WELCOME TO APSW KEE 4: 1000+ registrants

Please can we ask you to:

- Keep camera and mics **off** in order to minimize disturbance and interference
- Use the chat for posting comments and questions
- Do tweet at #APSWORG or #KEE2021
- For any tech problems we suggest you log out and back in

After the event we will:

- Post a recording on the APSW website - http://apsw.org/
- Make available a KEE briefing for each KEE on the APSW website

CHILDREN'S SOCIAL WORK AND SOCIAL CARE

Knowledge and Evidence Event 4: Children in Care and Care Leavers

Professors Elaine Farmer , Gillian Schofield, David Berridge. Mike Stein

Facilitators: Professors Elsbeth Neil, June Thoburn

June 2021

Permanence with Birth Parents or Relatives

Reunification

Emeritus Professor Elaine Farmer

University of Bristol

The outcomes of reunification: an invisible part of practice

- Return to parents is the most common way that children exit from care **BUT** is **much riskier** than remaining in care (Thoburn *et al* 2012, Wade *et al* 2011).
- Research shows **POOR OUTCOMES** for reunified children eg. **high re-abuse rates** (46% within 2 years), **high breakdown rates** (47% within 2 years), **many repeat returns home** and children not removed from high risk situations after reunification.
- In spite of this, there has been very little focus by LAs or government on this area of practice, important research findings have not been drawn on by practitioners and policy makers (Hyde-Dryden *et al* 2015, Farmer and Patsios 2015) + often insufficient services are available to help parents overcome their difficulties. As a result, children may be returned to parents whose difficulties have not been addressed.
- Breakdown rates and the quality of returns vary greatly by LA suggesting that **variations in practice** make a major contribution to children's outcomes (see eg Wade *et al* 2011, Farmer *et al* 2011, Carlson *et a*l 2020).

What needs to change? Research shows reunifications are more likely to last if:

- In-depth assessment of whether child should return home, including full case history; incl. LAs being ready, if necessary, '*to decide against return home, or remove a child who has been returned*' (Thoburn 2009, p.31).
- **Written Agreement created with parents,** setting out concrete goals for the changes needed before return & how they will be measured, services to help them do so & clear timescales for change within the child's timeframe + clarity re consequences if no change. **Parents' progress needs to be regularly monitored by the practitioner** to see if changes are/are not made in timescales = assessment of parental capacity to change
- Purposeful social work and services provided **at a sufficiently intensive level** to meet the severity of the assessed needs in order to make and sustain change, including **specialist services incl. for alcohol and drugs misuse.** Parental alcohol and/or drugs misuse are highly related to children being abused or neglected during the return and with higher risk of return breakdown **– yet these specialist services to help parents are often unavailable**.
- Children return to parents only after sufficient time has elapsed for the problems that led to entry to care to have been addressed and sufficient change made (eg in one study for only ¼ had all parents' problems been addressed) (Farmer *et al* 2011)
- Foster carers and residential workers are an untapped resource to support returns
- Post-return services are needed for at least 6 months to help prevent breakdowns
- These and much other research-based information to inform good practice is available from the **Reunification Framework**, which is free on the web from:
- https://learning.nspcc.org.uk/media/1095/reunification-practice-framework-guidance.pdf The NSPCC works with LAs to implement the Framework - parents and professionals like the Framework - and evaluations find it leads to improved practice (Hyde-Dryden *et al* 2015, Farmer and Patsios 2016)

Engaging parents and children and providing sufficient services

Engaging parents in the process of reunification is associated with positive outcomes

- However, Murphy and Fairtlough (2015) found that in 1/5 of cases there was no evidence of either the parents or the child being consulted about reunification

Children too need to be more fully involved -

What Children Say:

While in care:

- *'I don't know if I'm going home. I hope I am but nobody's told me' (12 year old)*

While in care:

- *`I would have liked more contact to get to know [my mother] better, to get used to it and to be asked about how I felt about going home' (17 year old)*

After return home:

- *'I just couldn't hack being there.. I just felt abandoned really and angry' (14 year old)*

- **Improved services for reunification leads to cost savings**
- A Loughborough University study (Holmes 2014) showed that if LAs provide a little more money upfront to deliver suitable services for reunification, it **leads to large cost savings** later, by reducing return breakdowns and the associated care costs
- Addressing gaps in services
- The Reunification Framework project led the LAs involved to **address the many gaps in services** to help parents make changes. This included services for parents with alcohol and/or drugs misuse problems. The LAs also had to ensure parents were not made ineligible for parenting services while children were in care – as often happens
- If Ofsted made reunification a priority and inspected LA practice and the adequacy of LA services to support reunification, it might lead to more focus on improving reunification outcomes nationally

Why improvements in practice are needed

- **Research shows the important part that reunification plays in children's lives, the major impact it has on whether other permanence options are made speedily or at all if return is not in a child's best interests - and the potential for good well resourced reunification practice to improve children's outcomes.**

- **So, improving practice in reunification is vital if children's outcomes both at home and in care are to be improved**

Kinship Care

The Lottery of Financial Help

- The 2011 census shows that about 180,000 children in the UK were being brought up by a relative (*No figures for friend carers)* - **MOST** are in informal arrangements - where carers get **NO financial help.** About 10% are known to Children's Services: some of these children are on Special Guardianship Orders or Child Arrangement Orders - where **financial help is discretionary;** the smallest group are with relatives approved as foster carers who get the best deal – including a **regular financial allowance and social work support**
- Financial/other help is given according to which legal order (if any) the child is on, in defiance of Government Guidance which says that **support should be based on the needs of the child,** rather than their legal status (DfE 2010). As a result many kinship carers are refused the help they need
- Children in kinship care are the **largest group of children in permanent placements** away from their parents, yet they have often been **invisible** in policy-making about permanence

The Children

- Broadly the **SAME** CHILDREN go into kinship care as into other care placements and have experienced similar adversities
- eg. in one large study of kinship care (Selwyn *et al* 2013) over two thirds of the children had been **abused and/or neglected**; & 67% had experienced **parental alcohol or drugs misuse**; 35% **domestic abuse** + 22% parental mental illness
- About 60% of young people in kinship care have difficulties with learning (cp. 68% of looked after children with these difficulties) (Wellard *et al* 2017) & a third of the children have **severe emotional and behavioural problems** (ie they were in the abnormal range on the SDQ) (Selwyn *et al* 2013)
- Carers find dealing with these children's challenging behaviour very difficult – quite different from bringing up their own children

The Kinship Carers

- Largest group of kinship carers are grandparents, followed by siblings, aunts & uncles
- 2011 census in the UK (Wijedasa 2015) shows that more than 76% of children being brought up by relatives were living in a **deprived household** (in terms of **unemployment**, low levels of education, **poor health** or **overcrowded conditions/**shared housing).
- Many kinship carers experience **financial hardship** – which is often a ***consequence*** of caring for the kinship children – many give up their jobs to take the children (Gautier and Wellard 2012; Selwyn *et al* 2013), whilst retired carers often have only their pensions to live on. In Selwyn *et al* (2013) very few carers were able to reach the Minimum Income Standard which has been agreed nationally to be the minimum acceptable standard of living:
  - *[I am] trying to work out how I'm going to get the boiler fixed … I have about two hours sleep a night 'cos I worry about money.* (Young aunt caring for 17 year old girl)
- So kinship carers are **much more disadvantaged** than unrelated foster carers yet they receive much less help than foster carers eg. a recent survey showed that 76% of kinship carers do not receive sufficient financial support to meet their children's needs (Kinship 2021)

Research Findings on OUTCOMES

In spite of these disadvantages for kinship carers - a systematic review of over 100 research studies (Winokur *et al* 2014) shows that **children in kinship care experience:**

- **greater placement stability than those in foster/residential care**
- **better well-being (where positive emotional health and levels of self worth were measured)**
- **have fewer placement moves and fewer placement breakdowns - the risk of breakdown is low** eg for SGOs it is 5.7% over 5 years (Selwyn *et al.* 2014)
- **In adolescence and young adulthood, outcomes are better than for care leavers, although not as good as in the general population,** (Wellard *et al* 2017) in terms of:
- Educational achievement and University entry
- Offending
- NEET status (not being in education, employment or training)

These good outcomes come at a high cost for kinship carers

- Most kinship carers are **highly committed** and are very reluctant to give up even with very challenging children – this is significantly related to placement stability. But it leads to high levels of stress and depression (67% depressed in Selwyn *et al* 2013)
- Life-changing event - *grandparents go backwards* in their life cycle losing freedom & work or postponing retirement, while *sibling carers are thrust forward* into parenting and miss out on further education, job training and friendships and/or partnerships
- Older kinship carers & sibling carers are out of step with their age group – leading to isolation and loss of friends - and caring for the child often (58%) causes serious difficulties in partner relationships - & 23% of couples had separated as a result (Selwyn *et al* 2013)
- Day to Day Care:
- Over half the kinship carers (in Wellard *et al* 2017) were concerned about the harmful effects of contact with mothers (54%) or fathers (56%): Difficult contact involved parents who: were unreliable and often let young people down/ exposed the young people to considerable risk/ undermined the placement, sometimes even threatening or assaulting the carers
- Caring for children with severe emotional and behavioural problems without help is very stressful indeed

Help needed by kinship carers & children

- The issue most often mentioned is **financial help**
  - *[What would have made a difference] would have been to be ..given an allowance – not for me to be scrimping and scraping every week for these kids.*
- **Help with parental contact**
- **Emotional support** - *Just people listening*

- **Information and advice about available services for the children - not having to fight to get help; priority access to additional educational help and to CAMHS**
- **Assistance in managing the children's behaviour** (43-48% had this need in 3 studies) (Hunt 2020)
- **Information and advice on legal options when they are considering caring for relative children**

- **Help with the transition to adulthood** (for the minority who leave kinship care under 18, who have very poor outcomes)
- **Respite care**/ help with child sitting esp. if disability or poor health makes caring hard
- **Opportunity to attend a support group of kinship carers** *"Until I went to the support group I didn't realise that there were other grandparents.. doing the same thing... because you think that you're the only one"*
- The **Kinship Connected** service provides direct workers who also organise support groups for kinship carers. **An independent evaluation** of this service has shown: reduction in carers' concerns about children and contact, less isolation, improved wellbeing and more confidence in the parenting role (Starks and Whitley 2020)
- This suggests that **appropriate support helps kinship carers deal with the challenges they face**

`There must be thousands of people in the same position as me…and I think that is down to finance that successive governments have never ever wanted to acknowledge this ***underclass of caring*** *that is going on.* ***I can't tell you how hard it's been'.***

(Grandmother bringing up 14 year old)

The inequities in the system of help for kinship carers are in urgent need of being addressed

Permanent family placement: finding a secure base in long-term foster care and adoption

Emeritus Professor Gillian Schofield
Centre for Research on Children and Families,
University of East Anglia

University of East Anglia

crcf
Centre for Research
on Children & Families

The meaning of permanence

Definition of permanence (as revised in 2015)

- The objective of planning for permanence is to ensure that children have a secure, stable and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging.

The UK's position on permanence

- The UK is unique internationally in having well-established routes to permanence through both adoption from care and long-term foster care.

What research tells us matters in achieving successful permanent placements in adoption and long-term foster care: summary

Factors in making permanence decisions e.g.

- Age
- Sibling groups
- Ethnicity
- History /developmental needs /mental health
- Birth family role and relationships
- Availability of adopters / long-term foster carers

Social work practice skills e.g.

- Listening to children / assessing their needs
- Recruiting / matching adopters/ foster carers
- Life story work; moving to adoption
- Training /supervision of social workers

Care planning and matching systems e.g.

- Looked after child review /role of IRO
- Court
- Permanence planning /tracking meetings
- Fostering and Adoption panels
- Agency decision makers

Support for family relationships e.g.

- Children through to 18++ / staying put
- Adopters / long-term foster carers / birth families

Resources and the market e.g.

- Foster care and adoption
- Education and mental health services

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Policy context: adoption

- Adoption has been a successful and evolving force in permanence policy and practice since 1980s (e.g. role of LGB adopters; adoption support; openness).

- Adoption order numbers declined from 5360 in 2014/15 to 3440 in 2019/20.

- Regional Adoption Agencies – new structures from 2018. Interim evaluation: some positive signs but 'the recruitment of sufficient adopters who meet the needs of waiting children remains a challenge.'

Research messages: adoption

- Adoption is primarily used as a permanence option for younger children (under 5)
- Positive outcomes / breakdown rates low (3.2%, Selwyn et al 2014)
- Adoption plans not always achievable - shortage of adopters for older children / sibling groups (2019 43% children on Placement Orders waiting 18+ months to be matched)
- Adopted children's developmental needs - genetic risk, pre-birth harm (e.g. FAS), early adversity.
- Survey of adoptive parents: 76% 'optimistic about their family' - but older children, 48% 'severe challenges'. (Adoption UK 2020)
- Openness in adoption, including forms of direct contact, need careful consideration – can be valuable for children in achieving a coherent identity.

'Provision of support services for adopted families must be an essential component of an adoption service' (Neil 2019)

Policy and research context: long-term foster care

- Key finding: Children in stable long-term foster care placements had similar educational, emotional and behavioural outcomes to those adopted. (Biehal et al 2010)

- After 30 + years of permanence, first long-term foster care regulations and guidance (DfE 2015).
  - 'An important route to permanence is long-term foster care.'
  - Required: assessment, matching, consultation, recording in a child's placement plan, reporting annually on long-term foster care placements to the DfE
  - Permitted: reduced frequency of social worker visits and case review meetings

- UEA investigation of implementation (Nuffield Foundation 2018-September 2021)
  - Profile of long-term foster care as permanence has been raised / practice has developed
  - Around 40% of children in foster care in England are in long-term foster care
  - But wide range between local authorities (under 10% - over 80%) and in decision making.
  - Too early to know if the new regulations and guidance will affect longer term outcomes

UEA research on long-term foster care (1997-2021) (1)

Family relationships

- Becoming part of the foster family can occur at any age from infancy to adolescence and can last to adulthood, with foster carers becoming foster grandparents/great grandparents.

- Both quality of care and stability are needed for permanence – stability with well supported, loving foster carers can provide a secure base for children BUT if children are not loved or thriving, in spite of support, they need to move. A subsequent loving placement that is a better match can be transformational.

- Long-term foster carers can and need to be both skilled professionals and committed parents, who can also support the positive inclusion of the birth family in the child's life

UEA research on long-term foster care (2)

Systems and social work practice

- Importance of the care plan and local authority commitment to the placement

- Rigorous assessment and matching procedures, but flexible for older children and adolescents e.g. use of fostering panels

- Skilled and flexible social work support for the child, foster carers and birth family – the CSW / SSW roles are flexible in long-term foster care and the suggestion that one social worker could hold all roles is not currently supported by research.

Conclusions for the review

- Both adoption and long-term foster care present challenges in recruitment and in offering the right support for often very troubled children, especially early in placement and later in adolescence.

- But both permanence options can work well for children who cannot be cared for in their birth family, providing children with security, a sense of belonging and successful outcomes.

- It is therefore essential to value, invest in and develop policy and practice in both adoption and long-term foster care.

- We can then choose and support the right placement for each child with confidence.

University of BRISTOL

Key Messages from Research on Children's Residential Care

Emeritus Professor David Berridge

The role of children's residential care

- The role of children's residential care in the UK has changed considerably over the past 40 years. It is now a much smaller, minority service.
- However there is general consensus that residential homes serve important functions for certain children in certain circumstances.
- Martin Narey conducted a thorough review of children's homes for Government in 2016 and concluded:

  'I think the role of children's homes is misunderstood, the challenge of the children they care for underestimated, and the contribution they make too easily dismissed. Three quarters of homes are good or better. Some are genuinely outstanding …That is not to say children's homes cannot be improved'.

Outcomes of residential care

- We do not have good evidence on the outcomes of children's residential care. Most placements are short-term.
- There is some evidence of relatively lower educational attainments of residents possibly due to the group effect.
- My own research over 30 years and those of others using a range of methods points to the following key characteristics of success full residential care: placements as part of a continuum of care; positive relationships between staff and children; parents' involvement and support for them; a 'normal' home environment; good leadership with vision and purpose; and highly skilled, motivated and qualified staff
- There are concerns over the 'under-professionalisation' of residential care linked to the relatively low pay and working conditions, and low level qualifications. This contrasts with many European countries.

The market and profits

- The majority of children's residential care is now privately-run (around three-quarters) and this proportion is growing.
- Research for the Local Government Association showed that the largest 20 independent providers of children's services had annual income of £1.54 billion, and made £265 million profit at a margin of 17.2%. Private Equity ownership and funding are the most common models.
- Ten providers make up 30% all residential places, and 6 providers supply 50% of all fostering places. There is concern if some of these ceased to trade, as in adult services, and profitability is uneven. There are high levels of debt and three large providers have negative net assets – three more if intangible net assets are excluded. This seems a very precarious national framework.

Unregulated provision

- There is much concern about the extent and nature of unregulated provision (ie not covered by the law). This provision was intended to support over-16s to live 'independently' – so not full-time care.
- The former Children's Commissioner reported that 1 in 8 of all children in care spent some time in unregulated accommodation over the course of a year. It now feels a more mainstream service than in the past and there are concerns over standards
- The growth in unregulated provision is probably fuelled by the lack of suitable children's homes places, especially for those with complex problems.
- There are strong arguments that all residential provision should be fully regulated, brought within the law and inspected by Ofsted. No 16/17 year-olds – and often younger – should be denied full care and are very often too young to be expected to live 'independently'.

What helps young people from care 'do well' in adulthood?

10 Messages from research for policy and practice

Based on Evidence to Review of Children's Social Care, access from APSW Repository

https://apsw.org.uk/wp-content/uploads/2021/05/Submission-5.pdf

Mike Stein

Emeritus Professor

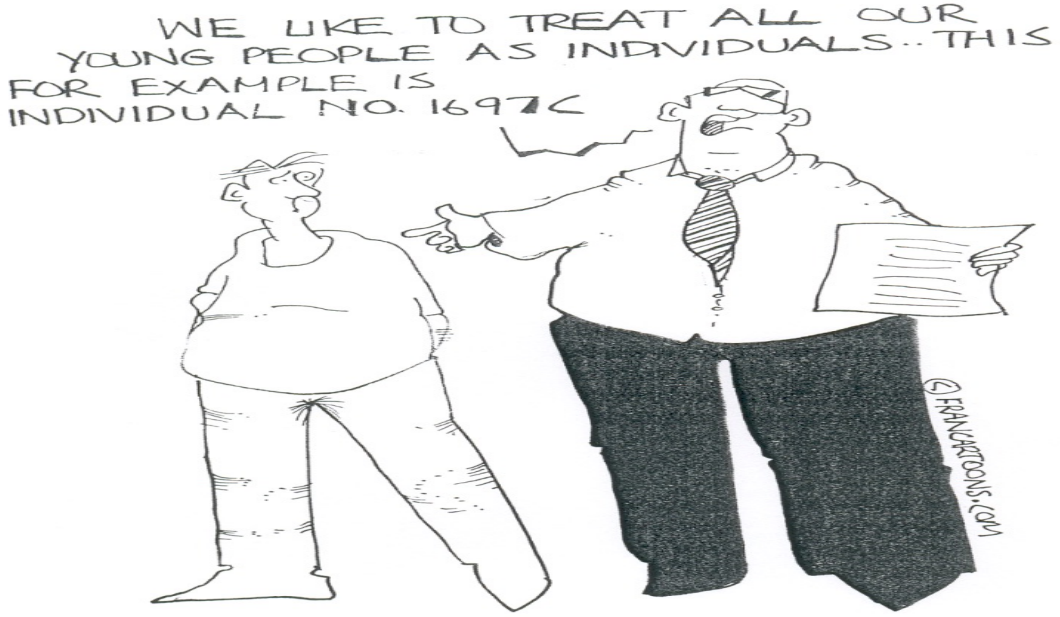
Department of Social Policy and Social Work

What helps young people from care 'do well' in adulthood?

"She was always there for me, she listened, I was loved"

1. ***Stable placements:*** *love, attachments, cultural identity, continuity - mediator of good adult well-being, careers*
2. ***Succeeding at school or later:*** *predictor adult well-being; plus normative social networks, leisure, new opportunities*
3. ***Addressing the reasons for under achievement: pre-care:*** *family poverty, maltreatment:* ***in care:*** *instability; help to catch-up; SEND, missing school; poor self-belief; Virtual schools;* ***post-16 support:*** *FE&HE; apprenticeships, careers*

“Developing individual attachments”

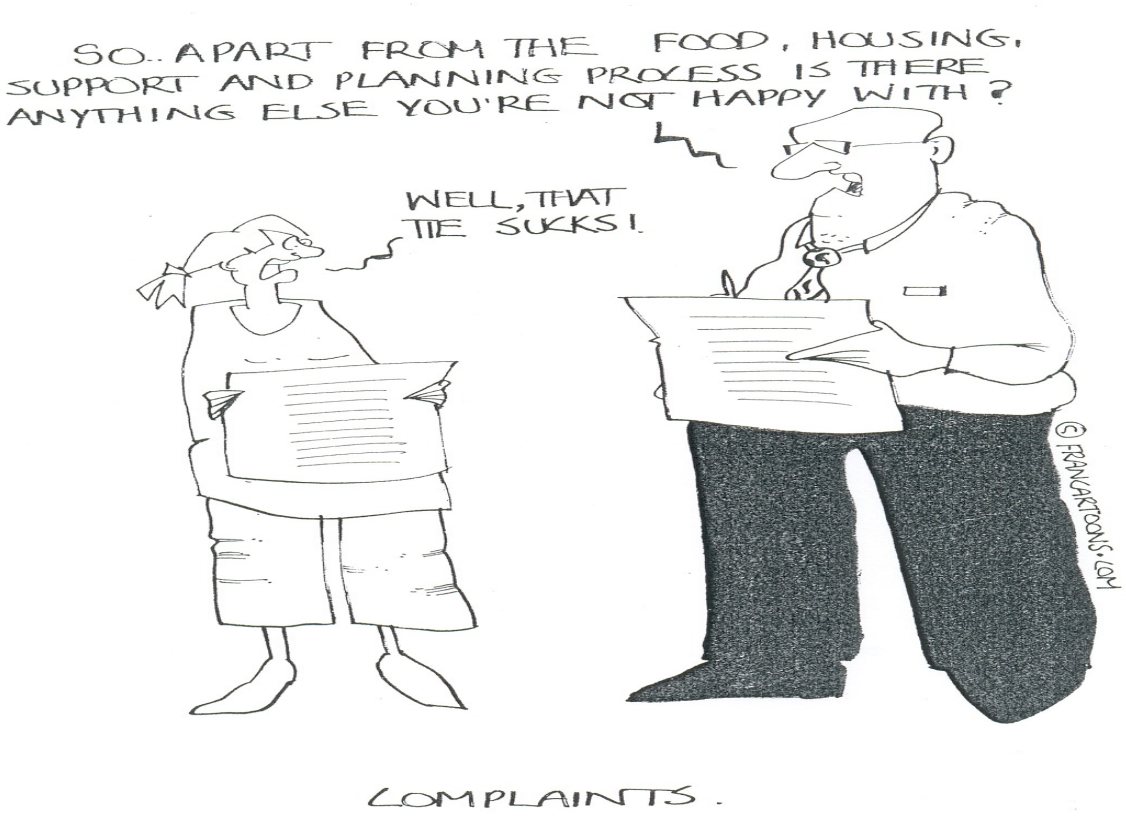


What helps young people from care 'do well' in adulthood?

"When we leave care why should they stop caring?"

4. ***Participating:*** *in decisions, knowing rights, a life story, culture & diversity - confidence and positive identity*
5. ***Preparing young people:*** *self-care, practical, inter-personal skills – associated with coping well on leaving care*
6. ***Leaving care later:*** *extended care, 21 plus – better education, well-being outcomes and ongoing support*
7. ***Family, social networks****: extended family, partner, friendship, community support - keeping links (BAME)*

"It helps knowing your rights"



What helps young people from care 'do well' in adulthood?

''I've learnt to live out of care - with a back-up team''

8. ***Leaving care services:*** *can be effective – personal help; life skills, housing, finance, targeted EET, also in* ***supporting young people with particular needs:*** *young parents, mental health, disability, BAME, asylum seeking, LGBTQ+, but…..*
9. ***Inequalities arise from variations in range, quality and funding of services:*** *e.g. unregulated accommodation, access to CAMHS, placement choice (BAME; high support needs), personal adviser time for relationships*

What helps young people from care 'do well' in adulthood?

''Resilience is 'ordinary magic''

10. Promoting resilience across the life course

pre-care - prevent family poverty and maltreatment

in care - improve stability, diversity of carers, education, participation, social networks, 'staying put'

post-care - extended support, transition to adult services

associated - 'moving on', or 'surviving' and 'struggling'

resilience - achievements and progress of many care experienced adults from poor starting points

Injustice - too many young people have to do it the hard way, discover their own 'ordinary magic'

THE CHAT COMMENTS

Elsbeth Neil

Professor of Social Work

REFLECTIONS AND BIG MESSAGES

Key Messages

- *Care can't take away all hurt: must and can provide good parenting and **love***
- *Safety essential but care not about 'rescue'. **First families** (culture, ethnicity) have life-long importance*
- *The children and their families need quality services, for some of, at times throughout, their life*
- *Return to parent is least 'successful' option: but services are least adequate*
- *Skilled, committed social workers and teams who listen with care, and stay around, are **essential***
- *Care numbers can't be safely cut **until family pressures are cut***

Collective KEE Key Messages

PRACTICE PRINCIPLES

Good practice makes a difference – **social workers make a difference**

Practice must be **morally and socially just**

Compassionate and curious relationships are crucial

Courageous creativity over compliance

Living with and managing **uncertainty and risk**

SYSTEMS PERSPECTIVES

Systemic perspectives that avoid blaming the professional

Impact of **structural factors** on the everyday lives of children and families

Continuity and stability in services and child/family-professional relationships

Fragmentation of services to be avoided

Co-creation of services and community assets

Adequate resources - time, caseloads and reflective supervision

THANK YOU FOR ATTENDING APSW KEE 4

After the event we will:

- Post a recording on the APSW website - http://apsw.org
- Make available a KEE briefing for each KEE on the APSW website http://apsw.org/updates
- Invite your reflections and suggestions https://forms.gle/5fqDvBwKGRn3pkSG9

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