SUBMISSION FOR THE NICE/SCIE PUBLIC HEALTH GUIDANCE CONSULTATION: THE PHYSICAL AND EMOTIONAL HEALTH AND WELL-BEING OF LOOKED AFTER CHILDREN AND YOUNG PEOPLE

The physical and emotional health and well-being of children and young people growing up in foster care: support and training for carers

Dr Gillian Schofield, Professor of Child and Family Social Work, Co-Director of the Centre for Research on the Child and Family, School of Social Work and Psychology, University of East Anglia.

Children and young people growing up in foster care have the same developmental goals as other children and young people, in that they need to enter adulthood equipped with the capacity for self-regulation, for forming relationships and for engaging in prosocial and rewarding spheres of activity. But because their previous development is likely to have been shaped by experiences of abuse, neglect and separation, these children and young people are in need of therapeutic caregiving that can mitigate the effect of previous harm. This emphasis on the emotional and developmental damage caused by early adverse experiences *and* the therapeutic tasks of foster care means that the theory, research and evidence base on which we base support and training for carers must include developmental psychology as well as social work.

In framing the questions for this paper it is important to recognise that although *stability* is of great value to children in foster care, it is the *quality of care* that is most likely to achieve good outcomes (Beek and Schofield 2004, Sinclair 2005, Sinclair et al 2005, , Sinclair et al 2007, Schofield and Beek 2008, Schofield and Beek in press). The goal of the foster care system must be to achieve *both* stability *and* therapeutic caregiving in foster families. The nature of that therapeutic foster care is based on carers being trained *and* supported to utilise opportunities in ordinary family lives to promote a child's sense of security, self-esteem and resilience.

The third element that is critical for emotional health and well-being is for young people growing up in foster care to be practically and emotionally supported into adult life. For most young people this support will be most effective in the context of ongoing membership of their foster family (Sinclair et al 2007, Stein 2004, 2006, Schofield and Beek in press). This element of foster care also needs professional support for carers in order that they can support young people's transitions out of care and into adult roles. Very often leaving care services are directed at the young people and carers are unsupported (Schofield and Ward et al 2008, Schofield and Beek in press).

Support for stability in foster care- the question of permanence and well-being

Permanence has been defined as 'The security and well-being that comes from being accepted as members of new families.' (Performance and Innovation Unit Report, 2000*)*. Although long-term foster care is regularly featured in policy statements that list options for permanence (e.g. *Every Child Matters,* DfES 2003:45, and *Care Matters: Time for Change* DfES 2007: 54), there has been no government guidance as to how local authorities should achieve this for children through their care planning systems – nor how permanence should be supported in foster families.

The longitudinal study funded by the Nuffield Foundation and conducted at the University of East Anglia (Schofield et al 200, Beek and Schofield 2004, Schofield and Beek in press) identified and followed up a baseline sample (n=52) of children under the age of 12 with a long-term foster care plan. An important lesson from this study was that the severity of the child's history and behaviour problems did not consistently predict instability or poor outcomes - the quality of the foster carers was more often decisive- a finding consistent with the work of Sinclair and colleagues (2004, 2005). Where carers felt well-supported by social workers this was talked of favourably as providing a secure base i.e. availability (including out of hours availability) that reduced anxiety. It was also clear that the *availability of child mental health services* remains absolutely key to supporting carers as well as assessing and working with children. In our current study at UEA on planning for permanence in foster care (funded by the Nuffield Foundation), local authorities where foster carers have ongoing support for themselves and their children from mental health professionals have increased chances of achieving stability, but also of maximising secure base care for the child.

Perhaps the most compelling large scale study of planned permanence in foster care remains that of Thoburn et al (1991). This study of 1100 placements found that when age is controlled, long-term foster care achieves the same stability (i.e. breakdown rate of about 25%) as adoption. However, this was a study of planned permanent placements made by voluntary agencies, and these long-term foster placements were assessed, matched and supported by the agencies to the same high level as adoption. The lesson from this study is that *well-planned and supported long-term foster placements* can last and meet children's needs for permanence.

Key to the question of permanence for foster carers is the extent to which they are able to commit to offering family membership to the foster child- but also whether the system recognises and supports the role that carers play in permanent placements (Sinclair 2005, Schofield and Ward et al 2008). As Sinclair (2005:123) has put it, what is required is

> *The development of a form of foster care that more nearly approaches a 'family for life', which is not seen as 'second best' and in which carers can act as parents.*

Qualitative research with adults who grew up in foster care (Schofield 2002, 2003) has also highlighted the long-term beneficial effects of close foster family relationships that feel 'real', and of continuing family membership into adulthood, when foster carers act not only as parents but as grandparents. A recent study which included focus groups for foster carers (Schofield and Ward et al 2008) found that support from their social worker and the child's social worker, as well as schools and medical professionals, needed to be respectful of the carers' role as *parents* and the special status of these planned permanent placements. Children were reported to be made anxious by reviews that appeared to undermine the role of their carers as parents and underestimate the committed nature of their foster home/placement.

Providing a secure base –promoting and supporting therapeutic caregiving in foster care

Evidence from both the York and the UEA studies of foster families (Sinclair et al 2004, 2004, 2005 and Schofield et al 2000, Beek and Schofield 2004, Schofield and Beek in press) concluded that the core parenting qualities that foster carers need in order to provide care for troubled and traumatised children are those of available and sensitive parenting, as reflected in the broader range of research literature from developmental psychology on attachment and caregiving (Cassidy and Shaver 2008). Sensitive caregiving

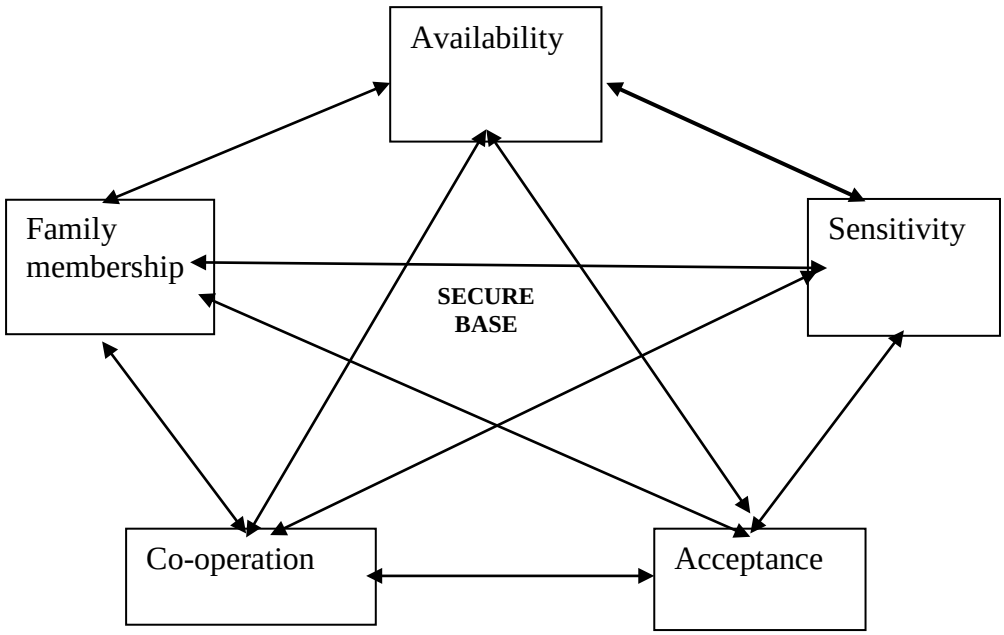
that promotes secure attachment is associated in the research literature with a range of positive developmental outcomes, such as affect regulation, positive peer relationships, prosocial behaviour and resilience (Howe et al 1999, Fonagy et al 2002, Prior and Glaser 2006)

Schofield and Beek applied the four dimensions of caregiving identified by Ainsworth et al (1971) as associated with promoting *security* of attachment in infancy to their study of foster children in middle childhood and adolescence (Beek and Schofield 2004, Schofield and Beek 2006), and showed that these dimensions continue to be relevant for older children (Schofield and Beek 2005). To these four dimensions they have added a fifth– that of promoting family membership - in recognition of the role foster carers play in both offering membership of their own families through to adulthood and in supporting the child's membership of the birth family. Each dimension is associated with different developmental benefits, all recognised in the research literature (Cassidy and Shaver 2008) as crucial for emotional well-being and social functioning:

- Availability- helping children to trust
- Sensitivity- helping children to manage their feelings and behaviour
- Acceptance- building children's self-esteem
- Co-operation- helping children to feel effective
- Family membership- helping children to belong

Developmental theory as well as social work research would suggest that these dimensions interact (see Figure 1) and that separately and together they offer foster carers and social workers a structured framework for conceptualising and supporting foster carers in providing effective parenting.

Figure 1 The Secure Base Star



This secure base model has been recommended in *Care Matters: Time for Change* (DfES 2007: 45) as promoting competence and confidence in children and as a basis for foster carer training and support. It has been incorporated into the revised *Skills to Foster* basic training programme for foster carers (2009), published by the Fostering Network and is

currently in the early stages of being developed for practice in a number of local authorities. The secure base model has also been adopted by a number of regions in Norway as a basis for working with foster carers and has been incorporated into their national foster care training programme. The model is primarily used to support carers in working with individual children and young people over time, but is also being used in the UK and in Norway for recruiting and assessing carers, assessing children, matching and for working with placements in difficulties.

Research evidence on training programmes
Training for foster carers generally takes the form of core or basic training that all carers receive prior to approval and then more specialist training courses post-approval, a system that is currently part of a development programme at the Children's Workforce Development Council (CWDC).

Research evidence in the UK on the effectiveness of models of training for foster carers is limited and tends to focus on specialist post- approval training programmes rather than the core training – which to my knowledge has not been formally evaluated in the UK. Research that does exist on post-approval training programmes (e.g. Minnis and Devine 2001, Hill-Tout et al 2003, Macdonald and Kakavelakis, 2004) has often not demonstrated benefits for child outcomes, even where carers reported positively on their experiences.

The *Fostering Changes* programme (Pallet et al 2000), developed by the adoption and fostering team at the Maudsley Hospital in collaboration with BAAF, is based on the Webster Stratton model. Fostering changes has been evaluated and some improvement in children's behaviour was reported by carers, although there were less clear results on the SDQ (Strengths and Difficulties Questionnaire). This does appear to be a promising model of training, although, as is often the case in professional training, the carers reported on the secondary benefits from working as a group as being key to their increased confidence (Warman et al 2006)

Structural and practice challenges for social workers involved in training and supporting carers to meet children's emotional needs.
Promoting the emotional health and well-being of children in foster families requires not only excellent carers to be recruited and trained, but for the subsequent supervision and support for the carers to be co-ordinated with the support and monitoring of the child's development. Our research at UEA and experience of disseminating the secure base model suggests that the quality of the day to day parenting of the child can often fall between the responsibility of the supervising social worker (who works with the carer but does not see it as their role to monitor child development) and that of the child's social worker (who reviews the child's progress but would often not see it as their role to counsel the foster carer on how to develop strategies for parenting the child). Joint working is unusual, even though the child's development and well-being has to be linked to the quality of caregiving.

In the absence of clear evidence of the positive impact of specific training programmes we need to build on and support what we know is parenting that promotes children's emotional development and well-being. Social workers need to take a more active and positive approach to enabling carers to engage with children to *promote* well-being and resilience, rather than focus only on 'managing difficult behaviour' or supporting placements when they are at risk.

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