family, while generally wanted, are much more problematic than often realised. (In one study (4) breakdowns were three times more likely among children who had been abused but had unrestricted contact with their family). Kin placements may have better outcomes on well-being (1) but probably do not reduce the chance of breakdowns (2, 7).

School and birth family apart, it is hard to find evidence that outside intervention influences the course of a placement. In general, contacts with any kind of professional are associated with worse outcomes, probably because they are typically brief and brought about by worsening behaviour (1, 4, 5, 7, 9). Possible exceptions are the use of counselling (7) and educational psychology (4), both of which have been found associated with success, after taking account of other factors. These findings need replication.

Correlates of Institutional Turbulence and Low Morale: Residential Care

Length of stay in children's homes is largely determined by purpose (e.g. stays are short in homes intended for remands, assessment etc) (5). There are also very large differences in the morale of staff and residents in children's homes and associated differences in the residents' criminal behaviour and the likelihood that they will run away (5, 6, 8). Some homes seem relatively benign while others are marked by bullying, self-harm and thoughts of suicide. These differences are far from fully explained by differences in intake and not associated with staff training or ratios (5) or costs (6). Homes do best with authoritative managers who are warm, clear about what they want, and agreed with their staff on their approach (5, 8) and who also have good strategies for dealing with behaviour and education (6).

Long-term Change and Immediate Well-being

A distinction needs to be made between current and longer-term well-being. Children's happiness and well-being goes up or down with their relationship with the people currently looking after them (4, 5, 6, 7, 8). In contrast to breakdowns, placement quality is associated with current well-being across the age range. It is, however, hard to enable improvements in mental health and behaviour that outlast a placement (4, 5, 7, 8),. Sadly it may be easier to get long-term change for the worse (e.g. because a child gets a drug habit or a criminal record) (8).

Drivers of Outcomes

There are very large differences between councils, and within councils between social work teams, over all matters on which it is easy to take a decision. For example, some authorities arrange many more adoptions than others, some teams are much more likely to send children home or arrange kin care and so on. These differences are not explained by clientele and are not found in relation to well-being where on our measures there was no difference between councils and only a very slight one between teams (1).

Conclusions and Recommendations

I give below my personal views on the implications of these findings for a) the pattern of provision needed, b) ways of ensuring high quality care, c) ways of reducing instability and its consequences, d) ways of ensuring good outcomes in the long-term. I also say how I think these changes might be brought about and a little about further research.

In my view, more children would be 'in the right place', if higher proportions of them were adopted, with kin (if appropriately selected and supported) or in genuinely permanent foster care from which they did not have to move at 18. There is also a case for more 'treatment' options in the form of either residential care (despite current difficulties) or treatment foster care (currently unproven). These changes should reduce the instability in children's lives. It is possible to identify the management strategies that will bring them about. Overall they should not require changes in resources or legislation and it is possible to inspect the pattern of provision, the policies and procedures that underpin this, and whether the policy is 'owned' by social work teams.

The task of ensuring high quality provision is harder. Good practice happens in thousands of different places and often between four walls. I do not think directors know how to bring it about. Routine recording (e.g. the Integrated Children's System) does not catch it or promote it. Training and organisational change do not ensure it. Inspectors do not have the time to assure it and their eyes are often on matters of organisation and procedure. That said, it is possible to recognise it. Social workers, Independent Review Officers, children and others have immediate experience of practice. Social work ratings of carers predict the future. This experience could form the basis for local quality assurance schemes which should ensure that homes or families known to be of poor quality are not used again and that every effort is made to retain and reward excellent carers. Outside inspectors would then have the manageable task of inspecting these schemes. In the longer run, we need to collate U.S. evidence on selection and training, and see if we can develop effective training here. At present we have no evidence that training 'works' and some that it does not.

In my view, it should be possible to reduce planned movement. One way would be to broaden the role of emergency and short-term carers so that placements did not end because they outran an approved limit. Another would be to allow more children in out of authority placements to remain there. But there are limits to the degree to which these moves can be reduced and a danger of perverse incentives to keep children in placements they should leave. Improvements in quality should reduce unplanned movement. Policies then need to be put in place to deal with unplanned moves that do occur (e.g. by profiting from the relationships that do grow up 'in care' and ensuring that children remain in touch with, and where necessary return to, carers whom they love). It is possible to inspect for these policies and see if they are 'owned' by local teams.

It is also very hard to ensure that children who are happy now will be happy in the future. The effects of genetic inheritance and early maltreatment endure. The power of the immediate environment is also great. So children's behaviour reflects both the immediate present and the distant past. The effect of recent interventions is easily lost. Faced with this problem it is important to ensure that children move at an appropriate pace, with the skills they need, to an environment that supports them, and with the opportunity of 'fall back'. To give two examples, it is desirable to ensure that children get A levels if they can, but this is little help if they move on to an insecure job in a fast food restaurant with none of

the backing commonly given to their middle class peers. Similarly, behaviour does change for better or worse in residential care, but improvements are not maintained if children return to the same stresses they experienced before. Again I suspect that a rational approach would involve the development of local quality assurance schemes which spelt out the criteria for a good transition and assessed how far these actually occurred. These schemes could then in turn be assured.

References

1) Sinclair I., Baker C., Lee J., and Gibbs I. (2007) *The Pursuit of Permanence: A Study of the English Care System,* London: Jessica Kingsley.
2) Sinclair I., Gibbs I., and Wilson K. (2004) *Foster Carers: Why they Stay and Why they Leave,* London: Jessica Kingsley
3) Sinclair, I., Wilson, K. and Gibbs, I. (2005) *Foster Placements: Why They Succeed and Why they Fail*, London: Jessica Kingsley Publishers.
4) Sinclair I., Baker C., Wilson K., and Gibbs I. (2005) *Foster Children: Where they go and How they do.* London Jessica Kingsley.
5) Sinclair I., and Gibbs I. (1998) *Children's Homes: a Study in Variety,* Chichester, Wiley
6) Hicks L., Gibbs I., Weatherly H., and Byford S., *Managing Children's Homes: Developing effective Leadership in small Organisations,* London: Jessica Kingsley
7) Sinclair I. 2006 *Fostering Now: Messages from Research,* London: Jessica Kingsley.
8) Sinclair I. (2006) 'Residential Care in the UK' in McCauley C., Pecora P., and Rose W. eds '*Enhancing the Well-being of children and families through Effective Interventions: International Evidence for Practice'* London: Jessica Kingsley pp 203-216.
9) Beecham J. and Sinclair I., 2007 *Costs and Outcomes in Children's Social Care: Messages from Research*, London: Jessica Kingsley.