What is the impact of care on children's welfare? A focussed review of the literature

Final Report

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Prepared for the Welsh Assembly Government

Submitted by a University of Bedfordshire, Brunel University and Birmingham University consortium consisting of:

Dr. Donald Forrester
University of Bedfordshire

Keith Goodman
Brunel University

Christine Cocker
Middlesex University

Charlotte Binnie
Research Assistant

Graham Jensch
Research Assistant

Contact: Donald Forrester, Child and Family Welfare Research Unit, University of Bedfordshire, Park Square, Luton LU1 3JU

E-mail: Donald.Forrester@beds.ac.uk

Summary of Literature Review on Outcomes of Public Care for Children

This report reviews the research literature on welfare outcomes for children who enter public care. It was carried out as part of an evaluation of the Option 2 service (an intervention designed in part to reduce the need for public care). The intention is that this review will provide a context within which attempts to prevent children entering care can be better understood. However, the review became more substantial, and its implications more wide-ranging. In part, this is because the review coincides with the United Kingdom government's proposals to reform the care system in the Care Matters white paper – and the review of the research therefore has a number of implications of policy and practice. It was therefore decided that it was best presented as a separate though related report.

The literature on children in care is very large. The focus of this review is British studies published between 1991 (when the current Children Act came into force) and 2006 that provide information on the welfare of children in care over time, though key foreign studies and important earlier research are also considered. The review has three main parts, with a number of sub-sections, as follows:

1. An introduction to the nature of the care system;

2. The literature review:

- A discussion of key British studies from 1970 to 1991 ;
- A discussion of important non-British studies;
- A review of British studies between 1991- 2006 that:
  - Compared outcomes for children who entered care with those for children who did not;
  - Looked at the progress of children in care over time;
  - Compared adults who had been in care with other adults who had experienced adversity or difficulty.

3. Discussion of the literature review and recommendations

1. An introduction to the nature of the care system

Public care is provided for around 60,000 children in the United Kingdom at any one time, and around 80,000 enter care during any one year. However, children have very different care careers – from entering care briefly during a crisis, through a period in care followed by a permanent alternative such as adoption to children who spend a substantial part of their childhood in care. In particular, a number of features of the care careers of children stand out:

- 40% of the children who come into care will do so for less than 6 months;
- Only around 8% of children in care will be adopted;
- Around 13% of children leave care to independence each year;

- 30% of children remain in care for 4 years or more.

Most children leave care to return home, and many of these children will re-enter care. As a result half of all children in care have two or more episodes, with some having several.

Taken as a whole, children in care have more difficulties when they enter care than most children. Most have experienced serious social disadvantage, abuse and neglect and other problems. As a result they have a far higher rate of emotional and behavioural difficulty, health problems, poorer educational performance and complex family relationships.

Comparisons of children in care with the general population are therefore not appropriate for two important reasons. First, many children who enter care are not included in many of these comparisons (for instance, children who are adopted or who return home swiftly). Second, the disadvantages may be a product of difficulties before entering care, rather than the care system itself.

2. Review of literature on the welfare outcomes for children who enter care

2.1 Brief review of British studies from 1970 to 1991

Studies from the 1960s and 1970s indicated that many children in care did not have proper plans and this often resulted in children "drifting" in care without a clear purpose. This contributed to a greatly increased focus on research and policy-development in improving outcomes for children in care.

Despite the apparent limitations within the care system, studies on the outcomes for children who entered care were broadly encouraging. First, infant adoptions tended to result in very positive outcomes for children. Second, even children who had been exposed to institutional care often made positive adjustments as they moved into adult. This highlighted the nature of resilience and the capacity for children and young people to overcome even difficult experiences in childhood if provided with appropriate support.

2.1 Brief review of key non-British studies

The more recent foreign literature on the outcomes of the care system tended to be positive about its impact on children's welfare. As might be expected, adoption tended to have very positive outcomes for children; however there were indications that children who entered foster care showed significant improvements in behaviour and emotional well-being and that these were sustained over some time. In contrast, children returned home from care tended to do less well than comparison children in a number of studies.

2.3 British studies 1991 – 2006

(a) Studies that compared outcomes for children who entered care with those for comparable children who did not

Only two studies provided data on this (with a third published in 2007 that we included). Two of the studies suggested significant improvements for children who entered care compared to those who did not. One indicated little difference.

(b) Studies that looked at the progress of children in care over time;
Eleven studies were included within this section. The focus of most of these studies was the progress of children in permanent placements (such as adoption or long-term fostering), though a smaller number considered the impact of foster care and a few covered a cross-section of children in care.

Key findings were:

- Children's welfare improved over time in every study – whatever type of placement was the focus of research;
- There was strong evidence that children traditionally considered difficult to place in permanent placements (i.e. older children, sibling groups and children from ethnic minorities) could nonetheless benefit from such placements;
- Nonetheless, the older the child and the more serious their problems the more likely there were to be problems in the placement;
- Children in foster care generally made good progress, even when this was a temporary or uncertain option;

(c) Studies that compared adults who had been in care with other adults who had experienced adversity or difficulty.
Such approaches tended to use existing datasets. There are significant difficulties in such approaches – with the most important being that the adversities that care was compared with (such as coming from a one parent family or being working class) did not take account of issues such as abuse or neglect that might be expected to have a negative impact on children. The studies can not therefore unpick the contribution of care to later difficulties.

Overall adults who had been in care had somewhat higher problems than those who had not, but this was not a very strong relationship. If children in care were compared with others who might have experienced some level of disadvantage, their outcomes were broadly similar.

3 Discussion of the literature review and recommendations

The findings suggest a radically different view of the care system to that set out in Care Matters, though there are also some areas in which there is agreement. Our key findings suggest that:

1. There is a lack of research comparing children receiving different types of placement, or children who do not come into care and those who do. This makes evidence-based policy and practice around which placements are best for which children difficult

2. Crucially, the care system tends to have a positive impact on children's welfare. This seems to hold across a range of different placement options.

3. Most of the difficulties that children experience in care are a result of their experiences *before* care. Any attempt to improve outcomes of the care system therefore needs to focus on what happens before children enter care and try to reduce the harm that many children experience.

4. Permanent alternatives such as adoption have positive outcomes for children and there is good evidence that they could be used more extensively, particularly with older children (e.g. children aged 5 to 11) where appropriate.

5. For children still in care at 16, much of the positive impact of care itself is undone by inadequate leaving care provision. In most families, children leaving home is a process that lasts some years with returns home during periods of transition or difficulty. Children also receive ongoing emotional and financial support into adulthood.

Recommendations

On the basis of these findings we make the following recommendations:

- *Preventing children from entering care is not an easy thing to achieve*. There are also dangers associated with preventing what may be a positive option for many children. Initiatives to reduce the need for care therefore need to be carefully developed and thoroughly evaluated.

- *The threshold for children entering care should be lowered*. Too many children are being denied care only to experience abuse and neglect at home. This is the single reform that would most improve the welfare of children in the care system.

- For children for whom return home is not practicable*, there should be increased use of permanent alternatives*. In particular more children aged between 5 and 9 could be adopted.

- Nonetheless, *for most children care will not be a permanent alternative to family life. Instead, it should be a safe haven* that provides for their needs for as long as they can not live with their birth family. Crucially, this emphasises care as a positive option even when it can not create a permanent alternative family. To this end there needs to be a focus on:

  - *Increasing the stability of the care experience*.
  This includes placements, school experiences, contact with family and relationships

  - *Recognising the strengths of foster care and small-scale residential units*
  As many powers as possible should be devolved to carers. Specialist and innovative approaches to providing care should be developed and evaluated. The most challenging children might benefit from an increase in the use of treatment foster care and more use of residential care; this would also reduce the burden on most carers.

  - *A renewed vision of social work as a relationship-based profession*.
  Bureaucracy should be reduced to enable a greater amount of time to be spent with people; the career structure should encourage those with good skills to remain in contact with clients.

  - *An emphasis on ongoing family support*

“Care” should be seen as a form of family support. As such, there should be a continued focus on helping families to overcome their difficulties.

o *A focus on “adding value” in the short and medium-term*

Too often children are waiting for return home or permanent alternatives. The focus must be on identifying difficulties and obtaining specialist input in the short and medium-term

INTRODUCTION

There is a widespread belief that the care system produces very poor outcomes for children. Some of the statistics that are listed as evidence to support this view include the fact that children in state care, or 'looked after children':

- underachieve within education when compared to the general population (Social Exclusion Unit, 2003; Jackson and Sachdev, 2001; Harker, Dobel-Ober, Berridge and Sinclair, 2004; DfES, 2006);
- have poor health outcomes (Meltzer, et al, 2003; Roberts, 2000; DH, 2002);
- are over-represented within various excluded groups into adulthood (Chambers et al, 2002; Richardson and Joughan, 2000; Harker, et al, 2004);
- are four times more likely to be unemployed and 60 times more likely to be sent to prison than most children (UK Joint Working Party on Foster Care, 1999).

The view that care fails children has become central to policy responses to care in recent years. Stein (2006) quotes a Centre for Policy Studies report which argues that we are "betraying 60,000 children in care", claiming that "a successful system of care would transform this country, empty a third of our prisons, and halve the number of prostitutes and homeless". A belief that care fails children is also central to the government's view of this area. As Alan Johnson, Secretary of State for Education said in the forward to the recent *Care Matters* green paper:

> "For many of the 60,000 children who are in care at any one time, childhood and adolescence are often characterised by insecurity, ill health and lack of fulfilment. This is terribly sad. And we can hardly be surprised that it results in many children in care underachieving educationally and getting nowhere near fulfilling their potential as adults. Some may say that part of the reason for this is that children who enter care come disproportionately from poor backgrounds and have complex needs, but it is inexcusable and shameful that the care system seems all too often to reinforce this early disadvantage, rather than helping children to successfully overcome it".
> (DfES, 2006, pg3)

This paints a very bleak picture. Yet how strong is the evidence for this assessment? What does research tell us about how children and young people in care are doing? This review considers this issue in some detail, before considering what the research can tell us about how best to improve outcomes for children who may need to enter care.

To do this the report has three main parts. Part one presents general information on the care system. It considers questions such as: how many children enter care? What happens to them? What are the different components of the care "system"? It provides a crucial context for considering the more general research reviewed in the later parts of the report. One of the key conclusions arising from consideration of this context is that it is not valid to compare children in care with the general population. It is also difficult to compare outcomes of care across different countries or from studies carried out a long time ago, as the nature of care has changed so substantially.

Part two focuses on research looking at outcomes for children who have entered care. It has a very broad remit – as all types of welfare outcome are considered relevant. It thus includes educational, behavioural, health-related and other types of outcomes. It also

considers any form of public care – from short term foster care to adoption – and any length of time in care. A very varied literature is thus included. After a review of key findings from older studies and in other industrialised democracies, the primary focus is on British research published since the 1989 Children Act came into force in 1991. Three types of studies are identified as being of particular relevance:

(1) Studies that compare the welfare of children in care with children at risk of care;

(2) Studies that look at changes in child welfare for children in care over time;

(3) Studies that provide a snapshot of children in care allowing for their particular circumstances;

In these areas an attempt is made to identify most key British studies published between 1991 and 2006 – however it is likely that in practice some studies have been missed. There are a variety of reasons for this. Patterns of research publication in social work differ from other areas, in that often important studies are published as research monographs. These are difficult to identify through conventional search techniques. However, the most important reason is that important information on outcomes for children who enter care may be found in studies that do not appear to have this as their focus. For instance, a study of children on the child protection register includes important data on children who entered care compared to those who did not (Gibbons et al., 1995). The review therefore aims to provide a thorough rather than a comprehensive review of research in the areas identified. It is in some respects what Rushton terms a “scoping review” rather than a comprehensive review, in that it outlines the scope and nature of current research and identifies areas of weakness and priorities for further work (rushton, 2003). In addition, it attempts to draw conclusions of relevance for policy-making and practice purposes.

To supplement the above areas, some research studies on the views of young people who have been in care are included. These appear to provide important information that complements and illuminates the findings on outcomes from the types of study noted above.

Part three moves to a more general discussion of the policy and practice implications of the review, and includes consideration of some important studies that do not consider child welfare directly (for instance, studies that look at placement breakdown as an “outcome”) as well as recent important reviews of the literature. It attempts to pick-out some key lessons from the research for developing effective policies and good practice in relation to children in care.

PART 1: GENERAL INFORMATION ABOUT THE CARE SYSTEM

What is "care"?

There are two pathways into public care. One route is via 'accommodation' under section 20 of the Children Act 1989, which is a voluntary arrangement made between the Local Authority and a child's parent/s. Under this arrangement the parent retains "parental responsibility" for their child, and they can ask that their child be returned to them at any time. The second route is via court involvement under the Children Act 1989, which could see the child become subject to an Emergency Protection Order, an Interim Care Order or a full Care Order. In all of these options, the Local Authority obtains Parental Responsibility for the child as long as the order is in force. This is shared with the parent. If a child enters care through this route a court has to agree that a child 'is suffering or is likely to suffer significant harm' and that it would be in their best interests to enter care. About two-thirds of children enter care through this compulsory route.

Technically the term 'children in care' applies only to children subject to court order, whilst the term 'looked after' applies to both accommodated children and those under a care order (Brayne and Carr, 2006). However, in this review we have used the term "in care" to denote children looked after either under Care Orders or voluntarily, as this has become the common parlance. It is also the usage within the *Care Matters* green paper. We also sometimes refer to children in care as looked after children (or LAC where space is short, such as charts).

What is the profile of children in care?

On 31st March 2006, 60,300 children were in state care. Of this number, 55% were male, 45% were female. This percentage has remained relatively constant since 2002. Children enter care at the full range of ages, but at any one time most children in care are of secondary school age:

Under 1	5%
1-4	14%
5-9	19%
10-15	43%
16+	19%

Looked after children are placed in a number of different settings. The majority of children are in foster placements (around 70%), however 9% are placed at home with parents (under an order), a further 11% are in residential children's homes, including secure units and lodgings, 6% are in residential schools, lodgings and other residential settings, whilst 5% are placed for adoption (prior to legal confirmation of the adoption). The DFES (2006) state that of the 23,000 children under 16 who have been looked after for 2.5 or more years, 65% had been living in the same placement for at least two years. Placements are used differently depending on the age and the issues the child brings with them into the care system.

There is a great deal of movement within the care population over time, and those children who spend more than two years in care are a small minority of the overall number of children in care. Some of this complexity is explored in Chart 1. Some key points to highlight relating to the chart are the following:

- In any given year, 40% of the children who come into care will do so for less than 6 months – with many in care for very short periods;
- Half of all looked after children will have two or more separate periods in care;
- Only around 8% of children looked after at any one time will be adopted;
- Around 13% of children leave care to independence each year;
- 30% of children remain in care for 4 years or more.

This highlights the fact that the "care" system performs a number of functions. For many children it is a shelter while longer-term plans are made. For others it is a temporary experience followed by permanent return home. For some it becomes the setting in which they experience most of their childhood.

Three inter-related features of chart 1 are particularly striking. First, the comparatively small proportion of all children who enter care who are adopted is important. Adopted children are the usual form of permanent alternative to family life – yet this is rarely what the care system achieves for children. Second, the most striking feature of the care system is that most of the children return home – often comparatively quickly – with many of these children moving in and out of care a number of times. Finally, the comparatively short periods of time spent in care by most children are noteworthy. From a research point of view this highlights the fact that "care" on its own is unlikely to be producing the poor outcomes that many children experience. From a policy perspective it emphasises the fact that care needs to be seen in a context that includes both support services to birth families and permanent alternatives. It also emphasises that on average care is only working with children for one to three years – and the focus on making a positive difference in children's lives needs to take this into account.

To date there is no agreed way of differentiating between groups of children in care. It is almost certainly not true to say that care "works" or does "not work". It is more likely that it works well for some groups, adequately for others and particularly poorly for some. The sheer variety of children's care experiences, and the different outcomes for different types of children, is discussed further in Part 3.

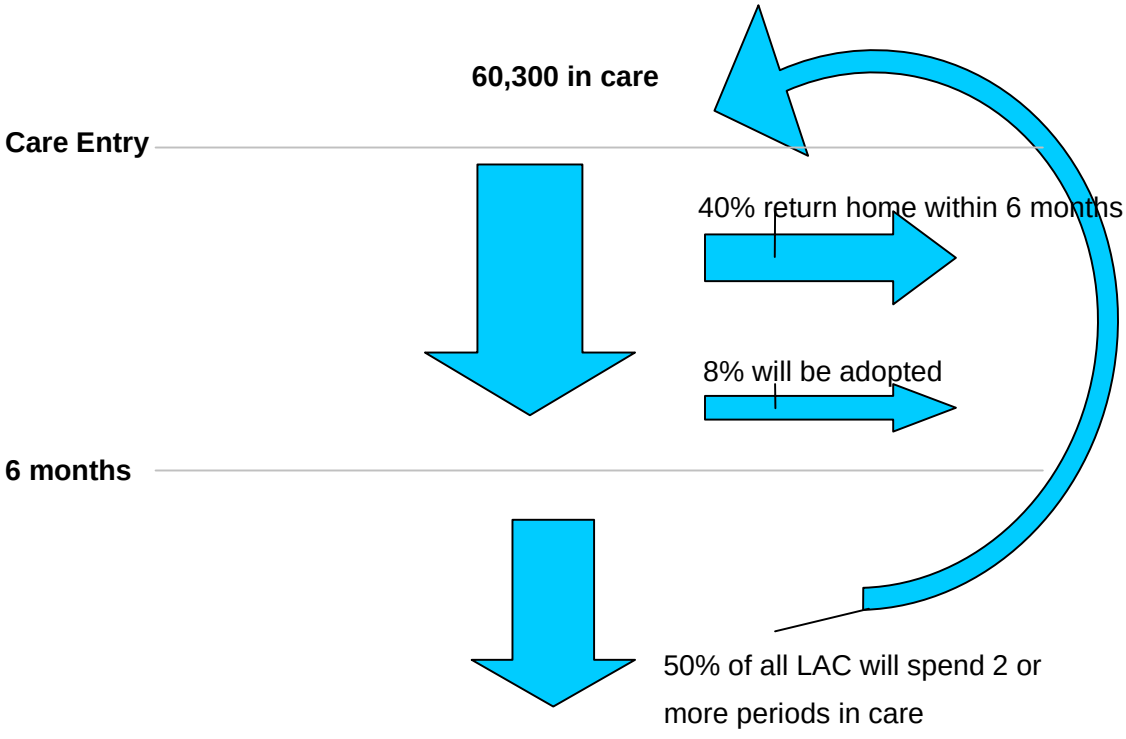
What do we know about the difficulties of children and young people in care?

As noted at the start of the report, it is well established that when compared to the general population children in care do very poorly on a wide range of measures. Outcomes for these children are therefore an appropriate focus for public concern and policy attention. Yet these findings do not show that the care system itself is the cause of these outcomes. As noted above, children entering care tend to be the most individually and socially disadvantaged in society. It is therefore possible that many of these difficulties existed prior to care entry. What do we know about how children in care were performing at the time they entered care?

The profile of children entering care

Children entering care are already disadvantaged by lower socioeconomic status when compared to same-age peers in the general population, because the majority of those considered for care come from the poorest and most deprived backgrounds (Packman et al, 1985). One key study (Bebbington & Miles, 1989) showed that they are also likely to come from single-parent families; this study also outlined a number of risk factors, such as being of mixed ethnicity or living in rented and crowded accommodation, that when combined, could increase a child's chances of entering care from 1 in 7000 to 1 in 10.

Chart 1: Looked After Children: Where Do They Go?



Based on: Care Matters (2006), DfES (SFR44/2006), Schofield et al (2005)

These factors are independently related to poorer educational performance, and may be a factor in other poor outcomes. It is thus possible that these social factors contribute as much as or more than the experience of care to the outcomes for children in care. Children also seem more likely to have behavioural problems, mental and physical health problems, poor educational performance and a range of difficulties at the time that they enter care than the general population (Hill and Watkins, 2003; Meltzer et al, 2003). Indeed, for some children these problems contribute substantially to why they are in care. Furthermore, most children in care have a history of neglect or abuse by parents, and this may contribute to the poor outcomes compared to the general population.

It is thus clear that children in care have serious problems prior to entering care, and that therefore comparisons with the general population do not help us to understand the specific impact that the care system has. Crucially, if we are to consider how to improve outcomes for children in care, research that helps us to disentangle the impact of the care system from the individual and social factors that pre-date the experience of care seems particularly important.

Challenges in understanding the nature of children's outcomes after experiencing care

Three key challenges arise in any attempt to disentangle the impact of the care system on children. The first is that the British care system has changed over time. There are a number of studies reporting on outcomes for children who entered care in the 1950s, 60s and 70s (discussed below). These are particularly important for considering the longer-term outcomes of care. Yet the nature of care has changed profoundly since the time that these individuals experienced it. In the 1960s many children were given up for adoption because of issues of illegitimacy, with few being removed because of concerns about abuse; more children lived in residential homes than foster care; most children entered care voluntarily as teenagers; there was far less government and research attention on outcomes for children looked after. Great care therefore needs to be taken in drawing conclusions about care from historical studies. Similarly, while there is an extensive international literature, the social care systems are different in such important ways that it is difficult to draw conclusions from foreign studies about the impact of the British care system on children. These studies provide interesting information, but its relevance to a British context has to be considered carefully.

The second challenge is that, as discussed above, "care" is not a homogenous intervention: it ranges from a baby entering foster care for a few days and returning home, through children who spend some time in care before a permanent alternative placement, to children who spend years in care, often going through a variety of placements and officially "leaving care" at 18. In recognition of this diversity, studies tend to focus on particular groups. Generalisations about the impact of "care" in general are therefore impossible in both theory and practice.

Third, comparatively few studies are carried out in a way that sheds light on the impact of the care system per se on children's welfare. For instance, few gather information on children before they enter care or at the time of care entry, comparatively few follow children's progress over time and it is very rare for children who enter care to be compared to children who nearly entered care.

PART 2: LITERATURE REVIEW ON THE IMPACT OF THE CARE SYSTEM ON CHILD WELFARE

Introduction

The full methodology for the literature review is set out in appendix A. In short, through electronic and finger-tip searches we attempted to identify and summarise studies that provided information on the welfare of children who had experienced public care. Child welfare is understood broadly to encompass any element of welfare i.e. including education, behaviour and later life outcomes (such as unemployment). During the process of searching the literature we identified many older or foreign studies that seemed important. We are therefore presenting the literature review in four sections. The first involves a broad discussion of key older studies and important findings from the non-British literature. Significant findings are identified and the literature as a whole is described in order to provide a context for looking in a more comprehensive way at British research on outcomes for children entering care from 1991 to 2006.

The three sections that follow this introductory review consider studies that provide information on the impact of care on children. To this end, we identified three types of study likely to be useful, namely:

(a) Studies that compared outcomes for children who entered care with those for comparable children who did not

(b) Studies that looked at the progress of children in care over time;

(c) Studies that compared adults who had been in care with other adults who had experienced adversity or difficulty.

For these types of study we attempted to identify as many of the key studies as was possible, though as noted in the introduction it was not possible to be certain that our approach had produced a comprehensive list of such studies. We think it likely that the review is thorough without having succeeded in covering every study.

In addition, in many of the studies – or others we identified – children expressed views on their experience of care. This information is somewhat different to outcome data, but it nonetheless seems an important source of information on the impact of the care system. We have therefore briefly summarised some of these findings in a final sub-section.

Changes in welfare over time: Older or Other Countries

Studies of social work processes in the 1960s, 1970s and 1980s

Until the 1970s there was very limited research on what happened to children in care. A key text that drew attention to this area was Rowe and Lambert's classic study, Children Who Wait, (1973). Rowe and Lambert described children remaining for extended periods in care as a result of a lack of effective planning. Many children were spending prolonged periods in public care without a clear plan for their future, and it was argued that some of them could have rejoined their families while others would have benefited from a long-term or permanent alternative. The study had a considerable influence on the development of policy and practice for looked after children. Following its

publication, the government commissioned a programme of research looking at the care of looked after children.

The findings of these studies were brought together in the summary report ‘Social Work Decisions in Child Care’ (DHHS, 1985). This reported on the findings of 9 research reports commissioned by the government. The reports concluded that frontline social workers often had considerable responsibility around decisions such as whether children should enter care but that they usually lacked seniority to gain access to key resources, and that in general the systems in place were better at constraining than supporting social workers. An impression across a number of the studies was that bureaucratic structures made it difficult to provide good parenting for the individual child in care. It was also identified that there was a lack of research and evidence-based guidance to help practitioners to decide when admission to care would be appropriate. The report concluded that there was an “overwhelming” impression of social workers' passivity and their feelings of helplessness and being at the mercy of events and actions of other people and other agencies.

These findings contributed to the development of the 1989 Children Act, which tried to provide a more coherent legal basis for the care system. However, it is noticeable that while the studies informing the report were strong on description, they provided little concrete evidence about child welfare or how it changed over time. Nonetheless, they contributed to a general perception that the care system failed children.

In part in response to this perception, and in part because of other political or theoretical considerations, there were two important developments in policies for looked after children. One was an increased emphasis on *prevention* (including return home from care); the second argued that when children could not live at home they should be found a permanent alternative (known as the concept of *permanence*).

From the 1970s through to now there has been a focus on prevention of care. Since the 1948 Children Act the principle that children were best cared for in their families had been established in law, but the growing perception that care failed children led to an increased emphasis on preventing children from entering care and on returning children home, ideally comparatively swiftly. This has been a particularly pronounced shift in relation to voluntary care arrangements for older children. Where such children used to account for two-thirds of children in care they now represent only one third of the care system. In general, local authorities are reluctant to accommodate children – with a wide-spread perception that the care system fails children being one aspect of this reluctance. (The cost of care is another).

The second response was encapsulated in the concept of “permanence”. This movement – based initially on versions of attachment theory and psycho-dynamic understandings of child development, and bolstered by studies critical of the nature of public care for children - argued that children required permanent family arrangements. As such, where they could not live with birth families, children should be moved as swiftly as possible to alternatives. The ideal was a permanent adoptive family, but where this was not possible a permanent long term fostering arrangement was preferable to drifting in care. Such an approach saw public care as inherently harmful to children and therefore attempted to minimize children’s use of care.

These twin concepts of prevention and permanence remain at the heart of public policies in relation to looked after children. For instance, through the refocusing and Quality Protects initiatives over the last 10 years, along with funding for projects such as Sure Start, the government has emphasized a move away from child protection toward supporting families to care for their children. This focus on prevention continues in the Care Matters proposals, which look more closely at prevention in relation to children at high risk of coming into care (DfES, 2006).

Simultaneously, the government has been pressing for greater development of permanent alternatives to local authority care, such as the focus on increasing the number of adoptions, set out in the Adoption and Children Act 2002 (and resulting in a 38% increase in adoptions between 2000 and 2005). The emphasis on permanent alternatives can also be found within the Care Matters proposals, for instance in the suggestion that local authorities provide a plan for permanence at the start of care proceedings.

Both the idea of permanence and that of prevention are based in part on the belief that care fails children – and in particular that prolonged periods in public care without a permanent plan are linked to poor outcomes for children. Yet what is the evidence for this? What do we know about the outcomes for children who experienced care?

Child development studies from the 1960s, 1970s and 1980s

Studies of outcomes for adopted children have been a mainstay of social scientific enquiry for many decades. This is not primarily because of an interest in public policy issues; it is more because adoption provides an opportunity to explore the complex interplay of nature and nurture (as a child is brought up in a family not genetically linked to them). Nonetheless, the studies provide a voluminous literature on the outcomes of babies adopted into unrelated families. In general, there can be little doubt that such children do very well on a wide range of measures of outcome. This has led to a widespread and well-founded perception that adoption works (Rushton, 2003). An important caveat – returned to later – is that this substantial body of work relates to infant adoptions. We know less about older children – though this has been a focus of much study over the last 15 years, as discussed in Part 2.

Researchers in child development have not solely focussed on adoption. The impact of growing-up in institutions – or spending periods of time in institutional care – has also been a subject of study. Again this has been studied not only (or perhaps even primarily) to improve practice and policy, but to understand the impact of poor nurturing environments in early childhood. In particular, a key concept within child development has been that early life attachment to a caregiver is of profound and lasting significance for child development. As such, care in institutions is likely to be damaging. Some crucially important studies have considered this area.

A classic set of studies were carried out by Tizard and collaborators from the 1960s through to the early 1980s. Tizard et al were particularly interested in the impact on children of early institutional care, and the lessons that could be learnt in relation to both child development and the provision of appropriate care for children. Tizard and Joseph (1970) looked at 30 children who entered institutional care prior to 4 months of age and a comparison group of 30 children (matched for sex and age and from a working class background) at 24 months. They found comparatively few differences between the two

groups at this stage. Hodges and Tizard (1989 a and b) followed-up the sample from the 1970 study into adolescence. They found that early institutionalisation had no impact on IQ, but that subsequent placement did have an impact – with adopted children doing particularly well. Similarly, adopted children had better relationships with adults than those returned to birth families. Nonetheless, compared to the matched control group of children who did not enter care both those returned home and those adopted had somewhat lower IQ and poorer relationships. Tizard and Rees (1974) looked at 65 children aged 4 to 6 years who had spent the first 2 to 4 years of their lives in institutional care. At 4 years, 24 were adopted, 15 had been returned home and 26 were still in institutions. Adopted children had significantly higher IQ, were friendlier and less restless. Tizard and Hodges (1978) followed-up 51 of these children at the age of 8. Adopted children were doing better educationally than those returned home.

A second set of important studies were carried out by Rutter, Quinton and colleagues (Quinton and Rutter, 1988; Quinton et al., 1984; Rutter and Quinton 1984, 1988). In these studies 93 girls who had entered one of two children's homes in the 1960s were followed-up in the late 1970s (when aged between 21 and 27 years). A complex picture of both continuity and discontinuity in the intergenerational cycle of deprivation emerges. Overall, they found that while early institutional care (and the reasons for such care) does predispose an individual to poor social and parental functioning many individuals do not go on to have such difficulties. Two factors appeared particularly important in the achievement of such positive outcomes in the face of adversity. The first was an element of planning and control exercised by the child or young person over issues such as career, choice of partner and the decision to have children. This in turn was related to experiences of success – either academically or in other ways – at school. The second was support from a caring (and “non-deviant”) husband.

Another set of studies with similar conclusions was carried out by Weiner and colleagues. Weiner carried out a long-term follow-up of 268 adults who had been cared for in pre-school institutions (i.e. residential care) in Israel in 1973 (Weiner and Weiner, 1990; Weiner and Kupermintz, 2001). The studies have some limitations (in that they only use bivariate statistical analysis and the design was action/research in which findings were used to influence placement planning) and of course the Israeli context in the 1970s is very different. Nonetheless, there are some important findings of relevance to the current discussion. First, the children had entered public care in highly disadvantaged circumstances that bear strong similarities to those of children entering care in the UK. Many had experienced abuse, neglect and/or rejection, most had parents with psychiatric problems, and the problems in parental and family functioning were compounded by associated social deprivation. The routes through care – including remaining in institutions, being adopted, fostering and returning home – also appeared broadly similar to the UK context of the time. At the first follow-up, when the children were teenagers, a notably positive picture emerged. The group were generally functioning comparatively well, though it was clear that many of the children had serious and long-term learning difficulties. Adopted children and (unexpectedly) children who had remained in institutional care with ongoing family contact were performing particularly well.

The final follow-up looked at the children as young adults in their twenties. Again, the picture was broadly positive. Most participants appeared comparatively well adjusted and healthy, and none of the 115 children of the young adults had entered care. It was also striking that despite the very high level of psychiatric difficulty in their parents, few of

the children had developed such problems. Nonetheless, the group continued to have a high degree of learning disability and at this follow-up point their attitudes appeared somewhat less positive than as teenagers.

In common with Rutter et al's studies, Weiner and colleagues found that children were actively engaged in making a success of their lives, rather than being passive victims of disadvantage. As such, children with positive self-images and a feeling of control over their lives as teenagers were very much more likely to have positive outcomes in their 20s. This in itself is more likely where children have had positive experiences, either in the home or at school.

Taken together these early studies suggest that children often make use of the resources that are available to them to overcome initial adversity, and that as a result the outcomes for them are better than theories of child development from the 1960s and earlier had suggested were likely. These findings have contributed to a broader literature that explores how children often manage to overcome apparent adversity to go on to lead happy and productive lives. However, they are also of great significance in thinking about the public care system. First, they suggest that the outcomes for children were not as negative as might have been expected. Indeed, despite appearing very unpromising, children managed to find nurturance, support and loving relationships within or after institutional care. Second, they point to ways in which children and young people can be helped to overcome negative early experiences. Considering the young person to be an active shaper of their own destiny and providing them with options to achieve this are crucial aspects of this.

These studies provide a context for our review of more recent British research, but before turning to consider this it is worth briefly reviewing foreign studies. Care needs to be taken in interpreting findings on the outcomes of public care for children in different countries. Nonetheless, some of the findings address gaps in the British literature and may therefore be helpful in thinking through both policy priorities and research needs.

Foreign Studies

There is an extensive foreign literature on outcomes for children in care. In particular there are a large number of American studies and a significant Swedish literature. In this section we concentrate on studies that provide strong evidence on the impact of care on children's welfare – and in particular studies that compare children in care with children in similarly disadvantaged situations or that look at children from the point that they enter care – as there is limited British literature on these areas.

In general, studies in other countries have tended to find that care has a positive impact on children's welfare. In common with the British literature, outcomes for adopted children have generally been found to be good. In a Swedish study Bohman and Sigvardsson (1980) followed-up 624 children registered for adoption as infants and found that 15 years later the adopted children were comparable to class mates, but that children who had returned home or who remained in foster care did less well. Fergusson and Horwood (1998) looked at a large birth cohort study in New Zealand. They compared the progress of 42 adopted children with a group of 98 matched for family structure (i.e. from single parent families) and socioeconomic background. In general, adopted children did better than the comparison group, though less well than might have been expected for biological children in the families that they were placed in, on a range of measures of health and social development.

However, positive outcomes are by no means confined to adopted children. Dumaret and Coppel-Batsch (1998) considered 59 children who had spent 5 or more years with a foster family in a French agency. The follow-up of the children when in their 20s found that most had jobs and reported good health and that 56% had “good” social integration. Social integration was negatively influenced by cumulative parent and child problems at the time of foster care. This is interesting because it highlights the importance of pre-care situations and experiences in shaping post-care outcomes.

Vinnerljung and Ribe (2001) used national databases in Sweden to consider risk of early death in children who had been in foster care compared to children from adverse backgrounds and the general population. They found the rate of mortality to be similar for foster care children to those from an “adverse” background, with both being slightly higher than the general population. The primary increased risk was related to suicide. Similarly, Larsson et al (1986) looked at health outcomes 5 and 10 years after institutional care. They found adopted children had fewer subsequent admissions for trauma, while those returned home or in foster care had higher rates of such admissions and lower rates of normal psychomotor development. This is a difficult finding to interpret. It suggests that at the least foster care was not worse (on this outcome measure) than remaining at home; on the other hand it was also not noticeably better.

In an important recent study, Barber and Delfrabbro (2005) studied 235 children aged between 4 and 9 who entered foster care in South Australia between 1999 and 2000. Children were tested on a variety of measures of well-being at intake, 4, 8, 12 and 24 months after entering care. Conduct scores improved considerably from entry to 4 months, with marked improvements in behaviour at school. The improvement was maintained at the follow-up points. Rates of hyperactivity were not affected by care entry. The children reported very positively on their experience of foster care. This study is important because it suggests that when foster care has a positive impact this may be observed very quickly.

Such positive findings about the impact of foster care appear to be the rule rather than the exception. For instance, Horwitz et al (2001) followed-up 120 children 12 months after they entered foster care in Connecticut, USA and evaluated changes in their “adaptive behaviour”. They found very significant positive changes, with children’s behaviour moving from below average functioning into the normal range. The positive changes were greatest for older children, girls, African American children, those who had spent longer in foster care, those who had been abused and those with fewer recommended services in care.

The positive impact of care was also found in a study by Taussig et al, who compared children remaining in foster care with similar children returned to their birth parents. Taussig et al (2001) looked at 149 seven to 12 year olds returned home from foster care in San Diego, USA. Compared to children who remained in foster care, children returned home had more significant social and behavioural problems. They had higher self-destructive behaviour, substance use, risky behaviours and were more likely to have been in trouble with the criminal justice system. They also did less well in school.

Another interesting study was carried out on a small sample of foster children compared to a comparison group of children with disadvantaged family situations (Pears and Fisher, 2005 a and b). They found that foster children tended to have worse emotional

understanding and less insight into the feelings of others, as well as developmental lags including cognitive and physical deficits. These were not related to length of time in care but were correlated with a history of neglect. This is an important finding, because it highlights that the difficulties and disadvantages of children in care are not solely related to their social situations: the experience of abuse or neglect may also be very important.

Discussion and Conclusions

Taken as a whole these bodies of research suggest two apparently contradictory things about care. On the one hand, older British research on the experiences and processes of care have found significant problems in public care. They characterise it as tending to create unfocussed drift and delay for children, with probable negative consequences for their welfare. On the other hand, studies of outcomes for children – both in Britain and abroad – suggest that despite the apparently unpromising situation they find themselves in, children who experience care often do better than might have been expected. Adopted children have particularly good outcomes, but even children entering less apparently positive care settings, such as residential homes or foster care, do comparatively well.

In fact, these findings are not necessarily contradictory – though they do point to some of the complexity inherent in research and policy-making in this area. It is possible that children who enter care do better than they were doing at home, but that the system has significant limitations and could do much better. This highlights another challenge in interpreting research in this area. It has previously been argued that comparing children in care with the general population is not a fair comparison, because the multiple disadvantages that predate the experience of care make discovering the impact of care itself impossible. The converse of this is that comparative improvement of children in care is also difficult to interpret. Children enter care with serious difficulties. One might expect improvement – but how much is "good" progress?

There is no simple answer to these questions. In Part 3 we return to consider some of the complexity involved in unpicking the nature of care and its impact on children, with a view to recommending policy and practice initiatives that might help these very vulnerable children. However, before doing so we turn to review British studies from 1991 to 2006 with the most to say about children's welfare. As noted earlier, this involves reviewing three types of study:

(a) Studies that compared outcomes for children who entered care with those for comparable children who did not

(b) Studies that looked at the progress of children in care over time;

(c) Studies that compared adults who had been in care with other adults who had experienced adversity or difficulty.

(a) British studies (1991 – 2006) that compared outcomes for children who entered care with those for comparable children who did not

Our literature searches only identified one British study between 1991 and 2006 that considered the welfare progress of children in care over time and the progress of a

comparison group of children not in care. This study was undertaken by Heath, Colton and colleagues and published in a variety of papers in the late 1980s and early 1990s. Heath et al (1989) compared the educational progress and behaviour of 49 children in medium or long-term foster care compared to 58 children living at home but receiving social work services. Both groups were doing comparatively poorly on a range of measures, with those at home having slightly higher levels of behavioural problems. In follow-up studies (Colton and Heath, 1994) over the next two years there was little change in the comparative situation of either group. Heath et al. (1994) further analysed this. It proved difficult to disentangle the impact of foster care as children often moved placements, for instance returning home or coming into care or moving into adoptive placements. One interesting finding was that children placed with foster carers who were qualified to at least degree level were doing comparatively better educationally – both than other children in foster care and than children in the comparison group. However, this difference pre-dated the start of the study i.e. there was no relative improvement in the period studied. It is therefore not possible to be certain that having academically qualified carers caused the children to do better educationally.

A significant limitation in this study is that children were not measured when they entered care. Instead, a group of children in care were compared with a broadly similar group receiving social work services. As a result, it is possible that there were differences between the groups prior to the point of measurement. For instance, the children in care might be more likely to have experienced abuse or neglect and thus might have had poorer educational performance prior to care entry. Without measurements at the time of care entry it is not possible to be sure that the groups are comparable. However, the possibility that the children receiving care were more likely to have experienced abuse makes it noteworthy that children in care had slightly lower levels of behavioural problems compared to those who stayed at home. It is also interesting that those with carers who had degrees did better educationally. This is particularly important given the findings of Barber et al (2005) in Australia, who found that foster care produced a positive impact very rapidly.

It is possible that in the Heath et al study foster care produced some initial “catch-up” but did not proceed to enable children to escape their initial disadvantage. On average they had been in their placement for some years prior to the study taking place. As we have seen above, circumstantial evidence to support this possibility is provided by the difference in the educational performance of children according to the level of qualification of the carers. The authors believed that the lack of foster carers meant that there was no matching process. If this is true, then it suggests that there was some impact as a result of receiving care but that this was prior to the start of the study and was more pronounced when foster carers were educated to degree level. In addition to the absence of measurements at entry, other limitations are that the study is comparatively old, the numbers are relatively small and the study focuses only on educational outcomes.

Nonetheless, the Heath et al research appears to be the only British study using a quasi-experimental method to explore the impact of care. Its findings are not particularly positive about the impact of care, however neither are they negative. Foster care does not enable children to completely overcome initial educational disadvantage; on the other hand, given that the children in care had very similar scores to those in families that social workers were working with, it seems fair to suggest that care was also not causing the low performance of the children.

While the Heath et al study was the only one that included a comparison group, two other studies looked at a broader group of children at risk and commented on outcomes for those who entered care compared to those who did not. Gibbons et al. (1995) carried out a follow-up study of 170 children placed on the child protection register for physical abuse 9 to 10 years after registration. The children were matched with a similar child who attended the same school but had no previous connection with child protection. For our purposes, the most important aspect of this study was that over 30% of the study group entered the care system. For the majority the experience of substitute care was positive and there were measurable gains in their physical growth. In terms of their behaviour and mental well-being there was no evidence of general advantage. Children in long term foster care tended to show fewer behaviour and friendship problems and were less depressed than adopted children. Adopted children had as many behaviour problems as those who had remained with their natural parents.

The finding that the children in foster care did better than those adopted is very much at odds with the general literature. As noted above, in general adoption has been identified as having very positive outcomes, with most adopted children having welfare at a similar level to the general population. Care needs to be taken in interpreting this finding, as the numbers in different types of placement were comparatively small. Furthermore, given the nature of the sample it is possible that the choice of adoption was related to more serious abuse for children who entered care. This might have happened if social workers chose to provide foster care for children who had been less seriously abused and were therefore intended to maintain contact with their family, while adoption was chosen where the abuse was so serious that family relationships were not considered sustainable. Nonetheless, the findings point to the potentially positive impact of foster care for children in relation to behaviour, emotional development, physical growth and patterns of friendship. This study therefore suggests that foster care can be a positive outcome for some children.

A recent study by Forrester and Harwin (2006; 2007) followed-up 186 children allocated a social worker for whom parental misuse of drugs or alcohol was of concern, two years after the family were referred to social services. As such, the findings may be of particular relevance to Option 2. Two of the findings of the study are of particular significance. Firstly, most of the children came into care at some point and at the follow-up point 54% were no longer living with their mother. Secondly, based on information from social work files the researchers made a judgement of child welfare. They found the biggest predictor of positive welfare outcome was children entering care. Furthermore, many of the children living at home continued to be at risk of significant harm as a result of their parent's difficulties.

A serious limitation in this study is the reliance on social work records. Social workers may record child welfare problems more thoroughly for children at home than those in care. Nonetheless, the strength of the relationship suggests that possibility that entering care was the most positive intervention for many of these children. It also opens up the possibility that social workers or others were struggling to work effectively with children living at home whose parents misused drugs or alcohol.

(b) British studies (1991 – 2006) that looked at the progress of children in care over time

While only one study used a comparison group to look at welfare progress over time, it has become relatively common for research to look at the progress of particular groups of children in care over different time periods. (Indeed, this is now the rule – though its absence from many early studies and a reliance on often rather impressionistic researcher judgements is striking). As a result there is a substantial body of evidence in relation to various elements of the welfare progress of children in different types of care placements. Such research can not tell us what the impact of care is per se – because disentangling the reason for children receiving a particular type of placement from the impact of the placement itself is not possible – however it provides a great deal of evidence about the sorts of progress or lack of progress that children make in different types of care situations.

In total we identified eleven British studies that looked at children's welfare progress over time published between 1991 and 2006. However, it is not uncommon for social work research to be published outside mainstream journals – for instance, in monographs or research reports – and it is therefore possible that some studies have been missed. Nonetheless, we believe we have identified most of the key studies measuring changes in welfare over time.

We group the studies under the following headings:

- general studies (that consider a cross-section of types of placement),
- adoption studies,
- fostering studies,
- studies of residential care.

General studies

A study that covered welfare outcomes in a wide range of different types of placement was carried out by Harwin et al (2003). The focus of the study was on care plans made at the end of care proceedings. One hundred children from 57 families who were subject to care orders in 1997 were followed-up 21-months later. An attempt was made to measure welfare progress through a researcher judgement based on information from a variety of sources and summing together welfare progress in relation to several areas. At the end of the study 60% of children were in the placement specified in the care plan. Children whose care plans were implemented showed the best welfare progress over the period and displayed the fewest unmet needs. Plans not implemented were associated with the poorest welfare progress. When placements broke down, most children went into foster care. By the end of the study double the planned numbers of children were in foster care. Although the well being of many children had improved since the time of the care order, the children had had high levels of difficulties at the time of the care order and at follow-up 40% still had moderate to severe "unmet needs" (i.e. problems or difficulties) in emotional and behavioural well-being or in family and social relationships, and 30% in education.

For our purposes the Harwin et al study has two weaknesses. One is that the children had been in care for some time prior to the care order being granted. A second is that the measurement of welfare outcome is not very robust (a feature of a number of social work studies). Nonetheless, there are a number of interesting features of the study. First, in common with work by Hunt (Hunt et al., 1999; Hunt and Macleod, 1999) Harwin et al found that in general social workers were preparing and carrying out plans aimed at

achieving permanent placements for children. This is in stark contrast to the historical situation described by Rowe and Lambert (1973) and others. It suggests that policy, research and practice developments over the last 25 years have had a considerable impact in reducing drift and encouraging permanence. Second, the findings support the picture provided by the Gibbons study, in that care appears to improve children's welfare but it does not lead to the welfare of children in care being equivalent to that of the general population. Finally, an important finding from the Harwin et al study was that the single best predictor of children's welfare not improving was a plan that was not achieved. This was more important than the child's age or levels of difficulty. Plans that were particularly likely to fail were those involving children returning home.

Adoption studies

The extensive work on adoption that was discussed above tended to find very good outcomes for infant adoption. However, less is known about the outcomes of adoption for older children or children with special needs. These have been the focus of research over the last 15 years, which has explored how positive adoption might be for groups that are traditionally harder to place – such as older children, sibling groups, children with special needs or children from ethnic minority groups.

A number of studies have looked at the placement of somewhat older children in adoptive placements (i.e. children aged from 5 to 11, though the ages vary between studies). In general, the research suggests that for most of these children the outcomes are positive – but that by the follow-up time many of the children continue to have significant problems. Rushton et al. (1993) looked at 16 boys aged 5 – 9 placed in permanent placements. Follow-up was carried out 1 and 5 years after placement. The researchers found that the children had high degrees of behavioural and emotional disturbance prior to entering the placement. Overall by 5 years most of the boys showed considerable improvements, but a third still had a large number of problems – particularly in relation to social relationships and attention. Again, the pattern is one of improvement without children achieving "normal" patterns of difficulties.

Quinton et al (1998) looked at 61 "older" children (between the ages of 5 to 9) placed in permanent placements (adoption or fostering) and followed them up at intervals of 1, 6 and 12 months following placement. The main outcomes were placement stability at one year and direction of change in the child's problems. There were only 3 disruptions in the first year. Three quarters formed good relationships with new carers. The behavioural change found more mixed findings: at one year, about a third of children's problems had decreased (n=22), for another third there was little change (n=19) and for another third there was an increase in problem behaviour (n=17) There were three variables linked to poorer outcomes: active rejection by birth family, the child being described as restless, and lack of sensitive response from carers in early weeks of placement. The majority of children (49) were placed with a definite plan for adoption. The fostering group (8) was too small to allow statistical testing but the authors "found no significant differences between adoption and foster placements in relation to either behavioural change over the year or placement stability" (p.63).

Rushton and Dance (2004) followed up 133 children who had been placed during middle childhood (5-11) with adoptive families and to mid-adolescence (average age 14). In the follow-up, almost three quarters (71%) of placements were still intact. However, over one third of the 99 continuing placements were still highly problematic (for instance children

were exhibiting developmental and behavioural problems including aggression, destructiveness and over-activity).

Selwyn et al (2006) looked at a sample of 130 children aged 7-21 years followed-up 6 to 11 years after a decision that adoption was in their best interests. Outcome measures focussed on the care career of the children (i.e. whether there had been instability). As such, the study does not meet our strict criteria for inclusion – however it is included due to the limited number of studies providing information on child welfare and because of the important information it provides. At follow-up, 80 children (62%) were still in adoptive families (83% of those actually placed), 26% were in long term foster care or other permanent arrangement and 12% of children had had an unstable care career – with placement breakdowns and a failure to achieve permanence. Significant predictors of the successfully adopted group were age at entry to care (mean age of 2.6 years versus 4.1 years for fostered and unstable care career children) and a shorter time between entering care and having a decision that a permanent placement should be sought. Nevertheless, only a quarter of the successfully adopted children at follow-up were free from difficulties that were interfering with their lives and development in some way (but this compare to only 7% at placement).

The strongest predictors of unstable care careers were children who entered placements with conduct problems and over-activity; abuse and neglect was not predictive in part because around 90% had experienced it. There were few differences in outcomes between adopted and fostered children, although adopted children showed better attachments, even when attachment problems prior to placement were taken into account. The authors suggest that this might be due to foster carers having less parental responsibility and the lack of perceived security. The authors also looked at costs of the three different care careers. Crucially they found that as well as delay affecting children's life chances, it is also associated with increased costs: children who did not find a stable placement cost 7 times more than those who were adopted

Another group that have tended to be hard to place in permanent alternatives are children from ethnic minority groups. Thoburn et al (1999) followed-up 51 children of minority ethnic origin in permanent family placements 7-15 years after placement (which had happened between 1980 and 1984). One quarter were in foster care. Disruption rates were the same between foster and adoptive care. There was no association between contact and placement stability. It was concluded that permanent placement with strangers can be highly satisfactory and that African-Caribbean and South Asian families were good at facilitating contact.

A final study in this area was undertaken to look at the outcomes of adoption for children from Romania (Anderson-Wood et al, 1999). As such, the study is of less direct relevance to the current discussion. However, the findings have some relevance because a comparison group of 52 UK adopted children were included. Anderson-Wood et al followed-up 165 Romanian children adopted in the early 90's in UK at 4 yrs and 6 years. Children adopted before 6 months had caught up and were indistinguishable from the comparison group by 4 and 6 years. For those not adopted before six months, cognitive catch-up was greater than social development. Three common behavioural problems were: atypical attachment, quasi-autistic behaviour patterns, inattention and hyperactivity. These seemed to be associated with later adoption following extremely neglectful institutional care. Nonetheless, overall adoption appeared to have considerable potential for ameliorating serious problems in children, though the later the

adoption and the longer children were exposed to serious neglect, the poorer the long-term outcomes.

In general, the adoption literature supports the view that adoption can successfully be used with a wider range of children than the newborn infants who were the traditional focus. Children between 5 and 11, children from ethnic minorities and children in sibling groups can successfully be adopted. However, there are some important other factors to consider. The first is that it may be supply of placements for these children rather than the children themselves who provide a particular challenge. In this respect the research is useful in identifying that professionals should not shy away from attempting adoption for children in these somewhat harder to adopt groups. However, it does not address the difficulties that have often been found in recruiting adopters for children in these categories, and the consequent danger of delay for the children. Second, while the findings were broadly positive, the rates of placement failure were higher for older than for younger children, and for children with greater difficulties than for children with fewer. There is therefore a delicate balancing judgement to be made between the possibility of permanence (and the positive outcomes associated with it) and the risk of placement failure (with its associated risks for children's welfare) (see Rushton, 2003). These studies support an argument for trying adoption for somewhat older children and with children with some difficulties – but they also highlight the element of risk in such an approach, and thus the need for a judgement for each child that balances this risk against the potential benefits of adoption.

Foster care

The most important study of foster care was undertaken by Sinclair et al (2004). They followed-up 596 foster children 3 years after placement from a cross sectional sample of looked after children from 7 local authorities. In general, children demonstrated improvements in their welfare over time. Those leaving to go home or into independent living did less well than those remaining in foster care or adopted. Adoption seemed the most permanent type of care but only for young children under 5. Most foster children did not want to be adopted. The authors suggested that foster care did not offer a secure family for life, but it did offer some security for those aged between 4 to 14 years. Factors closely associated with outcomes were: what children want, situation at school, relationships with current carers, relationships and contact with birth family. As is often found (and discussed further in Part 3), the process of leaving care was far less positive than being in foster care.

Sinclair concluded that foster care experiences and outcomes are a demonstration that in the face of a number of difficulties there is room for love, good sense, skill, good humour, commitment and resilience. Successful outcomes were based on foster placements with committed parenting, along with permanence, safe access to birth families and achievement at school and work. Although disruptions were generally high compared to adoptive placements, and many of the children moved for a variety of reasons (including return home, moving to independence or a permanent alternative) nonetheless 40% of children aged between 4-14 yrs were still with the same carer. The difficulties lie not in what happens in foster care but in what follows it, the most likely route out of foster care for those children aged 4-14 yrs was to go home. Only a third of reunifications were seen as safe.

For Sinclair the problem was linked to the way foster care was currently not conceived as a permanent solution to the child's problems despite the low number of adoptions.

Sinclair recommended reducing the differences between fostering and adoption by reducing the number of breakdowns and enabling more children to stay on after 18. Sinclair also highlights the need for children in care to have a coherent story of why they are looked after and an acceptance of the past that allows them to move forward.

Further important research in this rather neglected field of study was undertaken by Schofield and colleagues. Schofield and Beek undertook a study looking at the progress of 53 children three years after they were placed in long-term foster care (Schofield et al, 2000; Beek and Schofield, 2004; Schofield et al., 2005). The findings make for interesting reading – not least because they powerfully demonstrate the complex interplay of factors that shape outcomes for children in care. First, the high level of prior disadvantage these children had experienced before entering a permanent fostering placement was striking. Most had been abused, half had serious emotional and/or behavioural problems and for many these difficulties had been exacerbated by lengthy periods waiting for the permanent fostering placement. Three years after placement, using a combination of standardised instruments and judgements from interviews, the researchers divided children into those making good progress (60%) , uncertain progress (27%) and those in a "downward spiral" (13%).

Overall, this is a very positive finding about foster care as a permanent option for children with serious difficulties. Despite their negative previous experiences, most of the children were making good progress and for many there were measurable gains in relation to behavioural, emotional and educational welfare. Yet, this was not true for all children. Some continued to have serious problems and others had deteriorated, often because of unresolved issues with birth parents and ongoing contact problems. Indeed, "entangled" relationships with the birth family were crucial in the small number of "downward spiral" children, contributing to placement breakdown and feelings of fear and anxiety for these children. Schofield et al (2005) also try to unpack some of the causal chains that lead to better outcomes for children using a mixture of quantitative and qualitative methods. They highlight the enormous importance of committed, consistent and caring foster carers who often managed to make a significant positive difference to children in very difficult circumstances. Schofield et al also stress the role of social workers in supporting both children and foster carers. Most of the children who had good outcomes were regularly visited by their social workers; a high proportion of those with mixed or poor outcomes were not. Schofield et al suggest that a lack of support from social workers is an additional "risk factor" for a poor outcome: regular visits probably do not make things go well in foster placements, but when things are going badly they are a vital means for identifying difficulties and providing appropriate resources.

Residential care

Little and Kelly (1998) carried out a longitudinal study of children who had been in care in a therapeutic community matched with a smaller group of 8 who were assessed but did not enter. All 68 were followed-up for 2 years after leaving. Leavers from the therapeutic community were 4 times more likely to find employment and 3 times less likely to be convicted compared to children in other residential settings. Those who stayed for a shorter period and returned home had poorer outcomes

(c) British studies (1991-2006) that compared adults who had been in care with other adults who had experienced adversity or difficulty.

A number of studies have used existing large-scale datasets to explore the outcomes for children who enter care. An important strength of such an approach is that it can provide long-term follow-up information on a substantial sample and this allows comparison of children in care with children in other situations of potential adversity (e.g. being brought up in one parent families or in poverty). However, by its nature the data reports on outcomes of the care system from some time ago (broadly speaking the 1960s and 1970s). As a result the reasons why children enter care and the type of care they might be expected to receive (i.e. predominantly residential care) would be very different to those provided now. In addition, the information collected can be limited and there may be problems in following-up people (perhaps particularly those with chaotic lifestyles) in the long term. Nonetheless, this provides a valuable insight into the longer-term outcomes of the care system.

The National Child Development Study (NCDS) (a large-scale survey of a representative sample of around 17,000 people) has been used to explore outcomes for looked after children. Buchanan et al (2000) compared results on measures of emotional wellbeing at 16 and 33 years in the NCDS. Results showed that “restructured parenting” (e.g. divorce) was not itself a risk factor for maladjustment, however an experience of care or social disadvantage was significantly related to psychosocial problems at age 16. Findings also suggested that psychological distress at 33 was associated with maladjustment at 16. A childhood experience of single parenting or care was associated with adult psychological distress in men but not women. Buchanan (1999) found that at 16, 25% of children who had been in care had significant scores on measures of psychological problems, but as she emphasises, this means 75% did not. At 33, care leavers were at a higher risk of mental health problems than those never in care, but only at a similar level to women from disadvantaged homes. One in 5 care leavers had a tendency to depression.

Cheung & Buchanan (1997) also used NCDS data. They found that adults who have been in care were more likely to have high scores on measures of emotional problems than those never in care. At 23, both males and females were likely to have high scores. At 33, those from care were more likely than those never in care to have high scores, but men were more likely to have high scores than women. Cheung and Heath (1994) used the NCDS data to examine the influence of patterns of care on educational outcomes. They found that children who entered care briefly when young performed at the national average; children who entered before 11 and stayed until after 11 (on average 9 years) had poor educational qualifications and even lower occupational achievement.

Taken as a whole these studies suggest that children who have been in care have greater difficulties than most children. However, the impact of care does not appear to be as great as might have been supposed. For all measures most adults who had been in care did not exhibit problems and in relation to psychological problems having been in care seemed broadly similar to coming from a disadvantaged background. Crucially, the NCDS does not provide detailed information on the experiences of children that led to care, and cannot therefore disentangle the impact of abuse or other harmful experiences from the contribution from being in care. The one study that does suggest a likely negative impact of care itself is the Cheung and Heath study (1994), as longer periods in care were associated with worse educational performance, though even here it is not possible to disentangle the reasons why children spent longer in care and the impact of care itself.

Viner and Taylor (2005) used a different dataset – the 1970 British birth cohort – to explore the impact of care entry. This dataset provides information on a 100% sample of children born in one week in 1970 (16578 children). The children were followed-up at 5, 10, 16 and 30 years – by which point 11,261 were in the sample. In total 343 (3.6%) of the children had been in care at some point. Even allowing for social class children who had been in care were more likely to be homeless, have a conviction, experience poor health or have psychological problems and they were less likely to achieve high social class. Viner and Taylor conclude that "public care in childhood is associated with adverse adult socioeconomic, educational, legal, and health outcomes in excess of that associated with childhood or adult disadvantage" (pg 894). However, they did not find higher rates of mental health problems, unemployment or teenage pregnancy and their overall conclusion was that "the great majority [of children who enter care] do not experience significant long-term health or social adversity".

There are some important limitations to this study. First, around half of the children who were in care at some point were lost to follow-up. This results in a rather small follow-up sample and is likely to influence the findings (for instance if the children lost to the study had particularly good or poor outcomes). This may also contribute to some rather unexpected findings, such as the fact that age at care entry and type of placement had no impact on outcomes. Second, while social class was taken into account – this was the only variable allowed for. The study therefore confirms that children who enter care tend to do less well than children from low socio-economic class, but it seems unlikely that this is because of the experience of care itself. If care were producing these negative outcomes, one would expect longer periods of time in care to be associated with poorer outcomes.

Children's Views

In general the literature is comparatively consistent: looked after children tend to give positive accounts of their care experience and the reasons for being in care. In one sample (Barber & Delfabbro, 2005) all children interviewed said they were 'satisfied' with care, and in another (McKenzie, 1997) the majority of care leavers said that whilst in care, they had never or rarely wanted to be adopted. One study (Kufeldt et al, 1996) asked if coming into care was the best option for the child at the time; almost 90% of children answered 'yes', compared to 88% of social workers and 79% of biological parents. In one evaluation of short-term fostering (Aldgate & Bradley, 1999) parents were said to be 'very positive' about the service they received, and children were 'reasonably happy'. Furthermore, many of the studies discussed above included the views of children, and in general terms the children were positive about their experiences of care (e.g. Harwin et al, 2003; Sinclair et al, 2004).

Key findings

Four findings appear particularly crucial from this review of the research. The first is that there is a gross lack of research in important areas. This is discussed further in the next part of the review. Given this lack of research evidence it is important to be circumspect about findings.

The second key finding was that there was little evidence of the care system having a negative impact on children's welfare. Indeed, the picture suggested the opposite – in the vast majority of studies children's welfare improved. This picture was fairly consistent. This overall pattern leads us to conclude that on the whole care is a positive

experience for most children and that it appears to either improve or at the least not harm their welfare.

However, this is not to say that public care is resolving all of the problems that the children exhibit. The third key finding was that, considered as a group, even after positive care experiences the children in most of the studies have significantly more difficulties than might be expected in the general population. Care is not ameliorating all of the problems children have. Indeed, this does not appear a realistic goal. Even successful permanent placements in which parents adopted children and treated them as their own could not always undo the consequences of abuse and neglect when younger – particularly for older children. Only adoption in early childhood offers a realistic prospect of most children achieving at a similar level to the general population. For other children, care needs to maximise the potential children have and offer them the opportunity to be all that they can be. Yet it is not realistic to think that – taken as a group rather than for any individual child – this can result in equivalence between children in care and all other children.

The fourth key finding is that studies provide considerable insight into why the welfare of children in care tended to improve. There are many descriptions of concerning issues in the studies. High rates of turnover of social workers, multiple placement moves, descriptions of inadequate or even abusive carers can be found throughout. However, children did comparatively well for two reasons. The first is that often the home circumstances that they left (whether temporarily or permanently) were truly terrible. Care therefore appears good in part because it stands in contrast to families which include the most abusive and neglectful in our society; its comparative success is likely to be in large part because of this. However, in addition the studies described many positive things about care. Most strikingly in many studies there were descriptions of foster carers and social workers, residential carers and managers, who form relationships and work tirelessly to ensure that the children they are responsible for thrive. It is easy to miss these success stories in the general perception that care fails. Often the institutional arrangements that surround care are inadequate. However, the caring individuals who often make enormous sacrifices for the children in their care are in large part responsible for the broadly positive pattern of welfare outcomes identified in the research.

Discussion

Before considering what lessons can be drawn from the research findings it is important to comment on the very important gaps in the current evidence base. Three areas appear particularly important. The first is the paucity of research that systematically compares similar children receiving different types of placement. Thus, there appear to be no British studies that look at children who did enter care and those who might have to explore the relative impact of care – only one study did something similar (comparing children in long-term care with those allocated a social worker but living at home) and this study pre-dated the 1989 Children Act. This seems, on reflection, a quite extraordinary gap in the literature. It means that there is a very limited research base to guide social workers, guardians and the courts in crucial decisions around whether children should enter care or not. Similarly, there are few British studies that compare children returned home with those remaining in care. There are also comparatively few that look at the impact of different types of placement (for instance long term fostering compared to adoption) for broadly comparable children. This seriously hampers our ability to provide research-based guidance on what the impact of different types of

placements is. We had not expected this lack of evidence when undertaking the review and it needs to be highlighted as a priority for future research to guide policy and practice. Rushton (2003) makes a persuasive case for a very substantial research study to address this fundamental lack of comparative data.

Second, the bulk of research has focussed on children experiencing permanent alternative care. Yet most children who enter the care system do so for comparatively short periods. We thus know far more about the outcomes of adoption or long-term fostering or even prolonged periods in residential care than we do about children who enter care but do not find a permanent alternative placement. There are some studies that consider such children (Fisher et al, 1989; Sinclair et al., 2004) but there has been far less research attention given than there has to adoption and few studies appear to have measured the impact of shorter periods of care on child welfare.

Third, there is little if any systematic comparison of differences between local authorities in their policies and practices and the outcomes for children. This leaves us attempting to draw conclusions about "best practice" using comparatively little evidence on the impact of different local authority approaches on outcomes for children. This is unfortunate not only because such research provides us with "natural experiments" that allow an exploration of the impact of different types of services, but also because the conclusions would have such clear policy relevance. Put at its simplest, identifying the most effective local authorities would allow others to learn from their success.

Having highlighted these very significant weaknesses in the evidence base, there were nonetheless some clear findings from the literature reviewed. As noted above, children tended to enter care or move into permanent placements with very serious problems. In general, the experience of care across a range of types of placement reduces these difficulties. It appears that care is a good experience for most children, and that most children benefit from the care that they are provided with. However, despite this picture of general improvement, considered as a group, children in care continue to exhibit a range of more pronounced difficulties than the general population. Thus, in sum, in general care seems to work, though it is not a 100% effective solution to the problems that children in care exhibit.

This broad conclusion appears at odds with the general perception of public care in the government, media and amongst politicians and policy-makers. As Utting (2007) comments in his working group's report on Care Matters "There is a general consensus that the care system fails children." (pg X). In fact, many of the key experts disagree with this conclusion. Wilson et al (2003) in their review of fostering for the Social Care Institute of Excellence concluded that in general children did better once they entered foster care. In recent months key experts in the area such as Mike Stein, David Berridge and Ian Sinclair have published or spoken about the positive outcomes associated with the care system (Stein, 2006; Berridge, 2006; Sinclair et al., 2004). There therefore seems to be a grave mismatch between the perception of policy-makers and that of the academic community.

Given this disjuncture between political perception and empirical findings, it is important to explore this general conclusion further. It has a number of implications. The first and most important is that it necessitates a move away from an approach based on a belief that the care system fails children. There is little credible evidence to support this contention – despite the fact that it is at the heart of current UK government policy.

Evidence on outcomes and research that listens to children themselves tends to be broadly positive about the care system.

If care is not generally bad for children, then this leads to serious questions about the dominant approaches of the last 30 years – namely to focus on preventing care and creating permanent alternatives when children are removed from their families. Essentially, these approaches try to minimise the need for care by reducing the flow "in" to public care of children and increasing the flow "out" to permanent alternative families. Yet, if care is not generally bad for children, is this a reasonable approach?

We believe that there are important policy conclusions that follow from a move away from a belief that care fails children. One is that if we wish to improve the undeniably poor outcomes for children in care we need to look more widely than at the care system itself. We need to consider what happens *before* and what happens *after* care. These are respectively the focus of the next two sections of this part of the report. In addition, it is important to explore how public care for children can be made as positive as possible. To say that there is little evidence that it is letting children down is far from saying that we should not strive to make it as positive an experience as possible. This is considered in the section that follows those looking at experiences before and after care. In it we make some broad recommendations for making care a more positive experience. Central to this is a reconceptualisation of care that attempts to move away from a focus solely on preventing care or achieving permanent alternatives. Instead, we suggest a positive role for care as a *safe space*. This is outlined below.

PART 3: HOW COULD CARE BE IMPROVED?

3.1 What happens before care?

Children enter care with serious difficulties. This will always be the case to some degree: public care provides a final safety-net for children in families that can not provide adequately for them. As a result, children entering care have usually experienced serious social disadvantage plus abuse and neglect. Many have started to exhibit very difficult behaviour themselves. These factors – rather than the experience of care itself - explain why children in care have such serious problems compared to the general population. Yet, if the bulk of these difficulties predate care entry, a crucial policy question is: what can be done to reduce the levels of difficulties children have before they enter care?

An effective response requires three elements:

- More effective services to improve child welfare for the families of children on the "edge of care";
- A lowering of the threshold for care entry;
- Earlier assessment and decision-making for children who should be removed.

Each of these is worth considering in turn.

3.1.1 More effective services to improve child welfare for the families of children on the "edge of care"

There are strong arguments for a move toward providing services likely to improve family welfare and thus reduce the need for care. The Children in Need census identifies that each child in care costs on average £680 while each child worked with in the community costs £140. In Care Matters this difference is used to propose a shift in resources from providing placements to preventing care. However, a rather simplistic view is expressed that moving resources from the care system to prevention will reduce the need for care. There is in fact virtually no evidence to support this contention. The only evidence cited is a belief that in local authorities who spend more on support services fewer children come into care (Narey, 2007). No systematic exploration of this belief has been undertaken, and in practice it is difficult to disentangle the socio-economic differences between local authorities and their spending on support services.

One study that considered this was undertaken by Schofield et al (2005). The researchers identified wide variations between local authorities in the rate of long-stay looked after children (four or more years in care) from 6 to 37 per 10,000. Schofield et al wondered whether one of the causes for this variation was the lack of family support resources to achieve reunification, but they also suggested that local authorities with higher thresholds for children starting to be looked after will tend to have children stay longer because they are more troubled and there is greater difficulty returning them home. In other words, providing support services may reduce the proportion of "long stay" children in care – but so would making it easier to enter care (and thus including more children who can be successfully returned home). The truth is that more research is needed in this vital area, as recommended by Narey (2007).

There is also limited evidence about what types of family support services might prevent the need for care. In the report that accompanies this one we review the literature on prevention of care in some depth (Forrester et al., 2007). It is worth noting some key points from that review. First, there has been a somewhat simplistic belief expressed by the United Kingdom government that broad provision of supportive interventions such as Sure Start will reduce the need for more intensive social work interventions, including presumably the need for public care (DfES, 2003). In fact, there is no evidence to support this belief. Sure Start does not in general appear to have had a significant positive impact on the most vulnerable families, many of whom have not accessed the service (National Evaluation of Sure Start, 2005), and the limited evidence on its impact on referrals to social services suggests that in general it has not reduced them (Carpenter et al., 2007). Furthermore, other broad-based interventions such as Homestart – whatever their other merits - have not had any impact on levels of care entry (McAuley et al., 2006). Indeed, the belief that such types of service would reduce the need for public care betrays an ignorance of the nature of care. Children enter care only when there has been family breakdown of the most severe and usually persistent kind. It is increasingly associated not just with social difficulties, but also with parental misuse of drugs or alcohol, mental illness or learning difficulty or with sexual abuse by a parent. Whatever the merits of schemes such as SureStart and HomeStart, they are unlikely to make a significant impact on families affected by these complex and persistent difficulties.

In the light of this, schemes based on the Homebuilders model of Intensive Family Preservation have been identified by the UK government in documents accompanying Care Matters as examples of excellence in preventing the need for care (DfES. 2006; Narey, 2007). In fact, the Homebuilders model has been extensively evaluated and found to have little or no impact on reducing the need for care for children. There are some exceptions – such as the Option 2 project in Wales, which has combined Homebuilders with motivational interviewing and solution-focussed approaches to provide what appears to be a service that reduces the need for public care (Forrester et al., 2007). However, even in this rare example of a service that has been properly evaluated and that reduces the need for public care, the reduction is achieved through children taking longer to enter care and returning out of care more quickly. It is clearly not – and would not claim to be – a panacea to prevent the need for care.

The situation is therefore that calls are being made to increase the use of preventative and supportive interventions in the hope that they may reduce the need for public care. Yet this is not a new idea. It has been at the heart of policy for children at risk since at least 1970. It is has been tried extensively in the US and other countries. If it was an easy thing to achieve it is reasonable to believe it would have been achieved by now. In fact, there is currently no body of evidence showing how a reduction in the need for public care can safely be achieved for children at risk of abuse or neglect.

This is certainly not to say that the need for care *cannot* be reduced by increased funding of support services. It seems likely that this is possible and we believe that this is a policy priority. Furthermore there are positive indications of specific interventions that can make a difference. First, interventions working with teenagers with “problem” behaviours have demonstrated an ability to reduce the need for care in an American context (see Forrester et al., 2007). Second, interventions such as Option 2 offer the promise of a reduced need for care for some children at risk of abuse or neglect. Third, it

is likely that other effective ways of working can be identified, and that interventions shown to be effective in other settings or with specific groups can be adapted to reduce the need for public care for some children.

However, what is crucial is that the mistakes associated with the Sure Start initiative are not replicated. In particular, simply shifting resources from placements to "prevention" is unlikely to achieve a reduction in the need for care. The danger is that poorly conceptualised and operationalised attempts to reduce the need for care will fail and it will be erroneously concluded that it is not possible to reduce the need for children to enter care. Instead, well designed, evidence-based interventions need to be developed, and the funding for these should include rigorous evaluations so that the most effective approaches can be identified and disseminated – and interventions that are less useful can be modified or abandoned at an earlier stage.

Lowering the threshold for care entry

A focus on reducing the need for care - and implicitly therefore generally raising care thresholds - has become firmly entrenched within discussions about the care system. Three arguments have been particularly important in creating this change, and each is worth considering briefly. First, the research evidence relating to social work practice in the 1970s suggests that there was a lack of focus and a tendency toward unplanned drift for children in care. The evidence on outcomes was not robust, but it seems reasonable to assume based on the information presented in studies such as that by Rowe and Lambert that many children were let down by public care at this time. Yet, more recent studies did not find the same picture. Harwin et al (2003) and Hunt et al (1999 a and b) tended to find that there were clear care plans for children and that in general social workers were attempting to carry them out. The systems and practices were not by any means perfect, and in particular there were certain types of children for whom poor decisions were made, yet the overall approach appeared radically different to that described in the 1970s. Children in care are now planned for and in general a serious attempt is made to carry out the plans. It does not therefore seem credible to base a critique of public care on this outdated body of research.

A second crucial issue is cost. Between 1994 and 2006 the real cost of the care system has doubled and is now over £3 billion annually in the UK (Narey, 2007; DfES 2007). Inevitably, interventions aimed at reducing the need for children to enter care and at increasing the speed with which children leave care are likely to appear attractive from a financial point of view. However, there are serious limitations in such an approach. Indeed, the fact that there has been such a significant increase in the cost of public care at precisely the time when there has been greatest emphasis on both prevention and permanency suggests at least the possibility that this approach does not in fact save money. For instance, "preventing" care in the short term (either by not taking children into care or by returning them home swiftly) may result in children being more likely to enter care when they are older, have more difficulties and are more expensive to provide placements for. Crucially, prevention may make permanent alternatives impossible if it contributes to serious delays in children entering care and they enter care with more serious problems. *Beyond Care Matters* (Narey, 2007) estimates that the average annual cost of a looked after child in 2005/6 was £33,000 but rises to £50,000 for children with emotional and behavioural problems and for children with complex needs is £95,000. Thus effective prevention may save money – but ineffective attempts at prevention may do precisely the opposite.

A third factor underlying the arguments for both “prevention” and for “permanency” is less concrete but no less important. It is the centrality of a belief in the importance of “normal” family life for children. The 1989 Children Act explicitly states that children are best brought up in their own families, and a belief that something as close to “normal” family life is the best thing for children permeates the push toward adoption or long-term foster care for children in the care system. This belief may be true for many children. It seems evident that for younger children and for children whose relationship with their birth family has broken down, permanent alternative families are usually best. Yet there are reasons to conclude that this belief has shaped the British system of public care for children in unhelpful ways; that it has created a looked after system that does not provide as well as it could for either the children who enter it or for children who remain at home that might benefit from entering care.

In particular, if we are serious about reducing the problems of children in care we need to consider lowering the thresholds for care entry. Waiting until children have experienced significant harm has contributed to the increasingly high proportion of the care population with serious emotional and behavioural problems (Schofield, 2005). Making it easier for children to enter care would help to prevent much of this damage and be likely to have a positive impact on the children who enter care.

Increasingly, public care has been treated as a choice of last resort. This leads to children being kept in their homes when they should not be. This error looks likely to be compounded by the Care Matters recommendations. The fact that a reduction in children entering care was seriously considered as a government performance indicator is bad enough (Narey, 2007), but Care Matters continues to take this crude and unhelpful approach to preventing care. For instance, it is argued that only senior managers should be able to authorise care entry and that greater attempts should be made to “gatekeep” this threshold. It is difficult to see a child welfare justification for this recommendation, and it seems possible that it will lead to managers refusing entry for children who should enter care. This is a crude exposition of the “care is bad” philosophy of Care Matters.

Instead, we would argue that there should be more readiness to provide public care for children living in families with chronic and severe difficulties. Allowing children to enter care at an earlier point is the single policy change that would most improve the welfare of children in public care.

Earlier assessment and decision-making for children who should be removed

If we wish to reduce the harm children experience before they enter care, then one area that requires attention is whether we could carry out better assessments to identify children who require care at an earlier stage. Thus far the argument is that many children would benefit from entering care at an earlier stage and that we should move toward providing care more readily – often as a form of family support for a period of time. However, there may be some children who would benefit from permanent alternatives, and the earlier that this can be agreed the better the outcomes are likely to be for the child. In this respect two issues appear particularly important. One is the development of concurrency planning (i.e. placing a child with a carer who may adopt them while return to parents is explored). The research evidence on this is currently limited (Monck, ref), but it seems a potentially promising approach to reducing the frequent moves that young children entering care often experience. A second and more difficult issue is whether in some families too many attempts are made to return children to their parents. There is limited research in this area (a large-scale study is currently

being undertaken by Elaine Farmer), however there are indications that children who experience multiple attempts at rehabilitation are particularly likely to spend longer in care and have poor welfare outcomes (Harwin et al, 2003 and see Murphy et al, 1991 for an American study). This seems particularly true where there is parental alcohol or drug misuse.

A crucial issue here is that in care proceedings, once the threshold criteria (of actual or potential significant harm) is met then the court and social services should focus on the welfare of the child. In this context, the potential benefits of return to parents need to be balanced against the risks of delay and the emotional impact of multiple moves. This balancing exercise needs to consider the individual circumstances of each child. Crucially, younger children have more to lose from the delay of multiple attempts at rehabilitation than older children, as it may impact on the possibility of them obtaining permanent alternative placements. These are difficult areas for policy and practice, and there are no simple solutions. However, it is possible that our focus on preventing care is sometimes leading to multiple attempts at rehabilitation even when this does not appear to have a high chance of success.

What happens after care?

There is now a broad consensus that leaving care provision for children is grossly inadequate. Unlike the research on the impact of care itself, there is comparatively strong evidence to support this belief. While good quality foster or residential provision often provides many of the essential attributes associated with care in a family – such as care and consistency, looking after material needs and responsible adults interested in ensuring that children achieve all that they can – leaving care provision at 18 (or younger) is very different. In most families, children receive ongoing emotional and financial support as they move into adulthood, and there is no arbitrary cut-off in the provision of this. In contrast, care ends somewhat arbitrarily at 18 (or earlier), and the support after care is time limited and often not based on ongoing caring relationships. There is no facility for returning into care when an individual has a crisis or a difficulty, or for moving back into foster care or residential placements at Christmas or other holidays.

It is telling that in one of the best designed studies on the impact of care (Rutter and Quinton, 1989) found that it was not primarily the experience of care that lead young women to have difficulties coping with their children – it was more the lack of social support in the transition into adulthood. As Sinclair et al (2004) note, we create considerable “social capital” through the positive impact of foster care on troubled children – and we all too often squander this in the unplanned and unsupportive way that we allow the children to move into adulthood. This lack of support for young adults who have been in care is likely to cause more of the poor outcomes associated with care leavers than the care system itself. Ways of addressing this are discussed in our recommendations. They are also a welcome – and evidence based – aspect of the Care Matters proposals (DfES, 2007).

Towards a Third Option of Positive Care: Neither Prevention, Nor Permanence

A crucial element in our analysis is that we should move away from a view of the care system as failing children and build on evidence of its effectiveness to improve outcomes for children. The difficulties with the current approach become further highlighted when it is compared to our continental neighbours. There are a host of problems in comparing

systems for public care of children. One is that the definitions of care differ in important ways (Thoburn, 2000). More fundamentally, public care is fundamentally shaped by a range of other services and beliefs and this makes interpreting evidence on "outcomes" extremely difficult. Nonetheless, it seems likely that in most industrialised countries more children come into care per head of population, for some of these countries the numbers are far higher and there does not seem to be any developed country that takes significantly fewer children into public care (Selwyn and X, 2003; Thoburn, 2000). This is despite the more generous welfare provision and lower rates of a range of key social problems (such as drug and alcohol abuse) in a number of these countries. Within Europe there is also less use of adoption or other permanent alternatives, and greater use of residential care (Rushton, 2003). This is in part because in some countries, such as Sweden, there is a very heavy emphasis on the rights of parents and it is impossible to have a child adopted against the parent's will. This does not seem an appropriate approach if child welfare is our primary focus.

On the other hand, in many of our European neighbours public care is not seen as negatively as it is perceived to be in the UK. Nor is it seen as in opposition to family support. Instead, alternative care is often provided as *a form of family support*. In this model, permanence can be provided within care by the birth family, even if the actual care for children is being provided through the public care system. Children enter care for a period of time, but they continue to have contact with their birth family and it is assumed that they will retain these links through their adult life. As a result, far fewer children are removed permanently and placed in alternatives such as long-term fostering or adoption. Furthermore, for the comparatively small number of children who can not or do not wish to maintain contact with their family, but who are unlikely to find a "permanent" alternative family, the public care system is better geared-up in these countries to provide a safe haven and nurturing environment through childhood and into adulthood. This is an approach to care that we consider likely to improve outcomes for many children in or at risk of public care. It is to move the focus from permanence toward stability, in order to harness the positive elements of the care system.

Indeed, when looked at this way it becomes possible to argue that our approach to care has become both unsympathetic to the profound difficulties that some families face and unhelpful for the children caught up in these difficulties. It has created a sharp dichotomy between children kept at home and those who enter care, with little policy or practice focus on anything between prevention and permanent alternatives to the birth family. Children living at home in families with serious difficulties tend to be offered relatively low levels of support and there appears to be a high risk that these children will enter care when they are older, often damaged and hurt by inadequate family experiences. On the other hand, when children cannot live at home policy presses for swift decisions about permanent alternatives. In between are the majority of children who enter care for a period of time, but who return home after some months or years in care, and the children who languish in families in which they experience abuse and neglect because our thresholds for care entry have become so high. These are the invisible children. Research has paid little attention to them. Policy makers concentrate on preventing care and increasing the use of permanent alternatives. Remarkably little is written or researched about how we can best provide for these children.

What we are suggesting is that we move away from this dichotomy by explicitly creating a third category – Positive Care as *a safe space* between prevention and permanence.

For most of these children care will be a form of family support, rather than in opposition to it as often conceptualised at present. For some it should be a stable environment in which their needs are met in the medium or long term.

There are a number of arguments for such an approach. First, the limited research evidence suggests both that children's welfare improves on entering care and that most of the damage children experience pre-dates care. If we wish to improve outcomes for children then we seriously need to consider allowing children who would benefit from it to enter care earlier – and ideally before they have experienced significant and lasting harm. Second, the preoccupation with permanence has contributed to the higher threshold for care entry. Taking children into care has come to be seen as an all-or-nothing decision: children remain at home or they are removed permanently. This is neither empirically true nor ethically desirable and it has contributed to care being offered as a child welfare service too late to prevent serious harm to some children. Third, even under current arrangements care tends to be comparatively short term and to end with a return to the birth family for most children. Yet the continuing focus on prevention or permanence has led to a lack of focus on how this type of experience of care can be made as helpful as possible for children. Care is often conceived of as a bridge to somewhere, yet for too many children it becomes a bridge to nowhere (ref?). The child is left waiting in care while "permanent" alternatives are explored. Creating public care as a safe space and a form of family support is to create an option that emphasises excellent short and medium-term care for children who are unlikely to enter permanent alternatives.

What are the essential elements of Positive Care as family support and a safe space between prevention and permanence?

What do children in care need?

Central to the vision of public care as a safe space is an attempt to build on those things that tend to be good about public care while reducing those that are not. It is therefore worth considering what these are. To do this we summarise research on the views of children and young people in care or who have recently left care (refs), before identifying important findings from some other research such as the classic studies from the 1970s discussed earlier. We also draw on recent comprehensive summaries in relation to foster care and adoption (Wilson et al., 2003; Rushton, 2003) and information within the Care Matters green paper and accompanying documents (DfES, 2006; Narey, 2007; Utting, 2007).

Aspects of public care that tend to be highly rated by children and young people who have been or are in care include:

- Carers (in foster care or residential homes) who genuinely care – who treat the child like their own and "go the extra mile";
- Social workers who are available, approachable and have time to see the child;
- Stability – in placements, schools, friends and family relationships;
- Being properly informed and where possible involved in decisions.

Where these factors are present children tend to make good progress. Aspects that children and young people do not like include:

- Carers who do not treat the child as part of the family or seem only interested in the money they are paid;
- Too many forms and meetings;
- Social workers who do not see them, do not do what they say they will or do not seem to care;
- Being moved – particularly if they do not understand why they are being moved;
- Being expected to be independent at 18 (or earlier) – and in particular the radical drop in support from this point;
- Not being involved in decisions about their lives – particularly on the placement/s they are to go to.

In addition, research suggests that targeted interventions aimed at improving children's educational progress or behaviour can make a positive difference, though they are not always successful.

Research on resilience (i.e. the ways in which children overcome difficult childhood situations) suggests some key factors associated with positive outcomes:

- A consistent relationship with an adult who cares and puts the child's interests first;
- Experiences of success outside the home (for instance, in school or through sport);
- An involvement in decision-making.

These boil down to a comparatively simple set of things that the care system should provide for children. Most important are lasting relationships with caring adults, and in particular carers and social workers who are able to combine love, nurturing children's gifts and appropriate discipline. Also significant are experiences of success at school and elsewhere, and as few changes of carer, social worker or school as possible. Finally, young people in care should be involved as far as is possible in decisions about their lives.

These factors should come as no surprise – they are in broad terms what all children need. The challenge is to provide this for children who may have difficult or challenging behaviour, in a context in which there is often considerable uncertainty about future plans and in which issues such as contact with birth parents and other family members need to be carefully managed. In particular, finding people prepared to take children into their own homes and provide love and nurturance for an indeterminate amount of time is difficult.

Key elements in providing Positive Care as a safe space
It is comparatively clear how these needs are met both in most children's families and in permanent alternatives. Yet how can they best be met for children for whom care is a safe space rather than a "permanent" placement. In essence, these involve reducing the differences between permanent and other placements within care to make all placements as positive as possible. We would suggest the following key elements to making care as positive an experience as possible:

1. An emphasis on stability (rather than permanence).

The most important element of this is increasing the stability of placements – but stability also has other elements. It includes stability in family relationships, allocated social workers and schooling.

2. ***A strengthened role for foster care and small-scale residential units***
   More foster carers are needed, and foster carers are needed to perform different roles to those they currently carry out. For instance, where children are at risk of multiple care entry or birth families might benefit from multiple periods of time in care, new ways of carrying out foster care might be explored, such as matching children to foster families for ongoing support or creating "foster grandparents" to provide some of the respite and support that grandparents provide for many families. Furthermore, more of the roles and responsibilities of a parent should be delegated to foster carers - as this might reduce bureaucracy and make the role more appealing. In tandem with this increased role for foster carers in family support it needs to be understood that many of the children currently in foster care have very severe behavioural problems. Some of these might benefit from focussed "treatment" forms of foster care. Others might do better – and in particular be less likely to require multiple moves – in small-scale residential units. The British rejection of residential care does not seem to be evidence-based and has resulted in significantly increased pressure on the foster care system.

3. ***A re-newed vision of social work as a relationship-based profession***
   Over the last 15 years there has been an enormous increase in the bureaucracy and administration associated with social work, and workers now only spend a small proportion of their time in face-to face contact with children or their parents. Changing this would have benefits in increasing staff retention and satisfaction in their work, ensuring children's voices are heard and providing consistency where children do move placements.

4. ***A focus on ongoing work with families while a child is in public care***
   Central to this vision is that social work interventions should continue for the birth family. This involves sensitively managing contact, meeting parents regularly and continuing to work with parents to resolve issues that prevent children returning home or that have a negative impact on the children's welfare while in care. Too often at present once a child is in care, meaningful social work with the birth family ends.

5. ***An emphasis on adding value***
   Over the last 10 years there has been an enormous increase in the forms to be completed by social workers for children in care, but there is little evidence that this has translated into better assessment, decision-making or review of progress. A "value added" approach would focus on a streamlined assessment process, identifying areas in which the child could or should be doing better and focussing on targeted intervention on these areas in the short to medium term.

Concluding comments on the literature review and *Care Matters*

This review of the research literature was commissioned as one element of an evaluation of a service to prevent children entering care (Option 2). However, the fact that the review has been carried out at the same time as a more general initiative by the

UK government aimed at improving outcomes for children in care (namely Care Matters) has led to it taking on a broader focus. The review thus has implications not only for services to prevent care, but also for the broader development of policies to improve the welfare of these most vulnerable children in our society. In this concluding section we highlight the similarities and differences between our interpretation of the evidence base and that within Care Matters, as this provides the context within which the review took place.

There are three areas in which there is agreement between Care Matters and our approach. The first is that it is clear that "leaving care" provision seriously lets down some of the most vulnerable young people in our society. We support the suggestions made in Care Matters and would even suggest that they should be pushed further (see recommendations).

The second is that both Care Matters and the research evidence point to the positive outcomes of permanent placements for children. The research evidence supports the possibility of providing permanent adoptive and fostering placements for children who are sometimes considered currently inappropriate for "permanent" placements, such as older children, children in sibling groups and children from ethnic minorities.

The third – and perhaps most important – area of agreement is the emphasis in Care Matters on treating children in care as if they were our own children. This is an appropriate focus and emphasises the responsibility that public bodies have toward the children in our collective care. It is a commitment that we wholeheartedly endorse. Yet this is not to say that it is reasonable to expect children in the care system as a whole to perform as well as children in the general population. This mistaken belief appears to have had an excessive influence on government, the media and the general population in their views of the care system; it is has led to countless inappropriate comparisons between children "in care" and all other children.

We would argue that it is more appropriate to consider the progress that individual children make over time than to measure how they are doing compared to other children (though this can be part of this approach). This is true both for those working with an individual child and for researchers trying to evaluate the impact of public care on children generally. This is particularly true because – as we saw in Part 1 – children tend to enter care with serious problems. The care system is a final safety net for children in families that are having extremely serious difficulties. As such, we should rely on research that considers children's welfare over time rather than spurious comparisons to the general population.

What surprised us when we looked at research that did this was that the findings were broadly positive. The picture was not of a system that was failing children. Instead, it was of the care system taking on many of the most damaged and difficult children in our society and through the care and commitment of the individuals involved tending to achieve success with many of these children. This was not to say that these children all overcame their difficulties; it is just to be clear that in general children's welfare improved after entering care. This suggests that in general care is not causing the difficulties of most of the children in care, and it is often ameliorating them. This interpretation of the research leads us to suggest a radically different approach to that outlined in Care Matters. Three differences appear particularly important.

First, we would argue that great care needs to be taken in developing interventions that are aimed at reducing the need for care. In part this is because there is limited evidence for the effectiveness of such interventions. However, it is also because there is a danger that even if they succeeded in reducing the need for care they might inadvertently harm children. This is not to say that such interventions cannot or should not be developed. Rather, it is to say that such approaches should be carefully evaluated to ensure that they are having a positive impact on children's welfare.

Second, our conclusions suggest that rather than increasing the threshold for care entry, precisely the opposite would be appropriate. Most of the damage that children experience occurs before children enter care. It would therefore make sense to provide care for children at an earlier point. Many children might therefore be less damaged before they entered care, their problems would be less entrenched and there would be a greater chance of the care system helping them to overcome those difficulties that they do have. This is true for children who go on to permanent alternatives, those who remain in care for some time and for the majority of children who will return home.

Our third area of difference in relation to the Care Matters provisions was therefore that we felt that the emphasis on either prevention or permanence has failed to articulate a positive vision of the care system for the majority of children who enter it. For these children, care provides a place of safety following severe difficulties; for many a permanent alternative would not be feasible or desired by the child; for most a relationship with their birth family will continue. Given that the (comparatively limited) research suggests most children benefit from care, we would argue that the positive things about care be built on. In particular, the care provided by many foster carers, residential workers, social workers and other professionals that sustains and helps these vulnerable children should be supported and recognised for the positive contribution that it is.

In order to do this a new option – between prevention of care and permanent alternatives – is needed. This option sees care as a positive choice and a safe haven; a place in which a child's needs can be met while their problems and (in most instances) those of their parents should be addressed. For most of these children care would be a form of family support, rather than being seen as in opposition to family support.

This view of care as a positive choice for many children appears at odds with the general government approach in Care Matters. However, we believe that the evidence suggests there needs to be a significant change in public and government attitudes toward the care system. Our central conclusion is that entering care can and should be a positive choice for many children. If this conclusion is accepted, it requires a fundamentally different way of thinking about public care for vulnerable children. In appendix B we outline some of the key elements involved in such a shift. However, more important than individual recommendations is a change in our view of public care. Care provides a safe haven for children during difficult times, and for most it is a positive experience. If that is accepted the serious business of how to make it still more effective can be begun.

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Appendix A: Method for the Literature Review

Previous studies on outcomes for looked after children were identified through the following databases: PubMed, Science Direct, Ingenta Connect, Blackwell Synergy, Google Scholar.

The following key words were entered:
Care, child services, child welfare, institution, looked after children, residential care, substitute care, welfare systems

And the following outcomes:
Academic, achievement, assessment, attachment, behaviour, development, education, health, underachievement

Searches were extended by following links on database websites, from relevant studies to 'related' articles.

Fingertip searches were also carried out of the following journals: The British Journal of Social Work, Adoption & Fostering, and Child & Family Social Work. The fingertip searches focused on all relevant studies published since 1991.

In addition, a review was undertaken of all government funded research identified in "Messages from Research" style summary reports. Where these appeared appropriate they were read in full.

Experts in the field were contacted and some read drafts of the report to identify missing studies.

References within any articles identified in the above ways were followed-up using the Internet.

Appendix B: Recommendations

As our recommendations extend beyond the evidence from the literature – for instance including suggestions that have not been empirically tested – we have incorporated it as an appendix.

We have included two types of recommendations. **Recommendations for which there is strong evidence based on our review of the literature are in bold.** However, we have supplemented these by suggestions that we thought might be helpful but for which there is not strong evidence. *These recommendations are in italics.*

1. Research

1.1 **There is an urgent need for research comparing children who entered care and similar children who did not to evaluate the impact of care entry for different types of children.**

1.2 **Research is required that systematically compares local authorities with high and low levels of care entry, with a focus on understanding the reasons for these differences and exploring their impact on child welfare.**

1.3 **A large-scale and comprehensive study of different placement options, the differences between children before entering various placement types and the outcomes for children is desperately needed.**

1.4 **Attempts to reduce the need for care entry should be thoroughly evaluated - with a focus on child welfare rather than avoiding care entry as a goal.**

2. What happens before care?

2.1 **Focussed interventions using evidence-based approaches should be carried out aimed at reducing the need for some children to enter care.**

2.2 **We would recommend a reduction in the threshold for care entry, with the aim of preventing the harm that many children experience before they come into care.** This does not require new legislation, but would require a widespread debate about appropriate thresholds for care.

2.3 **There needs to be a reduction in multiple attempts at rehabilitation for children for whom permanent alternatives are a viable option** i.e. children aged less than 5with parents and carers who have chronic problems such as substance misue where research ha indicated likelihood of poor outcomes.

3. What happens after care?

3.1 As recognised in Care Matters **there needs to be a fundamental review of after-care services – focussing on providing ongoing one-on-one relationships into adulthood for children who leave care**. Specifically, we would suggest that the following might be explored:

3.2 *Paying foster carers for a continuing role with children who have been in their care until the age of 29*;

3.3 *Setting-up volunteer or paid befriending schemes for families willing to have a long-term relationship with a child leaving care*;

3.4 *Reviewing financial and housing support and extending provision until children are well into their twenties;*

3.5 *Changing the career structure of leaving care social work in order to retain workers within their jobs for longer* (see below).

4. Increasing the use of permanent alternative care

Research indicates that permanent alternative care such as adoption produce the best outcomes for children, and that older children (i.e. those at primary school at time of placement), children in sibling groups and children with behavioural problems can be successfully placed. In broader terms, the nature and quality of children's attachments to their birth parents are likely to shape whether permanent alternatives are feasible. In order to maximise the use of this option, we would suggest:

4.1 **A focus on recruiting adopters willing to take older children, sibling groups and children with behavioural problems**;

4.2 (As recommended above) **a reduction in multiple rehabilitation attempts for younger children**;

4.3 **Local authorities to increase the practical and emotional support for those families taking "hard to place" children post-adoption**.

5. Making care a positive option for children for whom it is not "permanent"

We identified 5 elements to such an approach above. We make recommendations relating to each element below:

5.1 An emphasis on stability (rather than permanence).

- *The often artificial divide between "short term" and "long term" placements should be removed*. At present, children are placed in a short term placement while a "permanent" placement is looked for. This is acceptable for children for whom permanence is an appropriate goal (i.e. younger children, those whose relationships with their families have broken down and those who want a permanent alternative). For the bulk of children in care this is not the case – and recruiting foster carers able and prepared to support children through childhood and into adulthood would reduce the need for multiple moves.

- **Research suggests that "short term" placements that become permanent tend to be successful. This should therefore always be explored as an option for children**. However, this has great implications for the supply of foster carers – and would require increased recruitment and use of other alternatives.

- **Stability of schooling and friendships should also usually be encouraged**. In this respect, recruiting local carers and providing for transport to allow children to continue at the same school (particularly during periods of uncertainty about long-term plans) seems crucial.

5.2 A strengthened role for foster care and small-scale residential units

- *A review of decision-making processes to allow as many decisions as possible over day-to-day care to be taken by foster carers*;

- *A model for children likely to require care periodically (for instance, because of parental mental illness or substance misuse) could explore "matching" families with a foster family or specially recruited family to provide ongoing support, respite when needed and care during periods of difficulty*;

- *There should be increased use of small residential units, ideally situated close to the areas children normally live (to facilitate continuity of school and contact).* Foster carers are currently being expected to look after older children with serious problems who would be better off cared for in residential care. This would also ease the lack of foster care placements.

5.3 A re-newed vision of social work as a relationship-based profession

- *A comprehensive review of paperwork requirements and government management targets with a view to reducing the administrative burden on social workers;*

- *A concomitant increase in the time that social workers spend in direct contact with children, carers and birth family;*

- *A review of current career structure with a view to creating a career path for social workers who wish to remain in practice. This might usefully be tied-in to post-qualifying and other study to build links between research and practice.*

- **A focus throughout social work training on direct work skills with a range of clients, including directly observed and assessed practice, and on the use of evidence-based approaches in such work.**

5.4 A focus on ongoing work with families while a child is in public care

- Public care as family support requires ongoing social work engagement with birth families in order to:

- Facilitate positive contact where this is possible;
- Continue to involve parents and the wider family in their child's life as much as is desirable;
- Help parents to resolve the issues that led their child to come into care.

5.5 An emphasis on adding value

- At present much information is meant to be collected on children in care – but the collection process is onerous and time-consuming, it is often not carried out well and it generates a large and unwieldy amount of data. The focus on "adding value" involves identifying areas of strength or difficulty, and in particular accurate assessments of areas requiring remedial help to assist children to achieve as highly as they are able to.

- Immediate help to address specific behavioural, educational and health problems is necessary – particularly if placement breakdown is to be reduced. *In the same way that it is proposed that children in care should receive priority school places, so the same should be considered appropriate for therapeutic interventions such as CAMHs*.