

# PLACEMENT ENDING FOR LOOKED AFTER CHILDREN: PROCESSES AND OUTCOMES

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David Dobel-Ober

School of Social Work  
University of Leicester

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## **Placement ending for looked after children: processes and outcomes**

**David Dobel-Ober**

### **Abstract**

The mobility of young people within the care system has been a cause for concern for many years. It has often been associated with a number of negative features in the lives of young people during their time in public care but also well into their adulthood. These include low educational achievements, drug and alcohol misuse, teenage pregnancy and social exclusion. However, little seems to be known about the causal relations between such features and care placement endings.

A large body of research has been published on the matter of placement endings but it has often concentrated on isolated aspects of the service provided or on characteristics specific to young people. The project aimed at getting a better understanding of the way successive placement endings occur throughout the care career of individual children. A lifelong approach was chosen in order to reflect the premise that young people looked after are engaged in a dynamic process of adaptation to life in substitute care but also to life after trauma.

A sample of 43 case files of young people who had been looked after in two local authorities was analysed with a mixed approach including both qualitative and quantitative methods. Three ideal types of care careers were identified and used as a base on which to create a causal model of placement ending. This model encompasses variables related to children's early parenting experience, to their experience of trauma and to the placement context. The model reflects the dynamic nature of the relation between these three sets of variable.

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## Chapter 1: Introduction

In March 2007, 60 000 children were in public care in England (Department for Schools, Children and Families, 2007). Only 3% of them had become looked after because of socially unacceptable behaviour. Over 80% were in care because of abuse and neglect or for family reasons. Unfortunately, the extreme adversity experienced by many children doesn't always stop when they become looked after. A number of them go on to being further abused within the care system. When they emerge, such extreme cases rightly attract a considerable amount of public attention. Over the years, a number of inquiries and reports have helped improve the understanding of the risks presented to young people and introduced a number of safeguards reducing such risks (Secretary of State for Social Services, 1988; Levy and Kahan, 1991; Kirkwood, 1993). However, if young people in public care are better protected against abuse than they were in the recent past, the overall level of care received still leaves a lot to be desired. For many young people away from the public eye, the care experience is a mere continuation of the difficulties experienced within their own families.

The difficulties faced by looked after children are apparent in a number of ways. For instance, the extent of the gap between the educational achievements of children looked after and that of their peers is a strong indicator of the difficulties experienced by this group. Children in public care achieve significantly less than the rest of their peers at every Key Stage test. They are also more likely to have a poor record of attendance or to become disengaged with education. They are approximately ten times more likely to become permanently excluded and also to have a Statement of Special Educational Needs. Only one percent of them go to university (SEU, 2003, Department for Education and Skills, 2005a).

It is also generally accepted that young people who have been brought up in public care are particularly likely to experience difficulties well into their adulthood (Buchanan, 1995; Broad, 1998, Sinclair et al., 1995; Wade et al., 1995). These

difficulties are present in several key areas: mental health, drug use, social integration and personal relationships, unemployment and imprisonment. The Social Exclusion Unit (2003) indicates that between a quarter and a third of rough sleepers have been in care; young people who have been in care are two and a half times more likely to become teenage parents than the rest of their peers; and around a quarter of adults in prison have spent some time in care. Although those figures are open to discussion, they certainly indicate that young people who have experienced life in public care do not benefit from the best start in life. This is not to say that all care leavers will fail in later life and suffer from social exclusion. Some also go on to become high achievers (Martin and Jackson, 2002) but unfortunately, those constitute the exception rather than the norm.

The level of educational achievement reached by children looked after is measurable; it is possible to establish comparisons with the rest of the population. The effects of these low achievements are even quantifiable to some extent. The Social Exclusion Unit (2003) estimated that £300 million could be saved over three years if the level of education, employment and training of care leavers could be brought in line with that of their peers. It is also estimated that the savings would be even greater with regard to the reduction of crime and homelessness. Educational success has become an indicator of local authorities success in bringing up the young people in their care.

Variables such as educational achievement and social exclusion are helpful insofar as they provide common criteria with which it is possible to compare the experience of children and young people brought up in their families and those brought up in public care. However, a number of further indicators seem to be only relevant to children looked after. One such indicator is the number of placement moves experienced by young people within one year. The government has set a national priorities guidance target in that area. The aim was to reduce to no more than 16% in all local authorities, by 2001, the number of children looked after who have three or more placements in one year (Department of Health, 1999a). The

simple choice of this indicator and the value of the selected target raise a number of questions. Stability figures are not available for the wide population and therefore it is not possible to establish any comparison with children looked after. However, it is somewhat hard to believe that anybody would find it acceptable for parents to impose a change of house to their children three times a year. Anybody who has moved house with their children will be aware of the stress such a situation can cause to children and parents alike. It can take several weeks and sometime months before well-adjusted children settle again and feel secure after such a move. Admittedly, some people choose to lead an itinerant life style and in such cases, moving becomes a natural way of life. However, the children of travellers normally stay with their parents and are part of a mobile community that brings a certain level of continuity to their life. The experience of children moving within the care system is not really comparable. Not only do they move house, but they also change carers, they change neighbourhood, and often enough, they change school as well. The Social Exclusion Unit (2003) found that one third of the children they consulted had changed school at least twice as a result of a change in care placement. Changes of placement can be the result of long term planning and involve a large amount of preparation with the children and with their new carers but they can also occur at very short notice. It is difficult to imagine that parents who uproot their children on a regular yet unpredictable basis and who do so with no regard for their education or their emotional well-being would not be frowned at by society at large. In fact, it would be surprising if such parents didn't receive the visit of a social worker asking for some kind of explanation. If 16% of all children in England moved three times in twelve months, the attention of the public and of the mass media would probably concentrate sharply on the issue. Yet, for a significant proportion of the most vulnerable children in the country, those who have experienced abuse, rejection or the loss of a parent, it is considered acceptable that they should experience up to three placement moves in any given year. Children's mobility within the care system is not a new issue, but it seems that it has been accepted by the public as a simple fact of life.



The attempt to improve educational outcomes for children looked after has highlighted the need for increased inter-professional working, particularly amongst education and social services (Department for Education and Employment/Department of Health, 2000; SEU, 2003). With the publication of *Every Child Matters* (Department for Education and Skills, 2003), the Government has also introduced plans for the move towards integrated children's services. As a result, the concept of corporate parenting has increasingly been developed. In the educational context, it has created some interesting and paradoxical situations. For instance, in an effort to improve the level of school attendance, it has been widely reported in the national press that some Local Education Areas have recently taken to court the parents of children who had a particularly poor record of attendance. Legal action has led to parents being fined and in some cases, to receiving custodial sentences. In the cases of children in public care, Local Education Authorities, or Children's Services, share parental responsibility. As a result, if a foster carer or the staff working in children's homes failed to ensure that the children in their care attend school, the whole corporate parent – including the education department – would be seen to be responsible. In effect, Local Education Authorities could take themselves to court because of the inadequate care provided for their own children.

Needless to say, this is unlikely to happen. However, this situation highlights the plight in which children looked after find themselves. They can be removed from their family if their parents are deemed to be abusive or are simply unable or unwilling to provide a reasonable level of care for them (Harris and Scanlan, 1995). However, once in public care, there is no other alternative. There is no third chance for those who have been failed successively by their birth parents and by their corporate parent. Despite this situation, the standard expected with regard to placement stability for children in public care appears to be incredibly low. It is somewhat paradoxical that some of the children who have had the most difficult and unsettled start in life are also those who are allowed to experience continued disruption throughout their most formative years. When working with young people

looked after or when talking with professionals it is not uncommon to come across children who appear to be 'lost causes'. They have experienced successions of failed placements with foster carers and sometimes with adoptive parents. They have been in several children's homes; they have become disengaged with education; they are involved with drugs and alcohol; they are involved in delinquency and criminal activities; they are subject to abuse and sexual exploitation; they suffer from mental health problems. Unlike educational achievements, which can be compared and understood in relation to other children, no statistical indicator can depict accurately the experience of those young people. This may explain partly why the issue doesn't raise more public concern. Another explanation for this apparent lack of concern might lie with the public perception that young people in public care are essentially naughty children that the state struggles to keep on the straight and narrow. Children in care might still suffer from being directly associated with young offenders.

Regardless of public opinion – or lack of interest – the issue of placement ending is central to the whole care system. It is seen as the main outcome of success in foster care (Triseliotis et al., 1995) and it appears to be related to most of the negative outcomes associated with life in substitute care; placement stability has finally become one of the central priorities set by the government. The first of the eight objectives initially set by Quality Protects was: 'To ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood' (Department of Health, 1999b, p.10). In order to achieve this objective, several national priorities guidance targets have been set. Using statistical targets is certainly an important step in engaging local authorities to provide the level of care all children looked after deserve.

The essential purpose of this project was to move away from impersonal statistics and to place some faces on those children who seem to be moving persistently within the care system. It was hoped that by taking into account the main characteristics of children's lives before and during the whole of their time in public

care, it would become possible to develop a global understanding of the reasons leading to some young people experiencing high numbers of placement endings whilst others seem to experience relative stability. It was also expected that employing a longitudinal approach would help get a better understanding of the long term effects of placement endings on young people's development and well-being.

## Chapter 2: Literature review

The present study aims at getting a better understanding of the processes and circumstances leading to placement stability amongst children who have experienced care for extended periods of time. These long periods of substitute care might not have been planned from the outset: in some instances, children might have initially become accommodated in one or in a series of short-term placements and have ended up staying in care far longer than initially anticipated. Children might also return home for various lengths of time, experience adoption, or move through different type of care provisions. The fragmented nature of life in care makes it difficult to select an appropriate time when to evaluate the success or otherwise of the placements provided. It could be argued that in order to be valid, placement outcomes should be measured after the end of children's time in care and they should take into account how young people integrate into society at large when they become independent. For instance, a placement could be initially described as successful because the child experienced a good level of care and was returned to his birth family. However, if the child's rehabilitation is unsuccessful and he or she has to become accommodated again, it becomes interesting to adopt a wider perspective and question the success of the initial placement.

On the whole, children looked after also constitute an extremely diverse population. Their backgrounds and the reasons leading to their entry into care are complex and often include some form of abuse. Their experience of public care can be limited to a few days spent within a foster family whilst their main carer is in hospital, but it can also constitute the whole of their parenting experience: some children enter care soon after their birth and remain in public care until they are old enough to live independently. Some young people experience successive series of episodes in care followed by returns home. Children can become looked after under different legal status. They can be forcibly removed from their parents' home or they can become accommodated as a result of their parents' request.

Some of them can become looked after following their own request. The care provided also varies largely and children in care can live with extended family or with friends; they can be placed with local authority or private foster carers; they can become adopted; they can be placed in children's homes varying in size and in the type of support provided. The potential for research is immense and the amount of studies available reflect this potential.

A wide number of research areas can be related to placement stability directly or indirectly. These include areas as diverse as health, mental health, education, social exclusion, youth offending, ethnicity and cultural issues or teenage pregnancy care. The type of care provided also provides multiple opportunities for research: foster care, be it long-term, short-term or specialised, residential care and adoption are all specialised fields and as such, they attract specific research interest.

Generally speaking, placement stability constitutes a fundamental aspect in most of the research work carried out in the context of substitute care. It can be considered both as an outcome and as a factor related to other variables. Stability can be used to assess the success of a placement but it can also be seen as a contributory factor to education, and general health and well-being for instance. More or less every publication aiming at describing and/or explaining part of the experience of looked after children can therefore be related to placement stability.

Undoubtedly, the diversity in the type of care provided and in the circumstances surrounding looked after children can explain why so much has been written about placement endings in specific contexts. Probably for operational reasons, the field is often reduced to a specific population (e.g. teenagers), a specific context (e.g. foster care), or both. However, very little research has been dedicated solely to placement stability throughout the whole of individual children's life in public care.

Naturally, a number of key studies come to the front and are of particular interest because of their scale, both in terms of duration and number of cases, and because of their approach. However, this is not to say that smaller studies looking at specific areas have no relevance to the understanding of placement stability as a whole: children who have been in public care for extended periods of time are likely to have experienced various types of placement, in term of duration, type of accommodation and quality of care. Despite the relevance of the most specific projects, comparing results creates some difficulties. For instance, the validity of comparing factors influencing residential and foster placements (e.g. presence of siblings) is debatable since the children who are placed in both types of provision are likely to be at different stages in their journey through care and the choice of their placement also results from individual characteristics and circumstances. Furthermore, some important studies in the field are ten or twenty years old and might not reflect changes in policies and practice; it could therefore be argued that they are no longer totally relevant. However, the current project is aiming at getting a better understanding of children's reactions and adaptation to various events and circumstances in the long term. Practice might change but children's reaction to similar events and circumstances are unlikely to change noticeably across the years

Because of the extent of the material published, it is not deemed realistic to undertake a systematic and comprehensive review of the research directly or indirectly related to placement stability. Several reviews of specific issues related to placement stability as a whole or in different settings have already been published (Sellick and Thoburn, 1996; Quinton et al. 1997; Jackson and Thomas, 1999; Berridge, 2000; Sellick et al. 2004; Wilson and Sinclair, 2005; Sinclair, 2005) but on the whole, a clear emphasis has been placed on fostering rather than on stability in public care as a whole. The aims of this chapter are to reflect the trends in both results and approaches by selecting and reflecting key large-scale studies but also smaller ones and some which might indirectly address placement stability in relation to very specific issues. These trends will inform the methods chosen for the

current project, and more particularly the design of the research tools (e.g. case file reading schedules).

This chapter will initially describe how the concept of stability in care is related to placement disruption, and how these are generally operationalised (section 1). It will then go on to describe the main approaches and methods associated with a number of key studies directly related to placement disruption and stability in care (section 2); it will discuss the main problems in assessing the prevalence of disruption (section 3) and the effects of such terminations and of instability as a whole (section 4 ). Finally it will go on to cover the various factors associated with placement disruption (section 5).

### **Definition**

Although government publications and official literature usually refer to the number of placement changes, this concept is commonly associated with the idea of placement breakdown and therefore, instability. In order to discuss and analyse the factors relating to the ending of care placements, it is necessary to define terms such as placement 'breakdown' or 'disruption'. The terminology and definitions employed by researchers greatly reflect their use of different concepts and methodologies. It shows their difference of perspective and ideology and affects the data collection and its analysis. More specifically, two inter-related issues seem to be raised by the choice of vocabulary and the attached definitions. The first one is the method and criteria used for the assessment: What constitutes a 'positive move' as opposed to a 'breakdown'? This leads to the second issue: What is the perspective adopted to assess the outcome of a placement ending, and who makes the evaluation of this outcome?

Terms such as 'breakdown', 'failure', 'termination' or 'disruption' define the premature ending of a placement and imply that an evaluation of this placement outcome has been made by one or more of the social actors involved. The choice of terminology itself is debatable. Fitzgerald (1990) prefers the use of 'disruption'

because 'breakdown has an air of disaster or finality about it' whereas the interpretation of 'disruption' is that 'the ending of a child's placement is only an interruption in the process leading to a long term goal' (p.4). Berridge and Cleaver (1987), on the other hand, decided to use 'breakdown', as opposed to 'disruption', which they considered to be a euphemism. The consequences of unplanned changes are so important from the young people's point of view, that 'breakdown' was deemed more appropriate. Although it is never clearly expressed, the consensual position is that most placement terminations, planned or not, present a rupture in the lives of young people who have already experienced enough disruption by being separated from their families. Within this perspective, most placement endings or moves inside the care system -irrespective of the terminology used - are generally considered as negative events.

Assessing the degree of success or failure of a foster or more generally of a care placement is a complex task. 'A fundamental problem is the lack of social worker agreement about what actually constitutes a 'breakdown' or a 'failure' (Rowe, 1987, p.33). According to Rowe (1987), a limited but rational method is to examine outcome in relation to the original aim of the social work plan. The main problem associated with this method is the common lack of clear plans and objectives prior to the placement. Even when the aims of a placement have been recognised, establishing if they have been met is not simple. It may be necessary to examine what happened following the termination of a placement to evaluate its degree of success.

A second method would be to evaluate the quality of the care experience. Each case would therefore require an intensive study taking into account young people, carers, social workers and parents' points of view. This approach is supported by Parker et al. (1991) who believe that the general well-being of children needs to be taken into consideration when assessing the outcomes of services received in care. 'Certain broad categories have been identified as being of particular



significance: for example, the quality of a child's relationships and the extent of his or her networks or the acquisition of academic skills' (Parker et al., 1991, p.24).

The method most commonly used involves comparing intended and actual duration of placement; this is a variation of the first method described by Rowe, using a single criteria. In their classic studies on foster care breakdown, Parker (1966) and George (1970) used the length of time of the placements as an indicator: a long-term placement was considered to breakdown if it ended within the first five years (duration of the studies) and if the young people did not return to their natural home. The clear advantages of this definition are simplicity, objectivity, and comparability of results.

Essentially for practical reasons, Millham et al. (1986), Berridge and Cleaver (1987) and Fitzgerald (1990) also used length of time as a criterion. All used a very similar definition of placement breakdown: 'any placement termination that was not indicated in a social work plan at the time of selection, either in the termination itself or in the timing of the breakdown. It does not include, therefore, the ending of "contract", arrangement or the failure of planned placement to materialise' (Millham et al, 1986, p.129). However, this definition does not either take into account the point of view of the main actors: the young people. The breach of a care plan is not always synonymous with failure for children. In some cases the early termination of a placement can be perceived as a breakdown from the social system's point of view, and as the expression of a personal choice of life for a young person. At the opposite extreme, some young people may suffer silently in an inappropriate but settled placement that would be categorised as successful according to the above criteria. Cleaver (2000) questioned the validity of using stability as an indicator of success, on the grounds that half of the children experiencing long term placement in her study had failed to form stable, secure and affectionate relationships with their carers. In a similar way, a succession of planned short-term placements could be perceived simultaneously as successful from a services' point of view - since there is no apparent breakdown - and as very disruptive from a child's perspective.

Wilson (1997) gave the example of a young person who had been moved from a foster placement that he really liked because he had been smacked by his foster mother after stealing from her purse. The young person was in effect punished for having been hit by his carer. Wilson warned that in childcare, there is a risk that 'Eventually, emphasis becomes focused on processes rather than outcomes for children' (p.142).

Parker et al. (1991) detailed 'five kinds of outcomes in childcare that reflect different perspectives and interests' (p.20). They are: public outcomes, services outcomes, professional outcomes, family outcomes and individual child outcome. In line with the general spirit of the Children Act 1989, Parker et al. decided to concentrate on outcomes for individual children. According to them, 'clearly each [other kind of outcome] is important, not least because none is wholly independent of the others. In the final analysis, however, the child should come first' (p.24). This position is similar in some ways to the one adopted by Davies and Dotchin (1997), who emphasised the importance of 'opening up services to comment by children and young people in order to improve the service given by responding to its users' specifications' (p.263). The government has also been encouraging work in that direction through some of the Quality Protects objectives about children's participation and the introduction of the Every Child Matters (Department for Education and Skills, 2003a): 'Children's ability to offer constructive comment on the experiences of the services they receive and how such services might be improved has been under-valued and under-used' (Department of Health, 2000, p.7). An increasing number of resources have been produced in recent years with the aim of developing and promoting regular consultation with young people (Department for Education and Skills, 2003c).

However, a fundamental difference subsists between the way different authors promote consultation with children: Davies and Dotchin insist on the importance of asking young people questions about their own needs, whilst Parker et al. (1991) consider that the use of 'outcomes for individual children imposes a professional or

at least an adult interpretation of the outcomes that are of special importance' (p.24). In other words, a child should come first, but the adult should decide his or her needs. Parker recognises that children's immediate wishes and desires may be in conflict with their long term interests, but also that they should be taken into account as much as possible in order to fulfil their present sense of well being. 'A happy child is more likely to have the confidence to succeed at school and to develop close relationships with adults and peers than one who is miserable or resentful' (p.24).

It appears that, for practical as well as ideological reasons, some essential questions are set aside. Such questions are, amongst others: Did the young people benefit from the placement? Did they benefit from the ending of the placement? Would they have benefited from an extension of the placement? Whilst recognising that, for research purposes, it is essential to define and set clear boundaries around the concept, one wonders if an important part of the placement ending process has not been excluded from the field of investigation. Most operational definitions of placement breakdown do not take into account the perception and intentions of the population studied and use instead a services or professional point of view. Assessing if a particular placement ending is a positive or negative outcome in the life of a child in care is obviously a difficult task. It is probably premature at this stage to try and establish a strict framework around the concept of placement ending.

Williamson and Butler's approach to the issue of what constitutes 'significant harm' could be used to help define what constitutes a 'placement breakdown'. According to them, 'it is important to ground our inquiries in the concepts that the children themselves employed, and we placed a premium on ensuring that in our interviews with children we did not import uncritically, notions derived from an adult perspective or to draw the framework too tightly' (1997, p.69). There is a need to take some distance from the adult's point of view on placement endings and to

open up the concept by including the perceptions of young people who are facing or who have faced the situation.

‘Placement ending’ or ‘move’ are factual denominations, whilst ‘breakdown’, ‘termination’, ‘disruption’ or ‘failure’ reflect the evaluation of an event, mostly by adults, professionals or researchers. The criteria used to make such evaluations are generally not clearly expressed in the literature, except when the notion of duration is employed (e.g. actual length of placement). This evaluation seems to be overall left to general common sense and intuition: a breakdown probably implies a situation of crisis such as relationship or behavioural difficulties. It is interesting to note that although the government openly considers that a high number of placements has a negative influence on children’s development, it makes use of the term ‘placement changes’, which in itself is a term free of negative connotations (Department of Health, 1999a, 1999b, 2000). This would imply that placement endings do not need to be evaluated: they are negative outcomes per se. A change of placement is defined by: ‘all changes of address except hospital admissions, holidays and temporary absences of seven days or less where there is a clear expectation that the child will return to the established placement’ (Department of Health, 1999c). This is the definition that will be used throughout the presentation of the project’s findings.

## **Approach and methods**

As discussed in the introduction to this chapter, it is acknowledged that the choice of the literature represented here is selective. The amount of work directly or indirectly relevant to the project is too vast to be fully represented here. In this section, a selection of key studies will be briefly described in terms of scale and methodologies. These studies are seen as some of those closest to the current project although none of them involves a whole care career approach and most look specifically at foster care. Details about actual findings will be presented in the subsequent sections. These key studies are clearly not the only material used to

collect information: as previously mentioned, a large number of smaller-scale studies or of studies indirectly related to placement stability will also be largely drawn upon.

Trasler (1960), Parker (1966) and George (1970) produced three of the most significant early studies directly related to placement stability. All three looked at the experience of children placed in foster care. Trasler followed and compared the experience of 57 children - over three years - whose placement had broken down, with that of a control group of 81 children who had remained in the same placement. Parker looked retrospectively at a period of five years where 209 children had been due to stay in long-term foster care. George used questionnaire and case files to collect information about 128 children.

Berridge and Cleaver (1987), carried out a key study specifically dedicated to foster placement breakdown. They used case files related to 372 children and they carried out ten in-depth case studies. Their approach was based on using three main perspectives: Bowlby's concept of attachment, the role of links with family and social networks and placement related factors.

In a major survey, Rowe and her colleagues (1989) used questionnaires to social workers to follow over 2000 children in nearly 5000 different placements. Children entering care within a 12 month period were followed for up to two years. A large majority of the placements were in foster care.

Over ten years, Fratter and her colleagues (1991) surveyed over 1000 children in permanent placements with voluntary agencies. They carried out complex statistical analysis to isolate risk factors associated with placement stability.

An American study, Fanshel, Finch and Grundy (1990), followed 585 children in foster care over eighteen years. They used case files as their main source of information and developed complex schedules to collect and organise the data.

Palmer carried out a prospective study of 184 young people placed in long-term /permanent placements.

Berridge and Brodie (1998) followed up an initial study about the closure of children homes (Cliffe and Berridge, 1991) and they carried out a qualitative survey of 12 children's homes.

Aldgate and Bradley (1999) interviewed 60 children and their parents and social workers in their study specific to short-term fostering.

In her study of family contact in foster placement, Cleaver (2000) combined a retrospective survey of 152 social work case files and two rounds of interviews with 33 foster children, some of their family members, foster carers and social workers.

Schofield et al. (2000) and Beek and Schofield (2004) reported a two phase study with an initial sample of 58 children subject to a new plan of long term foster care. They used questionnaires and interviews with children and key professionals working with them.

Sinclair and his colleagues (2005a and 2005b) described a sample of 596 foster children. They used a postal questionnaire – repeated after 14 months -to key professionals working with the children. They also collected 150 questionnaires from children and carried out 24 case studies. They aimed at getting an understanding of why some placements fail whilst other succeed. They used two measures of success: professional assessment of placements success and whether or not placements were disrupted. In the second part of the study – aimed at identifying links between what happens in initial foster placement and in later life – the authors followed up over three years the initial sample with postal questionnaires, telephone enquiries and local authority records.

Several characteristics are present in most of these studies: firstly, children are never followed from their initial entry into care up to the point when they permanently leave care. All studies are somewhat time limited, and children in initial samples are often lost when their placement is disrupted, even if they go home but return to care at a later date. Prospective studies are particularly likely to miss out on essential information either prior or after the time of the research. Secondly, most studies look at long-term placements or those aiming at permanency; some look at short-term foster placements. However, many children come into care for relatively short periods of time and either remain there for longer than anticipated or return to care after failed rehabilitation. Such children are obviously particularly mobile but are likely to be excluded from research projects. Thirdly, children are often selected across ages at a given date. This approach is likely to lead to an under-representation of circumstances preceding placement and therefore of factors associated with children themselves and of their past history in favour of contextual factors (placements characteristics). Finally, stability in foster care seems to be over represented in the literature on placement stability as a whole. This can be explained partially because of the larger number of children placed in foster care but also by the fact that as young people are more mobile in residential care, they are more difficult to follow and therefore to study. Adopted children are also difficult to approach because researchers have to rely essentially on the cooperation of adoptive parents who are likely to, not only want to maintain their privacy and that of their children, but also to avoid envisaging the eventual failure of their adoption.

## **Prevalence**

Apart from the problems associated with the use of different definitions and measuring tools, breakdown rates are difficult to compare. They can be calculated in different ways: comparisons between numbers of disrupted and on-going placements at a given date; between placements having ended successfully and disruptions; or between overall number of placements and number of breakdowns.

Breakdown rates are often used to compare or assess the efficacy of different kinds of services, not to understand the process itself. Depending on local authorities' placement policies, breakdown rates can vary considerably (Berridge and Cleaver, 1987). As most of the data originate from social workers, the accuracy of the figures depends on the quality of the information recorded. Penzerro and Lein (1995) noted that American boys in care reported more placements than had been recorded. It appeared that hospital, holiday and various other placements were missing from the official records. In the sample of population studied, the average number of placements was twelve, but only five were recorded.

The following research results give a picture of the typical data available. If statistics about placement endings are easily available, the same cannot be said of placement breakdown. Millham et al. (1986) found that amongst a sample of 170 children that were still in care after two years, 56% had experienced three or more placements, and 14% had experienced five or more. In a two-year study, Rowe et al. (1989) estimated that 26% of the population had moved once, 9% had moved twice and 8% had had three or more placements. Fisher et al. (1986) studied the placement patterns of a cohort of children through their whole care careers. They found that 19% of them had experienced between three and four placements within an average time in care of 36 weeks; 8% had had five or six placements and 4% had moved over seven times in an average period of over seven years. Farmer and Pollock (1998) found that in their sample of 250 young people, 38% had more than one placement in the first four months after admission and 13% had more than three placements in the same period. The authors also noted that the group of children who had suffered from sexual abuse had a higher rate of placement breakdown than the rest of the children (9% for the abuse group compared to 4% for the non-abuse group). Jackson et al. (2002) estimated 10% of children looked after for several years experience ten placement changes. In their study across seven local authorities, Ward and Skuse (2001) found that 44% of children



remained in the same placement during their first year in care whilst at least 26% had two placements and 28% had three or more.

Recent government statistics (Department for Education and Skills, 2004a and 2005) show that at 31 March 2004, 13% of all children looked after had experienced three or more placements during the year (Performance Assessment Framework A1). Approximately one third of the looked after population (34%) had been looked after continuously for at least four years; 49% of this group had been in a single foster placement for at least two years (Performance Assessment Framework D35). Thirty eight percent of all children in care had been looked after continuously for at least two and a half years and 66% of them had been in the same placement for at least two years.

As the above teams of researchers and the government used different approaches, comparing results is extremely difficult. In contrast with Rowe et al., Millham et al. excluded from their sample all the children who left care within two years; Fisher et al. did not use a two year time limit; Farmer and Pollock gave a figure for the first four months following admission into care, but Ward and Skuse took a whole year into consideration. The main government indicator also considers one-year periods, but this is done regardless of the current situation of each child. Clearly, the movement rates expressed in these studies do not measure the same reality. In the more specific area of foster breakdown, research results seem to be more comparable: for example, a study by Devon County Council Social Service Department (1982) established that 44% of the terminations of foster placement were due to breakdowns. Millham et al. (1986) gave a figure of 60%. More recently, Beek and Schofield (2004) found that 73% of their initial sample of 52 – in long-term placements – had remained stable after four years. Sinclair and his colleagues (2005a&b) found in their longitudinal study that over the course of three years, 29 % of the children in their sample had experienced a fostering disruption.

Despite the diversity of the research and methodology, some general tendencies can be outlined, in terms of patterns of disruption rather than absolute numbers. After scrutinising several hundred fostering histories and comparing results from early studies such as those from Trasler (1960), Parker (1966) and George (1970), Berridge and Cleaver (1987) suggested that improvements in foster breakdown rate were very modest. There is consistent evidence showing a clear drift towards residential placements. Millham et al. (1986), Berridge and Cleaver (1987) and Rowe et al. (1989) all found that about three quarters of the young people involved in fostering breakdown were directed towards residential settings. Young people are more likely to experience placement interruptions in residential care, but moves from foster placements are more likely to be resulting from a breakdown (suggesting a situation of crisis). More specifically, Farmer and Pollock (1998) found that children who had been sexually abused experienced more placement breakdown and tended to be directed from foster to residential care. It is interesting to note that the problem of children drifting from placement to placement, in what could be seen as a pathological way, is not represented by the core of the research. Cases of young people having experienced over twenty placements during their life in care are not unknown to the practising social worker. Studying such a population could contribute to a better understanding of the disruption process.

On the whole, the variety of indicators reported here seem to reveal a diversity of situations faced by different sub-groups within the looked after population. Two of the indicators chosen by the governments provide particularly good examples of this diversity: some young people seem to experience many placements over a relatively short period of time (PAF A1); others experience little continuity over extended periods (PAF D35). The figures reported so far provide a collection of pictures rather than a broad representation of the whole situation. One fact is apparent however: placement moves affect large parts of the looked after population and at different stages of their life in care. It is also interesting to note that the figures rarely provide any indication of the condition leading to the moves:

it is not clear how many placements end in a positive or natural way compared to the number of negative outcomes (breakdown).

### **Effects of disruption**

On the whole, placement moves are seen as extremely disruptive. Millham, et al. (1986), Berridge and Cleaver (1987) and Rowe et al. (1989) established that placement breakdowns tend to propel or maintain children in residential care. It is also apparent that the unplanned ending of long term placements can be particularly difficult for the children concerned (Rowe et al., 1989). A high breakdown rate also indicates that young people are likely to spend more time in care than initially planned. The effects of placements disruption are wide ranging and it is generally agreed that they have an influence in a number of areas. These can be organised into four broad categories: relationships with peers and adults, education, health and social integration after leaving care. The relationships between placement disruption and education, relationships and health are rarely one-sided. Negative development can affect placement stability in return. These effects will be discussed in the next section.

### ***Relationships***

For Berridge and Cleaver (1987), unsuccessful placements have particularly complex effects on children's development. Breakdowns 'shatter the fragile trust the children have in the permanence of adult relationships, resurrect memories they have of earlier separations and encourage emotional disturbance and learned indifference' (1987, p.5). Such young people are described as 'emotionally shattered' and in school, 'frequently function well below their potential for several years following the disruption' (p.5). For Taber and Proch (1987), 'with each move, [children] fall farther behind in school and become more alienated from adults' (p.433). According to Fitzgerald 'A disruption reactivates and/or intensifies a child's feeling of worthlessness, badness and powerlessness' (1990, p.25).

Furthermore, repetitive changes of placement do not have to be classified as breakdowns to have a negative influence. Penzerro and Lein note that 'as the youths move from placement to placement, a pattern of drift through relationships becomes entrenched as a way of life' (1995, p.363). Allowing children to grow up in a stable institution should be seen as less damaging than moving them from placement to placement. Buchanan (1997) also pointed at the difficulty to make and keep friends for young people who have been in care and who have moved around from placement to placement. They miss out on building and maintaining the meaningful relationships that would give purpose to their lives. The Government has now made it clear that movement of children within the care system should be reduced in order to promote the secure attachment that would otherwise be compromised (Department of Health, 1999a, 1999b, 2000). 'If they are to grow into dependable adults, fully capable of forming loving relationships, children must be looked after by parents or carers whom they can trust, and whose care is consistent, warm and positive. Transience undermines children's ability to learn' (Department of Health, 2000, p10).

Palmer (1990) notes that three of the major developmental tasks of adolescence are threatened by young people's separation from their natural families and subsequent placement disruptions. The normal process of becoming independent is interrupted by family separation. A stable self-concept, normally partly achieved by adolescents' internalisation of the responses of others to themselves and their families, is made difficult to realise for two reasons: young people feel rejected by their own families and they expect their families to be devalued by society. Finally, the achievement of a sense of competence, a task related to school results and peer relationships, is disrupted by the physical move and the efforts required to adapt to a new environment.

Fanshel, Finch and Grundy (1990) assessed the level of hostility shown by young people towards their current placement. They compared the effect of various traumatic events with that of placement interruption. They found that the level of

hostility shown by a child who had been physically abused was similar to that of a child who had previously experienced eight care placements. They also found that the increase in the extent of hostility associated with a disrupted adoption was equal to that associated with an additional five care placements: 'A succession of 5 temporary placements would be estimated to be as traumatic to a child as a disrupted adoption' (p.51). These American authors also found that the number of placements experienced by children was associated in a causal chain with their levels of hostility and negativity towards their current placements. An increase in the number of living arrangements causes an increase in the level of hostility and negativity at entry and in turn an increase in the level of hostility and negativity causes a decrease in the adaptation to care. The more disruption children experience, the more problematic their behaviour becomes and in turn, this makes them more difficult to care for.

The effect of placement disruption is seen to vary according to the context. Berridge and Cleaver (1987) found that two main factors influence the effects of breakdown: the overall number of disrupted placements from admission into care and the length of time spent in a specific placement. Young people with a long history of disruption may be getting used to the process and build some defence mechanisms: they are apparently less distressed when facing another breakdown. The length of time spent in the placement before disruption influences the effects of the breakdown: the longer a young person has lived in a particular placement, the more he or she is likely to be affected by its interruption.

The Department of Health implies that placement disruptions are less damaging for children who have only recently been looked after. 'In some cases, short-term placements may be inevitable at the start of a period of care. These may be preferable to placement changes in the later stages of a period of care which might be less understandable to the child and therefore more damaging' (Department of Health, 2000, p.22). However, this does not appear to be backed up by any

evidence, and it could be argued that early disruption is likely to make it difficult for young people to settle in care in general.

The research discussed above highlights the negative aspects associated with disruption, but very little has been said about the possibility of positive effects. According to Berridge and Cleaver, 'Many placements that were unsuccessful in terms of duration were found to have had a number of positive influences' (1987, p.173). The fact that a placement broke down does not mean that the overall experience was negative. Going further, it could be argued that most of the research does not take into account who instigated the disruption. Young people can provoke the end of their placement, directly or indirectly. Feelings of isolation, lack of involvement and powerlessness regarding decisions concerning children in care have been well documented (Page and Clark, 1977; Kahan, 1979; Fisher, 1986; Butler and Charles, 1999). By behaving in a way known by them to create rejection and disruption, young people can achieve a move that they did not feel able to ask for or to obtain by any other means. Some foster children who lack other means of power can use allegations against their carers as a way to regain some form of control over their situation (Sykes et al., 2002). In such cases, it is difficult to establish whether the disruption is perceived more negatively by the children (who achieved some sort of success) or by the social system, which needed to find a contingency plan in a situation of apparent emergency. The assessment of the effects depends on the point of view adopted and the timing of it: for example, a young person might feel empowered after having initiated a placement disruption, but in the long term, is likely to suffer from the breakdown in attachment and relationships (Penzerro and Lein, 1995).

### ***Education***

Since the late 1960's research has consistently shown that children looked after underachieve at school. Recently released government statistics (Department for Education and Skills, 2005a) state that in the academic year 2003/2004, on average 55% of looked after children in the appropriate age group achieved level 2

at Key Stage 1, 43% level 4 at key stage 2 and 23% level 5 at Key Stage 3. The comparable percentages for all children in English schools were 86%, 79% and 70% respectively. In school year 11, 56% of looked after children obtained at least one GCSE or CNVQ compared with 95% of all school children. Only 9% of looked after children obtained at least 5 GCSEs at grades A\*-C, compared with 54% of all children. In addition, a higher proportion of looked after children (27%) had statements of special educational needs (SEN) and experience of permanent school exclusion (1%) than had children in general: 3% of all school age children had SEN statements and 0.1% had experienced a permanent exclusion.

Twelve per cent of looked after children missed more than 25 days of schooling over the academic year from 2001 to 2002 (Department Of Health, 2003), and earlier work by the Audit Commission discovered that 40% of looked after children were absent from school for reasons other than illness during a one-day attendance census (Audit Commission, 1994). A recent survey of young people looked after by local authorities in England found that 17% of young people reported regular truanting from school (Meltzer et al., 2003).

It must be acknowledged that the individual characteristics and pre-care experiences of looked after children can contribute to an explanation of the low educational attainment for this group (Berridge, 2007). Children who are socially disadvantaged are much more likely to become looked after (Bebbington and Miles, 1989; Borland et al., 1998) and there is a well documented link between social disadvantage and poor educational performance (McCallum & Dernie, 2001; Vacha & McLaughlin, 1992). However, it is unlikely that pre-care disadvantage has sufficient explanatory power to explain all instances of underachievement amongst the looked after group. Indeed, a number of longitudinal studies indicate that controlling for socio-economic disadvantage reduces but does not completely eliminate the association between being looked after and low educational attainment (Aldgate et al., 1993; Cheeseborough, 2002; Cheung & Heath, 1994).

Placement instability is particularly associated with education disruption. Young people involved in a project about the impact of the Children Act 1989 - the Dolphin Project - expressed clearly the negative influence of 'moving around in care' on their school careers (Buchanan, 1997). According to Acheson (1998), the mobility of looked after children increases the fragmentation and delays in service delivery, both in terms of assessment and provision. Borland and colleagues (1998) point out that continuity of relationships at home is an important foundation for educational success, and indeed care placement moves are associated with poor attainment (Stein et al., 1994; Francis, 2000). Monaghan and Broad (2003) also found in their consultation with young people facing social exclusion that the main reason for not doing very well at school was related to the number of moves in and out of care or to living with other family members or friends. In a large scale survey of over 1000 adults who had been in the care of a voluntary agency in America (Casey Family Program), Pecora et al. (2006) found that fewer placement changes whilst in foster care was positively related to success in high school completion.

A body of research indicates that some looked after children and young people believe their educational progress was enhanced through teachers and carers taking an active interest in their education and providing positive encouragement (Fletcher, 1993; Lynes & Goddard, 1995; Shaw, 1998). A detailed study of factors contributing to educational success amongst looked after children found the most frequently mentioned factor was receiving positive encouragement from significant others (Jackson and Martin, 1998; Martin and Jackson, 2002): the significant others mentioned being residential carers, foster carers and parents. Harker et al. (2004) found that the young people achieving the most tended to attribute their success to the receipt of encouragement and interest in education from carers. Young people who experience frequent care moves and school changes are unlikely to receive informed support and consistent attention from carers, teachers and other professionals.



The situation with regard to education is particularly concerning for a part of the population which is traditionally regarded as mobile within the care system: young people placed in children's homes. A number of studies have reported that children and young people in residential care can experience difficulties in finding quiet study space to complete homework activities or revision exercises (Buchanan, 1993; Fletcher, 1993; Social Exclusion Unit, 2002). Even where quiet study space is available, residential units do not always provide young people with basic books and reference materials to assist with homework activities and computer access can be limited (Berridge et al., 1996). Some residential homes are reported to tacitly support a culture of non-attendance at school (Biehal et al., 1995) and residential staff may be uncertain how to tackle issues of non-attendance due to a lack of clear policies relating to attendance issues (Berridge & Brodie, 1998). The educational background of residential staff can also influence their confidence in communicating with schools (Berridge et al., 1996) and offering educational support to young people (Bald et al., 1995). A survey by the Social Exclusion Unit found that limited numbers of young people reported receiving help with homework or other study support from residential carers (Social Exclusion Unit, 2002).

The introduction of the Quality Protects agenda (Department Of Health, 1999a) represented a significant advance in acknowledging the central importance of educational achievement for looked after children and young people's development and future progression. Objective Four of the programme includes the need for looked after children to 'gain maximum life chance benefits from educational opportunities...' and qualifies that this is 'perhaps the single most significant measure of the effectiveness of local authority parenting.' Educational attainment has become a crucial outcome on which local authorities should be assessed with regard to the overall quality of the care provided to their young people. Stability in education and in care have become totally linked to each other. However, a note of caution needs to be expressed. If the notion of a stable and secure placement emerges as a key factor in achieving positive educational outcomes, it does not explain all instances of positive educational progress. Harker and colleagues

(2004) found instances of young people who attributed their educational improvement to a change in care placement. Such young people believed that their new living environment was more conducive to school work and the additional support and interest shown by new carers was seen to compensate for the disruption created by a placement move.

### ***Health care***

There is substantial evidence that the physical and mental health of children looked after is very poor in relation to that of their peers: looked after children fare worse for routine dental care, immunization status and health threatening behaviour (Jackson et al, 2000; Williams et al., 2001; Poynor and Welbury, 2004), with significantly higher levels of teenage pregnancy (Corlyon and McGuire, 1997; Brodie, Berridge and Beckett, 1997), higher levels of substance misuse (Department of Health 1997b) and much greater levels of mental health concerns (Dimigen et al., 1999; Richardson and Joughin, 2000; Blower et al. 2004; Richards et al., 2006; Ford et al., 2007) especially among those in residential care (McCann et al., 1996). Furthermore, barriers are often encountered by young people who need to access mental health services (Beck, 2006). Evidence from a longitudinal study of looked after children (Skuse and Ward, 2002) indicates that more than half (52%) have an identified physical or health condition of sufficient gravity to require outpatient treatment. A survey by the Who Cares? Trust (2004) indicated that despite the associated health benefits, the opportunities for young people looked after to take part in sports appear limited compared to their non-care peers. Young people are also less likely to be supported in developing their knowledge and skills in making decisions that promote their own health and well-being (Chambers, 2005).

If physical and mental health problems of children in care and leaving care largely stem from their pre-care experience and circumstances, it also appears that being looked after often exacerbates rather than reduces existing problems to the point of creating further dangers (Butler and Payne, 1997; Stanley, 2007). Because of their

mobility, looked after children are further disadvantaged in their access to health care, both preventative and therapeutic (Acheson, 1998). On the whole, placement moves are detrimental to the continuity of health care, often creating gaps in records as well as in preventative and routine health services (Chambers 2005; Kufeldt et al. 2000; Ward et al. 1995; Williams et al, 2001). This frequently leads to emergency health care provided by an unknown doctor who has little knowledge of young people's medical history (Kufeldt et al 2000). Because of their disrupted educational patterns – often associated with instability in care placement – children and young people looked after also miss out on school-based health check and health promotion schemes. Young people in residential care are particularly likely to have not received continuity of health care because their high mobility (Department of Health, 1991). The problem is not specific to the United Kingdom: Chambers et al. (2002) found evidence in the international literature of similar problems in France, Canada, California and Australia.

### ***Social integration after leaving care***

Considering the fact that placement disruption is closely related to education disruption and lack of continuity in health provision and promotion, it is not surprising that this should also have an influence on young people after they have left care. Biehal et al (1995) found a strong link between high number of placements in care, poor educational attainment and high levels of unemployment. Penzerro and Lein found that multiple placements was the characteristic most associated with negative outcomes for youths in out-of-home care, two to five years following emancipation (1995). A multiplicity of placements in care is found to be a risk factor for later unemployment, school drop-out, relationships troubles, teen parenthood, homelessness and incarceration. Fanshel, Finch and Grundy (1990) also found that there was an association between increased number of placements and poorer condition on leaving care.

In terms of criminal involvement, it is generally accepted that young people who have been in public care are more likely to experience time in prison than the rest

of the population (Social Exclusion Unit, 2003). If there does not appear to be clear evidence of a direct link between multiple care placements interruption and imprisonment at a later stage, it seems that some link can nonetheless be established. Taylor (2004) reported the potential benefits for young people who have experienced security, stability in care and quality relationships with their foster carers; she suggested that such stability could help create meaningful relationship and attachment that could protect young people against offending behaviour. Cashmore and Paxman (2006) also found that placement stability perceived by young people during their time in care was related to positive outcomes once they had left care.

On the whole, placement move is associated with negative outcomes: low self-esteem, difficulties in establishing and maintaining positive relationships with peers as well as adults, drift within the care system, disrupted education and lack of continuity in health care. These relations are well documented and explain the negative connotations of the terminology employed to describe moves within the care system (e.g. breakdown or disruption). However, it is important to note that the causal links between instability and negative outcomes are rarely simple. Most of the above mentioned variables also influence placement stability. Berridge and Cleaver (1987) for instance, found that associating a change of school to a new foster placement doubled the probability of it failing. Finally, it appears that very little is known about potential benefits for young people: Further work is needed to assess if there is a real possibility of their being empowered by deliberately instigating disruption and voting with their feet.

### **Factors causing disruption**

Identifying individual factors related to the success or failure of a specific placement is not an easy task. As previously discussed, causal relationships are often blurred and variables correlated with mobility in care can often be described as both cause and effect. This situation is particularly confused when teenagers

are involved: this group is often described as being 'on the move, even in ordinary families' (Sellick and Thoburn, 1996). Difficulties in relating to others, poor health and disrupted education are all variables presented primarily as resulting from placement mobility despite the fact that they are also known to affect such mobility. The four sets of variables that are presented in the present section are seen first and foremost in the literature as factors of disruption notwithstanding the fact that some of them are also influenced in return by placement moves. They relate to family contacts and social networks outside the care system, characteristics of the services offered (e.g. foster or residential care) and the child's own rearing history and care career. Although this is not the principal interest of this study, the level of funding and resources available will also be discussed briefly as a fourth set of variables.

### ***Family contact and social networks***

For children entering care, the main consequence of the move is the limitation of contact with their parents. When child protection issues are raised, physical safety is the first priority set by the social system. Emotional and psychological safety usually come later (Brandon, 1996). In most cases, 'Parental links were not given high priority in the selection of placements' (Millham et al., 1986, p.96). Hinings (1996) notes that parental contact is often purposefully limited by social workers to give more chance to a new placement. The majority of parents, believing that they are acting in their children's best interests, follow advice often given by social workers, and avoid initial contact with their children in order to give them the opportunity to settle into their new environment (Fisher, 1986). Natural parents very rarely try to disrupt a placement (Millham et al., 1986). In addition to the general practice of social workers, there is a common feeling of antipathy from foster parents toward natural parents. This only makes it more difficult for the latter to stay in contact with their children once fostered (Palmer, 1990).

For a number of years, research findings have clearly indicated that contact with natural parents is a positive factor (Triseliotis, 1980; Devon County Council Social

Service, 1982; Millham et al., 1986). Young people in regular contact with their natural parents accommodate more easily relationships with adults; they are also more likely to return home (Berridge and Cleaver, 1987). Triseliotis (1980) showed that foster parents who were not antipathetic to references made to children's families were more likely to provide successful placements. Berridge and Cleaver (1987) and Fitzgerald (1990) found that physical distance between parents and young people was not detrimental to placements, as long as a constructive relationship between carers and natural parents was established and contact was maintained. For Burch, children must be given the opportunity to say 'goodbye' to the people of their choice, including birth parents where appropriate, and to receive permission from them to accept the new family's love and care' (1991). This could be an explanation for the high rate of disruption found by Parker (1966) amongst children being fostered after the death of their mother. Bar-Nir and Schmid (1998) also found that children who maintained ongoing relations with parents benefited from placements whereas those who did not exhibited more emotional, behavioural and social problems. Establishing regular dialogue with parents helps young people take some responsibility about their situation and provides them with an explanation of the reasons why they are looked after away from home; it can help children cope with past trauma. Butler and Charles (1999) suggested that children in foster care, already facing the difficulties of belonging simultaneously to two families, often feel that they have to make a choice between birth and foster families, mainly due to the two families reciprocal feelings of antipathy. This is thought to be a common factor of breakdown. Regular contact with their parents can help children adjust to the placement without feeling or being considered unfaithful towards their family (Bar-Nir and Schmid, 1998). According to Millham et al. (1986), changes in the pattern of visit (increase or decrease) seem more influential than the actual level of contact. The uncertainty created by a changing pattern increases the rate of breakdown. Berridge and Cleaver (1987) noted that despite all the evidence that contact with birth parents is positive, there is often a clear defensive attitude from Social Workers who try to 'protect' children from their own families. According to Berridge and Cleaver, about half of the young people

admitted into care come with their siblings. They noted a higher breakdown rate amongst siblings not placed together. This is consistent with the findings of Fratter et al. (1991) and with Mann's case studies, which highlighted the importance of the links between siblings (1984). This is often the only way children can protect their own identity and sense of belonging to a social group.

In 1997, Quinton et al. reviewed 18 studies about contact between birth parents and children in placement. They found that evidence of positive or negative effects of such contact was too weak to provide practice guidance. On the whole, clear communication with carers about the importance of allowing children to maintain an individual identity through contact with natural parents and siblings is perceived by most researchers as a positive factor for settling into a placement. However, some questions have also been raised with regard to the quality of the contact and the type of relationship developed between young people and their parents. For Bar-Nir and Schmid (1998), although parental contact is a positive variable, it also needs to fulfil a purpose and be appropriately managed and supported. In general, children removed from home find the encounter with their parents difficult and there is often a lack of mediation between parents and children. Browne and Moloney (2002) studied social workers records for 113 foster children with regard to parental contact and placement outcome. They found that a majority of young people reacted negatively to parental visits. They also found that placements where outcomes were defined as *ambiguous* (as opposed to *successful* or *crisis*) were linked with an infrequent pattern of parental visits. When meetings are difficult, there is a particular need to support the relationships in order to maintain contact and make it positive. Barber and Delfabbro (2004) found that increasing the rate of parental contact achieved little in relation to the likelihood of family reunification. In their study on adolescents in foster care, Farmer and her colleagues (2004) also found that contact was often a source of difficulties for young people who frequently experienced rejection from their parents and could be exposed to abuse. The authors noted that contact could be improved in cases where social workers managed and set some boundaries around the situation. Unsupported contact

could therefore have a negative influence on placement stability and damages to parents/child relationships could also create long-term disruption. Sinclair and his colleagues (2005a) concluded that contact with families was significant for both children and carers: children commonly expressed distress from family contact but nonetheless required contact, and more particularly if they had control over whom they could see and about the circumstances of the visits. This clearly raises questions about the positive effects attributed to family contact: such effects are only likely to be positive if the right conditions are in place.

### ***Placement related factors***

It appears that more work has been done in the context of fostering and adoption than in residential care. The limited number of adults involved in each specific foster placement allows for more in-depth studies of the relationships between children and carers. Those relationships are also expected to be more intense and to provoke more reaction from the actors involved. Residential care is probably easier to study from a broader perspective.

Fisher et al. (1986) found several causes of instability for children in residential care: constant turnover of personnel, intolerance of staff for anti-social behaviour, difficulties in establishing new relationships within a relatively large group of adults and young people and presence of different sub-cultures amongst staff and children. Farmer and Pollock (1998) found that young people who had been sexually abused tended to experience more placement breakdowns. This should be seen in conjunction with some of their other findings: by and large, residential staff believed that they needed more training on how to deal with sexually abused children. This lack of training and understanding of issues revolving around sexual abuse may incite young victims to act out (anti-social behaviour) or to avoid interacting with adults. This in turn would lead to relationship difficulties and eventually disruption. Farmer and Pollock also found that a quarter of the children in their sample who had been sexually abused had also reported being bullied



(mainly in residential care). Problems revolving around lack of power and oppression are also more likely to be found in the context of residential care.

In the context of fostering and adoption, many variables have been found to have an influence on placement stability. Triseliotis (1980) emphasised the importance of some characteristics associated with successful foster parents: warm and open personalities, stability in their own lives and social relationships are essential. Personal problems related to foster carers are a common cause for disruption (Devon County Council Social Services, 1982; Millham et al., 1986): illness, divorce and moving house often lead to breakdown. Beek and Schofield (2004) found that carers who felt overwhelmed by children's difficulties found it difficult to be consistently available and to provide them with the necessary emotional support and reassurance. Conversely, carers who were more child-centred and could focus consistently on the children's needs were more likely to provide a secure environment and a secure base for development. Sinclair and his colleagues (2005a) found that even when controlling for children's characteristics, foster cares were more likely to avoid placement disruptions if they were rated highly by the social workers for parenting qualities, if they were 'child-oriented' and if they had experienced few disruptions in previous placements. The authors suggested that a good understanding and the ability to manage disturbed attachment behaviour in a sensible manner is essential in order to avoid feelings of rejection.

Beek and Schofield (2004) also highlighted the importance for foster cares to provide full family membership to the children in their care. Carers who offer such membership are better able to provide children with a secure base and to deal in a balanced way with birth family contact.

Berridge and Cleaver (1987) and Fitzgerald (1990) emphasised the importance of the introductory period for young people as well as carers, and of the matching process, which is often reduced to a minimum. Foster carers need to have clear information about the life history and background of the young people looked after.

Lack of communication between social workers and carers leads to misunderstanding and variation of expectations. Farmer and Pollock (1998) found that children felt more able to talk to foster carers if they had been told by them at the start that they knew about what had happened in the past. Clear communication between social workers, carers and young people is therefore necessary in order to reduce the chances of misunderstanding and to promote positive relationship between carers and children. Cleaver (2000) acknowledged the difficulties inherent to ascertaining children's wishes when they are young, have communication difficulties or are particularly distrustful of adults. In her qualitative study, the author found that two thirds of the children interviewed received very little information prior to their placements and only half of those fostered with strangers had met them before the actual placement. Farmer and her colleagues (2004) also found that the adolescents interviewed in their project would have liked to have received more information about prospective carers before their placements, and they felt they had little chance to get involved in pre-placement decisions.

Placements with foster mothers aged over forty are particularly successful (Trasler, 1960; George, 1970; Devon County Council Social Services, 1982; and Berridge and Cleaver, 1987). Apart from the fact that older carers are likely to be more experienced, it appears that the age difference between foster and natural parents seems to produce less ambiguity over their respective roles. The age of foster fathers does not seem to have such an influence. According to Berry and Barth (1990), adoptive mothers over the age of forty also help to produce more stable placements.

A major factor of disruption is created by the lack of experience and preparation of foster parents (Kusmakar, 1991; Farmer and Pollock, 1998). They often lack understanding regarding issues of sexual abuse (Burch, 1991). Most of the foster carers interviewed by Farmer and Pollock (1998) felt that they could never get enough information, especially when it came to looking after children who had

been sexually abused. During the course of meetings following disruption, Fitzgerald (1990) estimated that twenty-six out of thirty-six families 'had unresolved feelings connected with their past, including problems of childlessness, difficulty with authority, their own deprived backgrounds and loss of an important person in their lives with which they had not come to terms.' (p.12). Berridge and Cleaver (1987) found a breakdown rate of respectively 42% and 10% with inexperienced and experienced foster carers. For Butler and Charles (1999), foster parents need more training to understand and recognise the importance and complexity of relationships between looked after children and their birth families. There is also a real need to prepare foster carers for the eventuality of allegations against them by children who have been abused in the past (Farmer and Pollock, 1998).

Very consistent results emerge from most of the research regarding the presence of other children within foster families. George (1970) found that this presence was generally negative for the stability of the placement. For Trasler (1960), Parker (1966) and Berridge and Cleaver (1987), natural children under five or within five years of the foster child are a cause of instability, but the presence of other foster children is overall positive. The situation seems similar in adoptive placements. The presence of other natural or adopted children is a negative factor, but the presence of fostered children can stabilise an adoptive placement (Berry and Barth, 1990).

In foster placements, the age, experience, availability and training of foster carers seem to have an important role in providing stability to young people. The level of preparation and matching process between young people and carers as well as the amount of information received on both sides also plays a considerable part. The influence of the presence of other children in the household varies according to their age and to their status within the family. In residential care, issues traditionally associated with institutions seem to come to the fore. They include constant turnover of staff and young people, lack of training and presence of sub-cultures amongst staff and young people.

### ***Child-related factors***

An important and puzzling finding from the research on placement disruption is the relative lack of influence of young people's personal characteristics. 'It seems that features of the placement itself rather than the characteristics of the families or child are important' (Millham et al, 1986, p.192). This is confirmed by Berridge and Cleaver in their study of foster breakdown: 'We discovered no unequivocal relationships between placement outcome and sex of children; their racial origin; age; reason for admission; age first admitted to care; and early care history' (1987, p.75). Taber and Proch (1987) also confirmed that 'only a small part of the variance in number of placements could be explained by characteristics of the child' (p.436). In their study of the Chicago Services Project, a service aiming at stabilising adolescents in care after histories of abuse, dependency and neglect, they established that the positive results of the unit were due to a better assessment of the young people's needs, and not to any therapeutic process. Taber and Proch concluded that 'placement disruption may be a function primarily of the service system, not the child' (p.436). This is certainly a key aspect to the approach of placement stability: children and young people placed away from home are very likely to display difficult and challenging behaviour which in turn affect their relation to carers and to the care system as a whole. When looking at factors affecting placement stability, conduct problems can therefore be seen as a direct contributing factor but it is also reasonable to look at the way such conducts are managed by carers and by the care system as a whole. Findings are likely to be greatly affected by the point of view adopted in each study.

Nonetheless, young people's behaviour and characteristics are also found to have a major influence on placement stability (Parker, 1966; Fratter et al.1991; Palmer, 1996; Farmer et al., 2004). Rowe and her colleagues (1989) found that young people involved in offending were more likely to experience multiple moves. Fisher et al. (1986) and Berridge and Cleaver (1987) found that young people under a care order were more prone to disruption than children in voluntary care, although

Rowe's findings (Rowe et al., 1989) did not support these results. For Millham et al. (1986), girls are more prone to breakdowns, but Berridge and Cleaver (1987) and Berry and Barth (1990) found no difference of breakdown rate associated with gender. Berridge and Cleaver did not find any strong relationship between ethnicity and breakdown rate, but an American study on adoptive placements showed a significant correlation between ethnicity and breakdown rate (Berry and Barth, 1990).

Sinclair et al. (2005a) found that children were more likely to experience successful placements if they wanted to be in placement, had attractive characteristics and did not score highly on standard measures of disturbance or difficult behaviour. However, it is important to note that carers who are more sympathetic and understanding of the circumstances of the children might rate them more favourably than others and this result, in isolation, could be a reflection of carers characteristics rather than children's.

Fanshel, Finch and Grundy (1990) also found that three factors affected significantly children's level of hostility towards being in care and therefore increased the level of placement disruption: having been victim of physical abuse, having experienced a high number of previous placements and having experienced a disrupted adoption. The latter was the most significant factor in the adaptation of a child in care: children whose adoptive placement had been unsuccessful were the most mobile amongst the cohort studied.

Care history and patterns of placement seem to have a predictive value. According to Trasler (1960), early separation followed by an experience of residential care is likely to produce unsettled foster placements. Parker (1966) and Berridge and Cleaver (1987) established that young people find it difficult to settle into a long-term foster placement after having been in residential care for a long period of time. However, a brief stay in residential care seems to be a positive factor of stability. This can be compared to Berry and Barth's findings regarding adoptive

placements: young people who have spent a longer period of time in foster care previous to adoption are more prone to placement breakdown (1990). Fitzgerald (1990) found that second foster placements were often more successful than the first ones, but Berry and Barth (1990) found that the breakdown of adoptive placements increased the probability of experiencing further disruption in later adoptions. In their two-year longitudinal study of 235 children in foster care in Australia, Barber and Delfabbro (2004) found that placement instability had significant effects on children during subsequent placements: instability appears to produce psychosocial impairment and children are more likely to experience carers rejection in response to their difficult behaviour.

Opinions are clearly diverse about the influence of young people's age. Millham et al. (1986) believe that age does not seem to affect the rate of breakdown. Berridge and Cleaver (1987) found that older children were more prone to breakdown, but this was not statistically significant, and also that the age of entrance into care was not related to placement outcome. According to Rowe et al. (1989), young people aged 16/17 are more likely to move within the care system (15% of them experience three or more placements). For Berry and Barth (1990), the probability of adoptive placement disruption increases with the age of the child. Dance et al. (2002) found that older age at placement in a family was associated with poorer placement outcome for children.

A history of being singled out amongst siblings or preferentially rejected by birth parents is associated with poorer outcomes within family placements (Dance et al. 2002). More broadly, rejection and estrangement from their own families is a significant factor of disruption (Ward and Skuse, 2001). High level of behavioural problems is also an indicator of poorer placement outcome (Berry and Barth, 1989; Borland et.al, 1991; Fratter et al. 1991; Ward and Skuse, 2001; Sallnas et al. 2004).

Sexual abuse is increasingly described as a factor of instability. Livingstone Smith and Howard (1994) found that sexually abused children experience more moves when in care and show a higher frequency of disrupted adoptive placements. Fanshel, Finch and Grundy (1990) found an association between placement failure and the sexual acting out of the foster child. In their research about sexually abused and abusing children in substitute care, Farmer and Pollock found that once looked after, 'children in the abuse group were significantly more likely to demonstrate *new* behaviour problems: 51% did so, as compared with 21% of the others' (1998, p.41). Many young people who have been sexually abused are admitted into care for a reason other than that (Farmer and Pollock, 1998). In addition to the fact that most cases of sexual abuse are undetected (Finkelhor, 1986), this could explain that sexual abuse is generally also undetected as a factor of disruption.

Sinclair et al. (2005a) found that where there was strong evidence of prior abuse by a family member, placement breakdown was three times more likely if no family member were forbidden contact than if at least one person was forbidden contact. This may support the idea that victims of abuse are particularly vulnerable to disruption if their abuse is not properly acknowledged and acted upon.

The influence of different patterns of attachment on young people's development and on the way they relate to substitute carers has been the subject of much research (Fahlberg, 1994; Howe et al. 1999). However, a large part of this work has been dedicated to adoptive and permanent family placements rather than to moves of young people through the care system. This will be discussed further in the following chapter (Chapter 3: Theoretical approach)

Overall, opinions and findings concerning the role of children's individual characteristics vary. However, a large proportion of the most recent work seems to be consistently pointing at sexual abuse and other traumatic events as key factors of disruption.

### ***Finances and facilities***

Lack of finance and appropriate facilities is commonly described as a cause for compromising the level of care. The Social Services Inspectorate noted for example that stability in foster care placements was sometimes sacrificed to fit in with leaving care schemes (Department of Health, 1997); 'The lack of placement choice was the most important factor in compromising care planning which was sensitive to the individual needs of children' (Department of Health, 1998, p.30).

Another example is given in the Children Act Report, 1995-1999: 'Authorities in the south east of England tend to have lower rates for this indicator [Children looked after at 31 March 1998 with three or more placements during the year, as a percentage of all children looked after at 31 March, by region]. This is even more marked in London, with the lowest figures in inner London. The reasons behind this situation are not obvious. It may be a reflection of the limited number of placement options and the greater tendency to place children out of the authority area with the result that children are left where they are, even if this is less than satisfactory because there is no easy alternative' (Department of Health, 2000, p.22). If this analysis is correct, the number of placements per child might have been kept artificially low simply because of the lack of resources. In this case, the low rate for this indicator may reflect the failure of the local authorities to offer placements appropriate to the needs of young people rather than their success in providing stability.

According to Berridge and Cleaver (1997), there can be a tendency for moves of placement to reflect the needs of foster carers or agencies rather than child-related factors. This is perhaps especially evident in the practice of moving year 11 pupils into independent living shortly before GCSE examinations ( Jackson & Thomas, 1999; Evans, 2000 in Harker et al., 2004) but there is also substantial indication that many moves occurring to young children at an early stage of their stay in care are caused by administrative reasons rather than because of their own needs or



those of their carers (VCC, 1998; Ward and Skuse, 2001). Jackson and Thomas (1999) relate a private communication with Gwen James from the Voice of The Child in Care: 'we constantly have appeals for help from children who are about to be moved for financial reasons '(p.41). More recently, Rushton (2004) acknowledged that 'concern has also been expressed that advancing adoption as the preferred placement choice is driven not only by child welfare imperatives, but also by the need to reduce state expenditure on the 'in care' population' (p91).

## Conclusion

The process of drawing together the research findings related to placement stability has highlighted a number of important issues. The information reported so far results from a wide range of methodologies. If the key studies are often on a wide scale in terms of sample size, the durations of the studies are often limited and fail to take into account children's broad experience of the care system. Most studies are limited to one kind of care provision at a time (e.g. foster care, adoption or residential care). A large number of other publications can be drawn upon to obtain information of a more specific nature (e.g. issues of ethnicity and culture) but these are often based on qualitative data, often issued from small samples. In consequence, the evidence collected is often of an anecdotal nature and can therefore rarely be considered representative of a wide population.

The difference in terminology and definitions used by each research team limits further the opportunities to compare findings. For instance, the validity of comparing *breakdown rate* with *placement rate* can be questioned since the criteria employed to identify their occurrence are different and involve various levels of assessment with regard to placement outcome. The first case necessitates some evaluation of the quality of the placement in relation to its aim whilst the latter is hardly influenced by the placement context.

An additional issue limits the potential for comparison between findings. Most of the published material is concentrated on one type of placement at a time or on specific groups of young people: those maybe at a particular stage of their life in care or they might be followed over a limited period of time (usually ranging from one to five years). There is little information available with regard to repeated moves within the care system or to the totality of moves experienced by young people throughout their time in care.

This lack of consistency can be partially attributed to the fact that a large number of findings are issued from research projects that did not set out to investigate

specifically placement stability. Typically, projects aiming exclusively at understanding placement stability do so in a very defined context: they include work on different types of placements, with children and young people who have been looked after at different stages of their developments, in extremely diverse circumstances and for varied lengths of time.

Nonetheless, a number of variables have been identified and seem to be consistently correlated to placement stability; their individual effects however seem particularly difficult to separate. Many of those variables seem to be interacting with each other and with placement stability; most can be described alternatively or conjointly as cause and/or effect. The largest part of the literature provides descriptions of associated factors but so far, very little progress has been made in establishing causal links between them. Further development in this area is hampered by the fact that experimental methods are not suited to the subject and as a result, the potential for controlling individual variables is limited.

It also appears that few studies used a clear theoretical framework to explain instability. Berridge and Cleaver (1987) did so by using the concept of attachment but their measure of attachment was of limited value and unsurprisingly this reduced the explanatory value of the concept. More recently, Beek and schofield (2004) and Sinclair et al. (2005a & 2005b) also used the concept of attachment with far more encouraging results. This will be further developed in the next chapter where the project's theoretical approach is discussed.

In terms of findings, two very interesting points emerged from this broad review of the research: the relatively limited influence of children's characteristics on placement disruption and the apparent ambivalence of the influence of contact with birth family. Firstly, if the influence of children's characteristics (e.g. behavioural difficulties) is well reported with regard to unplanned placement interruption (or breakdown), the actual influence of young people on the overall rates of placement endings often appears to be minimal. Variables related to placement context seem

to be better indicators of future stability than factors related to children themselves. However, a question can be raised with regard to the methodologies used to reach these results. Most of the research projects concentrated on one type of placement and/or collected information about children and young people during a defined period of their life in care. Because large parts of the lives of young people are not taken into account, it is likely that contextual factors are over-represented to the detriment of child factors. In effect, looking at placements in isolation of young people's previous experiences at home and in public care is a way of filtering and rejecting some of the information that might indicate the influence of personal variables. The type of criteria employed to assess the success of a placement also influences greatly the nature of the emerging variables. Comparing the intended duration of a placement with its actual length is of limited value. It is like evaluating the outcome of a placement in relation to its aims, but without ensuring that the aims were appropriate to the needs of the child. The variable identified in this process will relate to both the service provided and the quality of the assessment leading to the placement. The few research projects investigating young people's individual experiences of life in care seem to bring a different light to the problem and emphasise the role of child variables as opposed to placement variables. Sinclair et al. (2005a), for instance, identified three of the children's characteristics having a significant influence on placement disruption. Over the last few years, the influence of sexual and physical abuse also seems to have been increasingly recognised as a factor of instability.

Secondly, the influence of contact with birth families remains largely disputed, although it seems increasingly apparent that such contact needs to be carefully managed in order to have a positive influence on children's well being and on placement stability. This area is likely to be key to understanding children's experience of substitute care: the very presence of children in public care is based on relationship difficulties between parents and children (admittedly, a small proportion of children looked after are orphans and the issue is therefore different). The potential influence of parental contact is therefore immense: Both parts are

likely to experience misunderstandings and unresolved feelings of guilt, hate, love or affection. Although, a growing body of work has been published in recent years (Quinton et al., 1997, 1999; Cleaver, 2000) surprisingly, little of the earliest research material reviewed here seems to delve into children's relationships with their parents during their care career..

On the whole, there is a large body of work addressing placement stability or disruption but this appears largely fragmented and rarely looks at children's whole experience of substitute care. A large number of variables related to placement stability emerge consistently throughout the literature but two key areas remain uncertain: children's individual characteristics and their relationships with their parents. By concentrating on specific aspects of the care experience or of the service provided by local authorities and carers – contextual variables – it seems that to some degree, the individual experiences of children are forgotten and that the actual reasons behind their presence in substitute care become secondary to the care system itself. Contextual variables vary through changes of placements, social workers, schools and policy and practice but children's relationships with their parents remain a constant background to their life.

## Chapter 3: Theoretical approach

### Introduction

At the time the project was initiated, a review of the relevant literature indicated that contextual factors provided a better indicator of placement stability than factors directly related to young people and to their background. This was somewhat counter intuitive and did not provide satisfactory explanations for the cases of young people who appeared to experience particularly frequent moves. It also appeared that although most of the research carried out in the context of permanency and adoption relied largely on Bowlby's theory of attachment, a large part of the work on placement stability within the care system as a whole was of exploratory nature and often lacked the support of a strong theoretical framework. Berridge and Cleaver (1987), who did use attachment theory in their research on foster home breakdown, did not find a direct association between early parental separation and stability in placement.

However, Penzerro and Lein (1995) did find a link between attachment and disruption in their ethnographic study of boys in residential care. Beek and Schofield (2004) and Sinclair et al. (2005a) related carers' understanding of attachment issues and their ability to manage disturbed attachment behaviour to positive outcomes for children in foster care. Fanshel, Finch and Grundy (1990) partly explained placement instability with the concept of dynamic response to past traumas: they described children's adaptation to traumatic events as a significant influence on the way new placements were experienced.

The use of both concepts – attachment and dynamic response to trauma – is based on a simple premise. In order to function successfully within a social environment, it is largely accepted that a number of processes and systems need to be in place. They help children and adults deal with the constant flow of information with which they are presented. Without an organised way of selecting, processing and assimilating such flow, it would be impossible to cope with life events in a structured and socially accepted manner. In short, we all need to make

sense of the world we are living in and we all need some methods to assimilate and organise life events within our personal representation of the world. Children and young people in public care, as all human beings, use strategies to respond and adapt to their specific environment. These strategies are essentially influenced by children's view of the world and the perception they have of their own social place and role. More specifically, young people are likely to have some views and expectations on the role of substitute carers and on the care system as a whole. These views would have been built on the children's earlier relationships as well as on a number of past experiences, be they positive or traumatic; they would also become influenced by the care system's response to their initial needs and expectations.

Both approaches appear complementary. They can take into account not only children's history until their entry into care, but also what happens during the time they are looked after, which could help to understand changes in strategies and attitudes during the course of potential placement moves. However, the use of such frameworks is only really pertinent if the whole of young people's time in care – or care career – is taken into consideration. Each placement should be analysed in the broader context of children's experience prior to and during their time in care.

A third area was also identified as having potential implications for the way young people adapt to life in care. Children looked after particularly lack social power. Firstly, they are likely to feel powerless following potential abuse and the decision to be taken into public care; secondly, they lack the social support normally provided by birth parents and their social networks and thirdly, they enter an extremely large organisation – the care system – which from a child's point of view, is likely to appear somewhat intimidating because of, amongst other things, the sheer number of unknown adults and professionals involved in their care and the amount and complexity of the procedures in place. The reaction of young people to their lack of social power, their feeling of powerlessness, is another factor likely to influence the way they adapt to life in public care.

The theoretical framework employed for the project is based on a single assertion: placement stability is influenced by the strategies developed by young people in order to adapt to their life in public care. These strategies will be analysed using three main themes which will be presented in this chapter. Firstly, when establishing new relationships, children and young people are likely to be affected by their early attachment patterns. Secondly, most young people looked after have suffered some significant trauma and are therefore likely to have developed defensive mechanisms and adaptive strategies in order to deal with life after the trauma. Thirdly, issues of social power are likely to affect the way children develop and adapt in an environment dominated by adults and professionals, particularly since they are without the protection normally provided by birth parents. Finally, it will be argued that in order to get a better understanding of the processes leading to placement disruption, it is necessary to study each placement in relation to young people's backgrounds and in the context of their whole care career.

## **Attachment theories**

### ***Introduction***

The concepts of attachment, separation and loss have been used as a theoretical framework in relation to children in care for many years. They have influenced social work practice (Howe, 1995) as well as policy. The importance of building a secure attachment has been formally acknowledged by the government. The first objective of Quality Protects was: 'To ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood' (Department of Health, 1999b, p.10). There is a renewed awareness of the need to better understand and to take into account issues of attachment when working with children who have been victim of abuse and neglect (Howe, 2005) and those placed in public care (Golding et al., 2006). Attachment theories are however still



evolving (Waters and Cummings, 2000) and have implications in a number of fields.

The concept of attachment is essentially based on Bowlby's early observation that: 'Complete (maternal) deprivation [...] may entirely cripple the capacity to make relationships with other people' (Bowlby, 1953, p.14). The quality of early relationships influences the development of personality and emotional make up. According to Bowlby (1988), personality is partly based on patterns of attachment. These in turn establish patterns of communication that resist change. Children apply previously experienced patterns of attachment and communication to new relationships. Two broad categories of attachment have been initially identified and describe children who are either securely or insecurely attached to their primary carer, usually their mother. Through the use of the 'Strange Situation' procedure, Mary Ainsworth developed a more subtle system to classify different relationships (Ainsworth et al. 1978) and additional patterns have been identified thereafter (Howe, 1995&2005). Young people who have experienced literal or figurative abandonment and have developed an insecure attachment are less likely to establish relaxed and friendly relationships than securely attached children.

By learning to understand their primary carer, children develop 'internal working models' of relationships (Bowlby, 1969) which in turn help them to understand how they are perceived by others and also how to make sense of their relationships with others. For this process to be successful the primary carer not only needs to be relatively predictable and responsive to the needs of the child but he or she also needs to be influenced by the child. Internal working models are gradually used to organize social experiences, to make sense of relationships. New experiences are unconsciously assimilated into existing models in an organized manner. The use of internal models can lead to some distortion of the way reality is perceived in order to make it fit with the expectations and maintain a sense of order and stability.

Although attachment to the primary carer is normally considered the strongest, children can carry on developing new attachment patterns with other people as they get older (Holmes, 1993; Lanyado, 2003). Children can also become attached simultaneously to other significant people in their lives. Such attachment can follow different patterns. A child could for instance be insecurely attached to his/her mother and securely attached to his/her grand mother. Attachment patterns can usually be organized hierarchically in order of influence. This indicates that children can become attached to a greater or lesser intensity to successive carers. However, there is a substantial evidence suggesting that the strength of the template formed by the earliest experiences of attachment can determine or influence all future types of attachments (Holmes, 1993).

According to Crittenden (1994, in Hodges 2003, p.353), if children routinely experience abuse, these abusive experiences may become a part of their 'unscrutinized, taken-for-granted understanding of the nature of relationships'. In other words, the abusive relationship can become normalized. The painful experiences and the defensive strategies developed by children to cope with them can become fully integrated to their internal working model and affect their own self-perception as well as their understanding of others and of their relationships. The influence of early abusive relationship can therefore affect children's perception of new relationships. As they expect an abusive pattern to develop, children can mistakenly perceive the caring attention received from substitute carers and view it as a sign of further abuse or cruelty (Hopkins, 2000). The experience of neglect and abuse followed by abandonment from the primary carer can prevent children from initiating or allowing new relationships to develop: allowing someone to get close to them can become associated with the idea of danger and they might not dare to 'try again' (Lanyado, 2001). This situation can explain why children's relationships with foster carers can become affected by their fear of getting too close to them (Lanyado, 2003).

Children victim of abuse and neglect often build insecure and disorganised attachment patterns. Their behaviour seems disorganised, but in fact, it represents an attempt to resolve a major internal conflict between the need for their parents' love and attention and the expectation of being rejected (Brandon, 1996). According to Penzerro and Lein (1995), young victims of abuse have internalised a view of the world as a hostile and rejecting place. 'The evolution of coping skills is influenced by attachment history. Maltreated children may develop avoidant attachments to cope with a hostile environment' (p.354). Their anti-social behaviour has the effect of alienating others, and reinforcing their worldview.

Hodges and her colleagues (Hodges et al., 2003) carried out an assessment of the changes in the internal working models of a group of children who had been previously maltreated and who had become adopted at a late stage. After one year, it appeared that aspects of new and more positive representations had developed but there was little transformation of the already established representations. The authors established that on the whole, positive adult characteristics increased, but negative ones did not significantly decrease. Three potential explanations were advanced. The first possibility is that some parents were inconsistent in their abuse or maltreatment and they sometimes responded appropriately to the needs and the wishes of their child. In such cases, children would perceive adults as unpredictable and they would expect any caring adult to become abusive at some stage. A second explanation is that, because their existing internal working models predict rejection and maltreatment when they actually need help and support, children would not give substitute carers the opportunity to respond to their needs: they would avoid showing signs of need or distress to avoid potential rejection. As a result, a more appropriate relationship cannot be established and the internal working model does not change significantly. The third possibility is that since children's internal working models affect their perception of current experiences, the new parents' behaviour will be perceived at times as repeating past experiences with abusing or rejecting

attachment figures and therefore confirming and strengthening the children's existing models.

These findings indicate that recovering from trauma and neglect is a lengthy process. In many cases, it is likely to be a life long process (Howe, 1995). Early attachment patterns can affect the way children perceive new relationships but they can also make it incredibly difficult for substitute carers to provide them with the opportunity to develop new relationships and transform their existing inner working models. To a certain extent, children's internal working models perpetuate and normalise the perception that they are in an abusive situation.

### ***Implications for children looked after***

Children and young people looked after are particularly likely to be affected by attachment related issues on three accounts. Firstly, their early childhood experiences are unlikely to have been conducive to developing secure attachment; secondly, by the very nature of their presence in public care, they have experienced some form of separation and loss; thirdly, they often have to develop new relationships with a large number of substitute carers whilst already being ill-equipped to do so.

The early childhood experiences of looked after children can be negatively influenced by a number of serious issues. Insecure attachment is more likely to occur amongst children whose parents suffer from long-term chronic stress. This is more likely to happen if they experience financial hardship, low quality housing, poor marital relationships or live in a problem neighbourhood (Howe, 1995). Since children looked after are also particularly likely to have a socially disadvantaged background (Bebbington and Miles, 1989; Borland et al., 1998), their parents are also more likely to suffer from long-term chronic stress. Young people also increasingly come into care as a result of abuse and neglect (Utting, 1991) and are therefore increasingly likely to have developed insecure attachment patterns. Farmer and Pollock (1998) noted that in a sample of 89 children looked after who

had been sexually abused or suspected to have been abused, abuse was the reason for being admitted into care in not even one out of five cases. This indicates that many young victims of sexual abuse may be left undetected within the care system and lack the therapeutic input and general level of care and understanding that they require. In other words, difficult behaviour could be perceived by substitute carers as purely deviant and seen as a reason leading to the child being in care, rather than a result of poor parenting and abuse.

All young people looked after have been separated from their birth parents at some stage. In most cases, some form of attachment will have been formed and regardless of the nature of this attachment, separation from the primary carer is likely to be experienced as distressing and anxiety-provoking (Howe, Brandon, Hinings, & Schofield, 1999). The need to receive comfort from an attachment figure is particularly important at times of distress and the absence of such a figure makes it particularly difficult for children to adapt to a new environment and to new carers. Furthermore, children who enter public care following inappropriate, poor or inconsistent parenting are also those least equipped to deal with new (strange) situations. Effectively, they lack the inner confidence that would allow them to make sense of their new experiences and of the world as a whole. In consequence, they are unlikely to take control in a constructive way, but rather to respond to new situations in socially unexpected manners. Finally, in cases of parents' death or total separation, children in care do not receive the support of a well-established attachment figure that could help during a mourning process which becomes particularly difficult to deal with.

An accumulation of further losses and changes often occurs within the care system and perturbs the process even further (Lanyado, 2003).

In order to deal appropriately with their current situation, children need to form secure attachment relationships with their new carers. This should help children build internal working models allowing them to get a better understanding of the reasons and circumstances leading to their entry into care. Although this may be

relatively straightforward for the small group of children who have experienced reasonably good parenting and who are placed in early infancy, this becomes increasingly difficult for children placed after the age of six months especially if they have experienced poor or disrupted care (Neil et al, 2003). The process is further hindered by the fact that children often change placements at an early age and for administrative reasons (See Chapter 2). Fanshel, Finch and Grundy (1990) note that the large number of dislocations in living arrangements experienced by children in care makes them appear even more at risk than most of the children described in the parent-child depravation literature. 'Such children not only have experienced separation from their natural parents but also have been exposed to the break-up of living arrangements with its associated trauma repeatedly' (p.39). Each new placement in substitute care brings further loss for children to deal with. The loss of previous carers, friends, siblings and familiar surroundings each affect the sense of security in the relationship with the new carers. Children can develop defensive strategies that also create some barriers for the adaptation to life in new substitute families.

Lanyado (2001, 2002) uses the concept of 'multiple traumatic loss' to describe the experience of some children looked after. Carers and professionals can lose sight of children's experience of loss and trauma because of their disturbed and disturbing behaviour. Their initial loss therefore becomes unrecognised. In addition, the losses they have suffered are particularly traumatic and children have to deal with them with very little support. The trauma suffered can be increased because of the lack of support. Finally, after their entry into care, children often suffer a repetition of these traumatic losses without getting the opportunity to recover from them. Lanyado concludes that if it might be relatively easy to maintain an empathic response to young children displaying aggressive and hostile behaviour, such is not the case with older children, particularly as they become physically larger and therefore, more dangerous. The understanding that difficult - and sometimes frightening - adolescents are suffering from 'multiple traumatic loss' should help

carers and professionals be more aware of the children's disturbing background and their victim status.

On the whole, children looked after are likely to have developed their internal working models of attachment in situations of neglect or abuse. The effects of these models are carried into new placements and influence the way relationships are built with substitute carers. This is likely to provoke placement disruption and therefore confirm young people's view of the world as a hostile environment and reinforce their internal working models.

### ***Attachment theories and social work research***

Despite the apparent relevance of attachment theories to placement stability, their influence has been questioned and somewhat put into perspective (Barth et al. 2005). On the whole, there is little evidence of systematic use of the concept in research on placement stability. In their review of the research literature on foster care, Wilson and colleagues (2004) for instance found no comparative evidence on the effects of attachment on being fostered as opposed to remaining in birth family. If an increasing body of work has been published in recent years with regard to the role of attachment in placement disruption, there is a particular emphasis on family placements and more particularly on adoption (Rushton et al. 1995; Hodges et al., 2003; Rushton et al. 2003). Berridge and Cleaver considered attachment issues in the context of foster care but noted that 'in terms of the impact on future placement stability, the adverse effects of early separation are not necessarily irreversible and children are not somehow predisposed to placement failure' (1987, p.71).

Considering the complexity and the diversity of the attachment process, it is not surprising that a correlation was not established between placement stability and early separation. Early separation is only a very broad indicator of attachment and a number of other variables need to be analysed in order to obtain any evaluation of the type and level of attachment developed not only at the time of entry into care but also whilst looked after.

More recently, Sinclair and his colleagues (2005) measured children's attachment status in their large scale study of long term-fostering. They used two sets of scales they found directly related to the concepts of childlike attachment and compulsive self-reliance as described by Bowlby (1979): one measured 'stoicism' and the other 'childlike attachment'. However, the authors themselves questioned the validity of their childlike attachment measure: the scale employed has not been validated against other measures of the same concept and the results are strongly correlated with the Goodman scores obtained in the same study. Goodman's Strengths and Difficulties Questionnaire is a behavioural screening tool and is not designed to measure attachment. The correlation between both sets of results indicates that the chosen childlike attachment measure might simply provide a measure of general disturbance. Despite the stated reservations, Sinclair and his colleagues found that attachment issues played an important role in the relationships between children and carers and they reported that attachment issues were a leitmotiv of their case studies.

Measuring or assessing attachment styles is a complex process which does not appear to lend itself easily to vast statistical analysis outside a clinical context. The difficulties in measuring attachment are increased by the fact that although individuals can be classed according to their main or initial type of attachment, their behaviour can also change according to the situations they are facing and to the people they are with at a given time. Furthermore, different attachment styles can bring internal conflict to children who have to manage competing inner models (Bowlby, 1980) thus confusing the matter and making detection and identification particularly difficult. Meltzer et al. (2004) chose not to include attachment disorders in the main part of their report on the mental health of looked after children despite their acknowledgment that this population is thought to be at much greater risk than other children. They chose not to do so not only because they lacked the appropriate information from their comparison group, but also because of the uncertainties about the most appropriate definition of attachment disorder. According to the authors, generating a single prevalence rate would be misleading.



They reported that, using a standard definition, around 2.5% of looked after children had an attachment disorder, but this rate rose to around 20% using a broader definition.

An over simplification of the concept can simply lead to the fading of its perceived effects, which is not to say that such effects do not play a key role. On the whole, the difficulties in obtaining a true representation of attachment should not detract from the fact that this is a concept likely to be essential in the understanding of placement disruption. It is not surprising that the role of attachment is studied more specifically by psychologists in the context of mental health. This work is often focused on interventions aiming at restructuring attachment patterns developed before the current placement (Howe and Fearnley, 1999, 2003). Lanyado (2001, 2002 & 2003) provides useful clinical studies illustrating the processes and difficulties involved in developing new relationships and creating new attachments in family placements.

On the whole it is difficult to dispute the likely influence of early attachment patterns on the development of relationships with new carers. Attachment theories could provide a useful framework for analysing the way young people adapt to life in substitute care as a whole rather than to one type of placement at a time. This should include the way new relationships are affected by young people's inner working models, but it should also take into consideration the way young people perceive those relationships and incorporate their implications to their inner working models: attachment patterns can be considered both as factor and outcome of disruption.

### **Dynamic response to trauma**

The majority of young people enter care after having experienced some sort of trauma. In most cases this can be a result of abuse, neglect, the loss of a parent, a breakdown in the relationship between parent and child or a family crisis. All

children suffer an additional trauma when they are separated from their families. According to Fahlberg (1994), it is estimated that between 60-70% of children in the care system in the USA have been victims of sexual abuse by the time they leave the system. In a sample of 102 young people facing social exclusion, of whom most had been in public care, Monaghan and Broad (2003) found that 82 of them had been victims of violence, intimidation or emotional or sexual abuse at some time in their lives. Not only do young people come into care increasingly as a direct result of abuse and neglect (Utting, 1991; Department for Education and Skills, 2005a), but also for a large proportion of them their experience of abuse may remain unknown (Farmer and Pollock, 1998). Both the initial trauma and the separation following entry into care are likely to create severe difficulties for young people, as they need to adapt to a new environment and in many cases, a new lifestyle. 'Adjustment to foster care is blocked by the child's traumatic experience of psychological abandonment. If this trauma persists, the placement is likely to be unstable' (Palmer, 1990, p.228). In order to reduce the effects of such trauma, young people are likely to be engaged in an adaptive process and to be using some defence strategies to avoid a repetition of previous negative experiences.

At the opening stage of their research project on an independent fostering programme (The Casey Family Program), Fanshel, Finch and Grundy (1990) ascertained one of the central hypotheses underlying their study: the occurrence of significant and often traumatic events as well as the children's adaptation to such events are likely to influence the way new placements will be experienced. Some continuity of the life course could be expected so that children who experienced greater deprivation, physical abuse, neglect, and instability of living arrangements would present a greater challenge to their foster carers. As a result of this premise, the authors also expressed the definite need to determine the important aspects of the life experience of children before they joined the Casey Program as well as their adjustments within the project and afterwards. The authors pointed out that: 'There is little precedent for this kind of "tracking" of the child's living experiences in the research literature about foster care. The placement histories of children are

rarely taken into account in looking at outcomes of subsequent agency efforts.'(p.11). Following a thorough factor analysis, Fanshel and his colleagues found a link between stability in placement and early physical abuse and rejection both before and whilst being looked after.

Sexual abuse is one of the most disturbing forms of maltreatment, and defence mechanisms associated with its occurrence are very well documented (Steele and Alexander, 1981; Summit, 1983; Browne and Finkelhor, 1986; Conte and Scuerman, 1988; Kenward and Hevey, 1989; Macaskill, 1991; Lee, 1995). Sexual abuse affects character development (Summit, 1983) and 'alters a child's cognitive or emotional orientation to the world and causes trauma by distorting the child's self-concept, worldview or affective capacities' (Finkelhor, 1988, p.68). According to Conte and Scuerman: 'Something may be altered by the abuse experience that subsequently results in an inability or difficulty in maintaining healthy relationships' (1988, p.39). Victims can employ a number of strategies - consciously or not - in order to make sense of what happened to them. Anti-social behaviour, isolation, self-harm, substance misuse, self-blame, dissociation, control of emotions, and violent behaviour are all survival tools, used in different combinations by victims of abuse. Unless they are recognised as such by carers and social workers, they are likely to lead to further rejection and damaged personality. This kind of situation can deteriorate even further according to the type of accommodation provided: 'It is generally accepted that young people in such [large residential] institutions suffer considerably more stigma than their fostered counterparts. This can lead children, who may already be blaming themselves for abuse and for being there at all, to see themselves as different at best and second-class at worst' (Wilson, 1997, p.146).

Furthermore, the fact that most cases of sexual abuse are undetected (Finkelhor, 1986; Farmer and Pollock, 1998) and that young people often try to hide their abuse history (Newman, 1989) make it particularly difficult for social workers and carers to understand the behaviour commonly displayed by victims. Summit

(1988) notes that 'the effects of undetected abuse far outweigh the immediate trauma observed in Child Victims' (, p.39).

Although it does not characterise all the victims of abuse and neglect (Finkelhor, 1988; Friedrich, 1995), the concept of Post Traumatic Stress Disorder (PTSD) can be used to explain some of the effects of victimisation and some of the difficulties encountered by young people having to make new relationships and settle in a new environment (Lee, 1995). To function effectively from a social point of view, we all need to form a 'theory of reality'. These theories allow us to structure our experiences of the world and to bring order into what otherwise would be a chaotic environment. We need these theories to make sense of the world (Epstein, 1980). Some trauma can alter or destroy those theories and leave victims without the tools necessary to deal with daily life, therefore influencing greatly their ways of coping. Theories of reality are based on a number of basic assumptions such as the belief in personal invulnerability, the perception of the world as meaningful or perception of oneself as positive. PTSD following victimisation is due to the shattering of some of these basic assumptions. Victims need to re-establish 'a conceptual system that will allow [them] to once again function effectively' (Janoff-Bulman, 1985, p22). They need to integrate the traumatic events to their belief system in order to once again be able to make sense of their environment. Amongst many others, self-blame is one of the strategies often used by young victims. Janoff-Bulman (1985) describes a behavioural type of self-blame (considered as an adaptive response) and a characterological self blame (maladaptive response). Young people's different choices of strategies influence the way in which they react to the care received. A young victim using self-blame in a maladaptive way 'is unlikely to develop a quick, positive relationship with therapists, residential workers, foster parents or other adult. He will expect rejection and sometimes provoke adults to fulfil his fear' (Jones, 1987, pp.262).

David Finkelhor provides a conceptual framework to explain specifically the effects of sexual abuse (Finkelhor and Browne, 1986; Finkelhor, 1988). The model

includes four traumagenic dynamic states which help understand the psychological impact abuse can have on victims and what kind of behavioural manifestations can be expected. Traumatic sexualisation (i) can lead to sexual inhibition, fears of intimacy, sexual precocity, promiscuity and prostitution. A sense of betrayal (ii) causes vulnerability to later sexual abuse and exploitation, social withdrawal, a persistent suspicion of others, fear of intimacy, aggressive behaviour and delinquency. Stigmatisation (iii) can lead to social withdrawal, feelings of guilt, shame, alcohol and substance misuse, self-harm and suicide. Powerlessness (iv) can cause somatic complaints, depression, dissociation, avoidance (e.g. running away and school truancy) aggressive behaviour and delinquency.

Although Finkelhor's model was essentially designed as an alternative to the PTSD model, both share common ground and to a certain extent, they complement each other. In both cases, victims become engaged in a dynamic response to the abuse or other trauma they have suffered from. The traumagenic dynamics model concentrates particularly on the victim's attitudes to herself/himself and to others whilst the PTSD model focuses on the wider symptoms of the traumatic state. Both models could be used in conjunction to analyse behaviour displayed by looked after children. They could help relate patterns of behaviour to children's history before entering care. Changes in behaviours can also be attributed to alterations in children's dynamic responses. Such alteration can be explained by the influence of the care experience, therapeutic input or changes in family dynamics.

### **Powerlessness \_**

The association between lack of social power and sexual abuse is well established. Powerlessness is one of the four traumagenic dynamics of sexual abuse described by Finkelhor (See previous section) and its consequences are wide-ranging. Some of the effects associated with that dimension are an impairment of the victim's coping skills, which can lead to depression and difficulties in facing problems but it can also cause compensatory reactions, particularly amongst male victims

(Finkelhor and Browne, 1986). In their research about sexually abused and abusing children in substitute care, Farmer and Pollock found that most of the young people in the 'sexually abused' sample felt that many events in their lives were outside their control (1998). Feelings of powerlessness can also be internalised if disclosure is not appropriately supported, leading to a lack of trust and avoidance of relationships (Wyatt and Mickey, 1988). The effects of the lack of power can be compounded in the public care experience. On the whole, victims of abuse are likely to be more sensitive to the lack of power and the care experience can contribute to increasing their difficulties in this area. 'The survivor often feels unsafe in any situation in which she believes she does not have power and control' (Lee, 1995, p39). For victims, not being in control presents a risk. It is therefore common for them to try to gain control at all costs.

The experience of abuse is not the only factor leading to powerlessness. Several other variables are particularly relevant to children and young people in public care. Firstly, children have less social power than adults; secondly, when they are in public care, they lack the support normally provided by parents, extended family and their social network; and thirdly, and probably more importantly, they are placed in largely institutionalised settings where lack of power is very likely to be felt.

The care system as a whole is not usually considered to be empowering for young people. This is particularly true of the residential sector, where young people have to cope with the different expectations from staff, the ever changing rules, the overpowering presence of staff that can take away from them home visits, cigarettes and activities, the lack of privacy, the fact that their life is put on file for all staff to read and the lack of communication and information. All those issues, combined with a general lack of involvement in decisions concerning themselves, contribute to the fact that children generally perceive the structure of residential care as an arbitrary authority (Page and Clark, 1977; Fisher et al., 1986). However, the lack of social power is not limited to young people placed in residential care.

Wilson describes Social Services Departments as 'an institution with the most oppressive power over children, the least motivation in practice to make a cultural shift, the most power as gate-keepers to prevent intrusive outside intervention, and the most adept at translating intrinsic inertia into the acceptable language of evolution' (1997, p147). Wilson goes even further, by qualifying children as 'an oppressed group by the virtue of being children. Children who are residentially placed are "protected", isolated, ill-informed, and mostly not listened to. Children who are from a different ethnic background, or have a disability or a learning difficulty, suffer multiple oppression. As the tariff rises, so the ability lessens to get help from largely tokenistic advocate services' (p.152). According to Buchanan (1997), helping young people to form relationships and contacts is a way of empowering them. However, she points out that because of the mobility experienced within the care system, children find it difficult to make and keep friends. There is also some indication that young people, under pressure from social workers, often feel powerless to refuse a placement even though they are aware of their rights to influence this choice (Butler and Charles, 1999).

The implementation of the Children Act 1989 has influenced many aspects of life in care and particularly the way in which young people are more involved and informed about the way decisions are made. However, questions have been raised with regard to the extent of the involvement. Nicky Scutt (1997) notes that following the implementation of the Children Act 1998, there has been an increase in the number of parents attending child protection conferences, but there has been no marked increase in the number of children being involved. Scutt insists particularly on the importance of empowering young people who have been abused, by preparing and supporting them before and during case conferences. If in practice, there is a very clear trend towards asking children to give their opinion and to be involved in decision making, some research projects reflect the tokenistic approach taken during many review meetings, in which children seem to be told rather than asked. Although children are increasingly given the possibility to express their

wishes or to raise some questions, they are not always able to seize the opportunity to do so. 'Many young people are at a disadvantage in the decision making process because they have not had the experience or the opportunity to develop the necessary skills to participate' (Buchanan, 1997, p132). It appears that the settings and formats of various meetings and decision fora are not adapted to most young people's level of social development.

Buchanan (1997) relates some of young people's comments collected during the Dolphin Project (research about the impact of the Children Act). The young people interviewed specifically expressed the difficulties of talking about their own families in front of them, for example, but also of the risk to upset their key worker by saying everything they really wanted to. '[...] many young people who took part in the project were not able to participate in their reviews, and consequently felt it was a waste of time attending. They also felt intimidated by large meetings. Sometimes they would have preferred not to have certain people there but felt unable to say so. They felt things were better where they had a quiet discussion before their review with their social worker/key worker and where planning meetings and reviews were held at times convenient to families and the young person' (pp127-128). Family contact was given as a specific example of discrepancies between the views expressed by young people and the decisions eventually taken: 'most young people knew whether or not they wanted contact with their family, and wanted their view respected, even if this might involve an element of risk to them. When their views were not respected, they sometimes found other means of achieving what they wanted' (p129). On the whole, the Dolphin Project emphasised the lack of effective involvement of young people in making choices in their own life and also indicated that this was a factor leading to powerlessness. The lack of active participation from young people has also been noted in the Children Act Report, 1995-1999: 'children have too often been marginalised, or completely excluded, where key decisions are being made about their future' (Department of Health, 2000, p.7).



Cloke and Davies (1997) highlighted the 'complex relationship between empowerment and participation, and the self-defeating process of going through the motions of participation without empowering people to participate effectively' (p.XXI). Involving children in decision-making processes is not sufficient if they are not able to express themselves freely and effectively and there is a risk that the process may become more important than the actual outcomes for children (Wilson, 1997). Cloke and Davies noted that 'young people who are looked after become expert at saying what they are expected to say, and are highly selective with whom they share their innermost feelings' (p.XX). According to the authors 'the challenge remains for policy-makers and professionals to make participation a reality for all children and young people so that they are empowered to make contributions to the decisions that affect them. This requires more than a tokenistic approach of involving children in a decision-making process as a one-off without any follow-up. Commitment to an on-going process is required' (p.XXII). McLeod (2007) argued that much of the apparent difficulties in relations between social workers and looked after children can be explained in terms of power plays, where young people are seen as resisting the adult's agenda and trying to impose their own.

It is apparent that the situation with regard to empowerment and participation is likely to create difficulties for young people in public care. Those who are already particularly sensitive to powerlessness may be affected even further and develop a number of behavioural manifestations such as those described by Finkelhor in his traumagenic dynamics model. They are also likely to become disengaged with their carers and with the care system as a whole. For some young people, running away or provoking a placement disruption can be seen as an act of power, a way of gaining or reclaiming some control over their destiny.

### **Care career**

So far, it has been advanced that young people are likely to be engaged in dynamic states which influence the way they adapt to life in substitute care. If this is the case, some factors related to young people themselves and to their backgrounds should have some consistent influence on successive placements and some patterns of behaviour should become apparent.

The fact that contextual factors have been found to produce more placement disruption than child related factors might be the result of the choice of methodology employed. When studying stability in one type of placement at a time, there is a risk that the population selected could have similar needs since they would be in a similar situation. Young people in short-term foster placements for instance are in a temporary situation, with a certain amount of uncertainty, whilst those placed with the aim of permanency are likely to face different issues such as developing permanent relationships with new carers. As a result, contextual variables (e.g. the way carers are able to deal with young people's needs and fulfil their needs) are likely to be perceived as more significant than the characteristics of the children themselves. In order to reduce the emphasis placed on placement related factors, it appears essential to analyse young people's behaviour throughout their time in care rather than at specific points of their care experience. A care career is defined here by the total amount of time each young person has spent in public care.

Employing a care career approach implies that some continuity is expected in the way each young person adapts to consecutive placements. This is not to say that children should behave in the same manner throughout their care career. In the model developed here, young people's attitude to each placement and to the care system as a whole is built on their personal experience before they were looked after but also during their time in care. Changes in their dynamic states are expected to cause changes in young people's behaviour and these, in conjunction with the carers' response, partially dictate the outcome of each placement.

Regardless of the validity of the whole model, this approach also allows the collection of information not available to studies limited to definite periods in young people's time in care. It can help identify changes in behaviour or in attitude as young people move to different placements; it can also relate these changes to either or both personal and/or contextual factors. It could help identify if the mobility associated with a particular age group is also related to a particular stage of their care career. The outcomes and consequences of each placement can be reviewed in the light of subsequent placements and conversely, information about early episodes could help understand incidents or behaviours occurring at a later stage.

The overall aim of this approach is to ascertain the extent to which factors leading to young people experiencing multiple placement endings can be attributed to their own history and characteristics or to contextual issues.

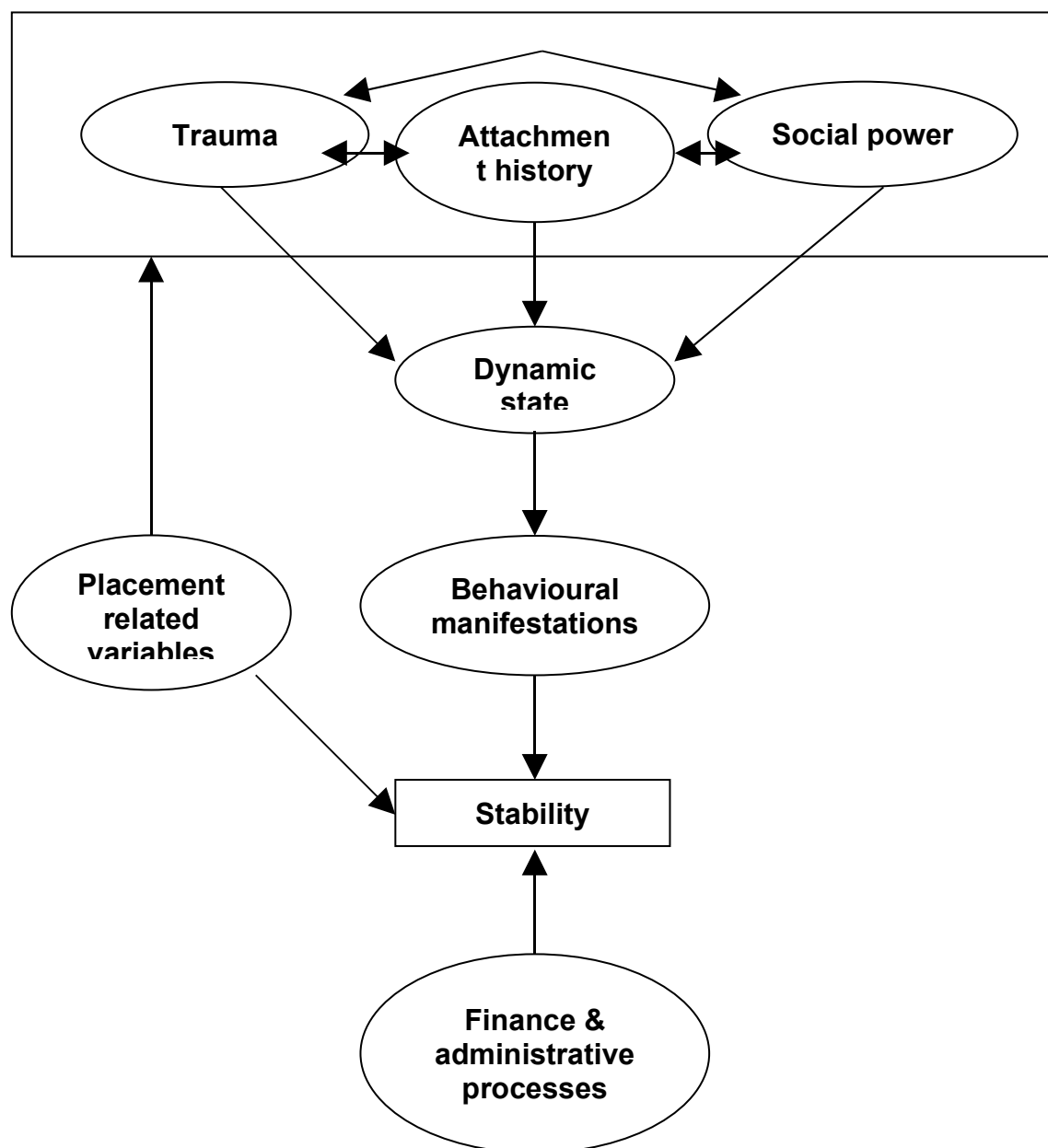
### **Dynamic state model**

The theoretical framework for the project has been designed to take into account a wide range of variables and allow the inclusion of effects that could occur at any stage of young people's life before and during their care career. Figure 2.1 provides a schematic representation of the model. The factors leading to placement ending have been grouped into three broad sets: (i) Financial and administrative processes can cause the end of placement regardless of the needs or the situation of a child. This could be the case if a local authority closed a children's home or if a child was moved to a different placement in order to accommodate the arrival of another child or as part of a cost cutting strategy. (ii) Placement related factors consist of all variables directly related to the type of provision made available to the child. This include for instance, the age and level of experience of a foster carer, their ethnic background, the number of other children present in the placement or the staff to child ratio in a children's home. (iii) Child-

related factors encompass all the variables directly related to a child's characteristics or to his life experience.

The model is specific in the way that it aims at providing a child-centred approach to the issue. Most variables are seen to influence children's dynamic state, which in turn affects their behaviour. Behaviour is seen here in its widest sense and encompasses its social and symptomatic manifestations. This approach may seem to place a disproportionate level of responsibility on young people themselves. This is not its purpose and two important issues need to be addressed. Firstly, the model is open to variables totally unrelated to young people. Secondly, the behaviour of young people is effectively given a centre position. However, this does not imply that young people are responsible or should be either blamed or lauded for the apparent failure or success of a placement. Instead, the behaviour displayed is seen as a symptom of their needs. Consequently, the outcome of each placement should be viewed as a representation of the adequacy between the service provided and the needs of the child. By concentrating on young people's behaviour, it is hoped that variations in the care provided could be controlled and that the role of children's own characteristics and history can come to the fore.

Figure 2.1: Schematic representation of the dynamic state model



Three variables are expected to influence primarily young people's dynamic state: their attachment history, their experience of trauma and the level of social power available to them. The dynamic state is the system developed by each young person to make sense of his or her environment and respond to it. As young people enter the care system, additional variables will also influence their view of the world and the perception they have of their own position within it. This in turn will alter or confirm the strategies and defence mechanisms already established.

Placement related variables could therefore affect young people at different points. Each placement provides new information and experience that have the potential to influence young people's dynamic state and their ensuing behaviour. Placement related factors could also have a direct influence on the stability of current but also future placements. For instance, if a foster carer felt unable or not sufficiently experienced to deal with a child's sexualised behaviour, a placement may be ended earlier than anticipated. In turn, this may affect the dynamic state of the child by creating feelings such as guilt or anger, which will be expressed in the behaviour displayed in the following placement.

At this stage, the model is clearly conceptual and it has purposefully been kept as simple as possible in order to accommodate potential research findings. It constitutes a tool that could help in describing and analysing the development of young people during their time in care whilst taking into account the service – in its widest sense – provided by local authorities. Research findings may support its validity and help adjust the model by bringing certain areas to prominence or otherwise. It will therefore be interesting to revisit the model after data collection and analysis.

## **Conclusion**

As indicated in the introduction to this chapter, the absence of a strong theoretical framework is likely to have influenced the way research has been conducted in the

field of placement stability over the years. It has been argued that the choice of methodology employed in a number of earlier studies has partially dictated their outcome. Investigating young people's experience of individual placements is likely to result in an over representation of circumstantial factors such as the types of placements available, the foster carers' age and experience or the level of therapeutic support available, to the detriment of child related factors. If those projects have undoubtedly helped raise the level of awareness of the situation and of the potential consequences of multiple placement endings, they have not provided a real understanding of the processes leading to placement instability. An emphasis has been placed on the social system's response to young people's immediate needs rather than on the long-term emotional and psychological development of young people.

An essential aspect of the project is that it concentrates on investigating young people's stability throughout their time in care – their care career – rather than on evaluating the stability of individual placements. Each placement, and therefore each placement ending, is considered like a staging post in young people's journey through care. This journey is seen both as a process of adaptation to life in substitute care and life after trauma.

The present approach is not negating in any way the importance of circumstantial factors: this would in effect reflect a very pessimistic vision of social work. It would imply that little can be done to palliate the negative experiences of young people and help them overcome the difficulties that have been placed in their way. There is clearly a need to understand both broad sets of factors. However, it seems paramount to place children's needs and experience at the centre of the debate to better understand how such needs can be met. The view is taken here that circumstantial factors can either help or hinder young people in the way they deal with life in substitute care and more generally, life after trauma. The degree of stability and well being experienced by children during their time in substitute care could be seen as a reflection of the successful nature of their own strategies and

defence mechanisms but it could also be a reflection of the care system's capacity to ensure that these strategies are acknowledged, understood and that the children's needs are successfully met.



## Chapter 4: Research design

The project was essentially built on the premise that most children looked after have experienced highly disrupted early years: instable family life, neglect, rejection, abandonment as well as sexual, emotional and physical abuse are all likely to deeply affect children and young people in the way they relate to subsequent carers. In order to get a better understanding of how and why some young people experience multiple care placements, it appears necessary to identify the main factors affecting their early life experience and relationship with their parents (or parental figures) and to analyse how those factors relate to eventual placement instability in substitute care. As a result of this simple premise, the design of the research had to address two main issues: on one hand, it was necessary to obtain information about the life experiences of a sample of young people who have been in public care; on the other hand, it was essential to protect the young people from the potential negative effects of taking part in a research project that would investigate some of the most confidential and sensitive aspects of their lives.

### **Information availability**

There are essentially four ways to collect information about looked after children. First of all, young people who are or have been in public care can be approached directly or indirectly and provide their own account of their experience. Secondly, professionals such as social workers, residential workers or foster carers can give their own view on young people's experience. Where appropriate, parents or other significant relatives or friends can also provide useful data. Thirdly, social services write, compile and hold written records containing compulsory as well as other information under a variety of formats. Finally, the data collected routinely by local authorities and by the government contribute to giving a very general picture of the looked after population as a whole.

Direct contact with young people was the only approach that would provide first hand information. However, a number of practical and ethical issues immediately

emerged. In order to collect information encompassing young people's lives before and whilst in public care, some form of longitudinal study would have to be designed. The scale of the study ruled out any real time longitudinal approach: this would have required following young people for up to 16 years. The selection of participants would have been another difficulty associated with a real time study: there is no way to ascertain on entry how long young people are going to stay in public care and it is likely that a large sample would have to be selected in order to make up for the level of attrition likely to occur. Finally, the information on children's life prior to being looked after would have to be collected retrospectively, unless a very large sample of children in need or seen as likely to become looked after was initially selected. Rather than employing a real time approach, another option could have been to approach young people who had recently left care and to record their recollection of personal experience prior, during and after leaving care. This could have been complemented with information collected amongst the participants' social workers and carers as well as with an analysis of the relevant case files. Although this triangulated design had the potential to produce quality data, the ethical issues encountered and the lack of support available to counteract them, dictated the use of a somewhat simpler research design.

Social research has the potential of affecting deeply those who take part and researchers have a clear duty of evaluating the risks associated with their work. The participants should benefit directly or/and indirectly from taking part and the risks associated with the project must be minimised (Sieber J.E, 1992 &1993). In the context of the project the balance between risk and potential benefits for participants appeared weighted against the use of direct contact with young people. Fratter (1996) notes that researchers should be careful not to open up painful or distressing areas. This is especially true if the contact is limited to one-off incidences, in which case, follow up support needs to be made available to the child. The issues that need addressing in the context of placement stability are extremely sensitive. These include sexual, physical and emotional abuse, abandonment, loss and separation, relationship breakdown as well as feelings of

rejection. Taking part in interviews or group discussions could cause distress and prompt reactions from young people that would necessitate psychological support. Without such support, it would be inappropriate to undertake direct work with young people. Researchers can present a figure of authority to young people and there is often an element of coercion in requesting them to take part in research projects. Even if the right documentation and explanations are given to prospective participants, it is difficult to ensure that they fully understand the consequences and potential drawbacks of taking part. Young people who feel under pressure to participate are less likely to provide quality data (Hurley and Underwood, 2002). Furthermore, throughout their care career, looked after children are often subjected to interviews for evidential, investigative, therapeutic or other purposes (Williamson and Butler, 1997) and any further interview should only be undertaken if it is strictly necessary, will benefit the young people and the appropriate level of support is in place.

Nevertheless, during the initial development of the project, two independent care leavers associations were approached and asked if they would be able to take part in the study. Working with young people who have recently left care presented two strong advantages: potential participants would be able to provide information on the whole of their care career and there would be no need to obtain parental consent or other authorisation from the placing authority. However, it soon appeared that despite their initial interest, neither of the associations would be able to provide the level of support necessary if young people were to take part in interviews or group discussions. Without being able to secure a strong commitment from the independent sector or from a local authority it became apparent that direct contact with young people was not a realistic option. The use of postal questionnaires was discarded for several reasons. A first issue was similar to that associated with direct contact: in order to have any value, the questionnaires would have to address very sensitive issues, and no support would be available to the potential respondents. A second issue is the bias usually associated with postal

questionnaires: respondents are self-selected and it is very difficult to control how representative the final sample is.

From an ethical point of view, research involving the direct participation of social actors is or should be a two way process (Sieber, 1992, 1993). On one hand, the researchers, their sponsors and the institutions they are working with can all benefit from the information collected. This can take a number of forms such as publications, additional funding or merely prestige. On the other hand, research participants should also benefit directly or indirectly from their involvement. This can be for instance in the shape of financial remuneration, help or support with specific problems or improved self-esteem. Indirect benefit should also be taken into consideration: this would be the case if, as a result of the study, a better understanding of the issue led to changes in practice and increased support to all looked after children. The balance of potential risks and benefits for the participants – and for the researchers – should dictate if a given course of action should be taken or not.

Having established that direct participation contained risks that the project would not be able to alleviate, it was nonetheless useful to ascertain if potential participants could benefit from taking part. It could be argued that providing a forum for young people to express their feelings and describe their personal experiences would be a positive process in itself and that valuing their opinions could lead to improved self-esteem. Discussing some of the issues and difficulties encountered during their time in care may help some participants in coming to term with their past and get a better understanding of the roles played by different social actors during the course of their care career. However, in order to produce that level of achievement, it is likely that input from additional professionals such as counsellors or psychotherapists would be required. In the absence of such support and of any funding that could have been used to provide financial remuneration, it is very unlikely that young people would have benefited directly from their involvement.

The potential for indirect benefits to the target population also has to be questioned due to the small scale of the project.

Clearly, the potential benefits of taking part in a project of such sensitive nature would not compensate for the psychological investment and the risks inherent to it. Due to the very nature of their situation, most young people who have been in public care have experienced a large amount of disruption; all efforts should be made to limit any further disturbance or difficulty placed in their path. Unless strong guarantees can be offered with regard to the availability of professional and financial support, young people looked after and care leavers should not be directly asked to discuss or reflect on their past experience.

Many research projects concerning looked after children make use of questionnaires or interviews with carers or other professionals. Despite the clear potential offered by such methods, these were not suited to the project: the turnover of social workers (Munro, 2001; Harker et al, 2004) and the number of different carers involved in the life of looked after children (Jackson and Sachdev, 2001) imply that it would be very unlikely to find a professional who would be able to provide an accurate description of a child's life before and throughout their time in care. Anecdotally, over the course of the fieldwork, several social workers admitted during informal conversations that they had not been able to read all the information contained in their clients' files. Finally, the type of interviews necessary to discuss the experience of individual children are extremely time consuming and a local authority would have been unlikely to authorise this approach. The rate of vacancy and staff turnover in children services are such that it would be unreasonable to disrupt services even further by taking social workers away from their caseload.

Individual case files held by social services were the third source of information identified. Hill (1997) remarks that some of the most influential research in child welfare has relied exclusively or mainly on data obtained from case records. Using

written individual records presents a number of advantages. The ethical implications of using files rather than direct contact with young people are fairly limited: there are no concerns about direct negative effects or risk of coercion and disruption to services is reduced to a minimum. This has direct consequences for the selection of young people: access to looked after children and young people described as 'difficult' often creates problems for researchers (Monaghan and Broad 2003, Harker et al., 2004). The young people who experience the most difficulties, who are the most mobile within the care system and who are the most detached from social work intervention are also usually those who are the most difficult to approach and engage in research work. As a result, direct consultation is often done without the children who have the most complex needs. Working with case records allows for such cases to be included. The information collected often covers the period prior to young people becoming looked after. The early intervention and the context leading to admission into care are often very well documented. In many cases, social work intervention with the parents is recorded before the birth of the children for which the files are kept. Such information would be extremely difficult to obtain through any other means: since a large part of the information is usually recorded near the time of the events, there is no need to rely on people's memory and there is little risk that events have been retrospectively reconstructed. The introduction of the Looking After Children forms (Parker et al., 1991) has improved the level of standardisation within and across local authorities. Regular occurrence of statutory case reviews and their associated paperwork present regular snapshots of young people's life. Various reports originating from social, education, health and legal services provide complementary information and the regular logs held by social workers help fill the gaps and often give a detailed account of major and minor events. Additional documents such as correspondence, consultation forms from young people, logs held by residential units and foster carers also contribute to the general picture. The variation in the provenance of the information recorded ensures that not one single point of view is represented. This multiplicity of subjective viewpoints is extremely useful when trying to obtain a somewhat plausible account of the facts. In the context of a life

perspective study, cases files also have a specific value: information related to specific events often appears some time after their actual occurrence. In some cases, details about a specific incident or situation may come to the fore months or even years later. Having access to all the information contained in case files allows the chronological reconstruction of life events a posteriori. This is an advantage that real time study does not possess.

A number of issues also need to be taken into consideration when working with case files. Although, they contain information emerging from very different sources, the core of the data is recorded by social workers and this constitutes an obvious bias. Not only do case records provide essentially an adult perspective, but the purpose for which they are kept is also likely to affect their content. Despite the statutory requirements and the Looking After Children forms, information is often missing, forms are not always fully completed and inconsistencies between documents are often evident. Essential information such as children's experience of sexual abuse as victim and/or perpetrator (Farmer & Pollock, 1988) and educational records (Jackson, 1987; Berridge, et al., 1996) is often lacking or incomplete. Information is often poorly organised and recorded in a fragmented way. Piecing it together can be extremely time consuming. Finally, the information included is rarely free from social interpretation. With the exception of a number of key facts (e.g. date of admission into care) most items of information result from personal judgement and evaluation. Not only is a large part of the information recorded a result of observation and interpretation but the choice of the information recorded also reflects a level of interpretation. For instance, a social worker writing a visit report may describe a child as being either happy or sad. Assuming that the child was effectively happy or sad, this may have been the result of the social worker's visit but it could also be an indication of the wider state of mind of the child. The selection of the information recorded following the visit may also reflect the social worker's perception of the child's progress. He or she might choose to write that the child had a school detention during the week but omit to record the certificate received a week earlier for good attendance. On the whole, case files

are all social constructs and the information they contain must be analysed in the light of the context in which the events – in their widest sense – took place, but also in taking into account the perspective chosen by those who kept the record.

The official statistics collected by all local authorities and by the government is the fourth and final source of information initially identified. It has been argued in Chapter 1 that official indicators are not subtle enough to provide an appropriate understanding of individual experiences and that in some cases, their use may even be counter productive. This strand of data can however have a purpose in the context of the study. It can provide some comparison points on which to assess how the selected sample reflects the rest of the population with regard to a number of key characteristics.

On balance, and despite their inherent drawback, individual case files appeared to be the most appropriate source of data for the project. They have the potential to provide a maximum of information whilst creating a minimum of disruption to services and indirectly, to young people. Admittedly, a triangulated approach including direct contact with young people, their families and the relevant professionals as well as work on files would have the potential to provide stronger data than the single approach chosen here. However, some level of triangulation is provided when working on files due to the fact that information originates from a number of different social actors with different perspectives and purposes.

### **Access to case files**

Obtaining access to young people's case files proved to be a longer process than initially anticipated. Letters and information sheets about the project were sent to the respective Directors of Social Services in ten Local Authorities. Two responded positively, three did not respond – despite subsequent follow up letters – and three declined to be involved because their services did not have the capacity to support the project. A further two refusals were made on the ground of principles rather than capacity: whilst one such refusal was difficult to challenge (the reply stated



that the Department had a policy that did not 'permit third party access' to their case files), the other was far more open to discussion. The letter stated that 'individual documents within files, provided by third parties are the "property" of those third parties' and therefore not accessible for a research project. This position does not reflect the Data Protection Act (1998), which clearly states that information can be disclosed for research purposes, without informing subjects or authors. The two essential conditions to such disclosure are:

- (a) that the data are not processed to support measures or decisions with respect to particular individuals, and*
- (b) that the data are not processed in such a way that substantial damage or substantial distress is, or is likely to be caused to any data subject. (Part IV, section 33.)*

Local authorities must also ensure that a number of additional conditions are fulfilled prior to disclosing data for research purposes (Department of Health, 2000 b). It is interesting to note that, whilst one of the participating authorities followed the guidance very closely, the other ignored it completely. Local Authority A requested clarification with regard to the amount and type of information collected and how it would be recorded, kept and analysed; the researcher had to sign and agree to follow the local Guidance on Confidentiality Issues Within Social Services; police checks and personnel references were also requested. In Authority B, a meeting was arranged with the Children's Services Manager and the broad lines of the project were discussed. No further checks were carried out: neither police clearance nor personal references were obtained.

### **Data collection**

Both participating authorities were provided with a number of reassurances regarding the type of data collected and the way it would be recorded and stored. A strong emphasis was placed on preserving total anonymity to the young people, their families and the professionals involved in their care. None of the names featuring in the files would be recorded. Dates of birth and of other key events

would be initially collected but would be converted into appropriate ages or durations as soon as possible. For instance, dates of birth and of entry into care would be used to calculate the age of the child at the point of entry. All dates would be deleted once the initial data analysis would be completed. Instead of the names of localities, the distance between key places would be recorded (e.g. distance between home address and locality of placement). It was clearly established that there would be no attempt to establish direct contact with any of the young people or any of the people mentioned in the case files. It was specified that if any individual case were to be used as a specific example (e.g. in depth case study) all the distinctive features would be altered in a way that would render them totally anonymous.

It was also stipulated that the data collected would not be shown in an untreated form to any third party apart from the project's supervisor at Leicester University. The data collected would be inputted on site on a portable computer and initially stored on a Zip disk before being transferred on a personal computer for analysing. The Zip disk would be kept as a back up. All files would be password protected.

The time scale within which access to case files was obtained also varied enormously. In Local Authority A, files were made available six months after the initial letter to the Director of Social Services was sent. This length of time can be explained by the amount of initial discussions about the project and by the administrative procedures in place. Once personal references and police clearance had been obtained, the local authority insisted on postponing the project for several weeks in order to accommodate an internal review of the department. However, as soon as the fieldwork got underway, files were provided as requested and administrative as well as social work staff appeared very cooperative – within the obvious constraints of their workload - and offered to help by providing additional information about cases to clarify what was recorded on files.

In Local Authority B, a number of delays occurred and it took no less than twenty months before the fieldwork could be undertaken. For a number of months, the

initial request was passed on successively to several middle managers within social services; discussion was therefore initiated several times with different people before the Children's Services Manager was finally asked to handle the issue. After an agreement had eventually been established, a review of services further delayed the research process in a similar way to Local Authority A. Once the final authorization had been obtained and time and venues confirmed, it soon appeared that on one of the two research sites, the staff responsible for providing the case files had not been appropriately informed of the process and it became necessary to engage in local negotiations. One of the social workers present at the time refused to give access to the case files they were responsible for, despite reassurance from their line manager that the process was legitimate and had been sanctioned by a senior manager.

Evidently, clear research guidance and policy were already in place in Local Authority A and this played an important role in speeding up the fieldwork process. The lack of such guidance and policy in Local Authority B not only impeded the research project but also created a risk for service users: the authority undertook none of the security precautions necessary when giving access to such highly confidential information. Accessing cases files in the second authority took considerably longer (14 additional months) than for the first authority despite the absence of police check or personal references.

The files were made available on one single site in Local Authority A and on two sites in Local Authority B. Collecting the data took approximately thirty-five working days. Although both participating Local Authorities had agreed to provide approximately 40 files each, it proved impossible to analyse all the cases in the timeframe available. A respective number of twenty-eight and fifteen files were fully analysed in authority A and B, making a total of 43 individual cases. An additional number of files were discarded after initial inspection because essential information was missing. In most of those instances, one or more folders had not been provided, had been misplaced, or the case had been transferred to a different area;

case files were sometimes split and kept in different localities and therefore not fully accessible. In the cases of several groups of siblings, it appeared that an initial file had been kept with information relating to all brothers and sisters, but individual records had been established at a later date and were kept in different locations, according to young people's changes of circumstances. Some time was therefore spent reading and recording information that was not kept for final analysis. The time spent on each file varied enormously and this was for several reasons. Some of the files were clearly organised and kept up to date whilst others contained a high proportion of redundant information and lacked clarity. Disparities were also evident in terms of additional reports: some files included daily logs from residential units; others presented legal evidence, medical and educational reports; when young people had been placed with independent foster carers, there was often evidence of daily records, the equivalent of which were not provided by local authority carers. Approximately five to six hours were spent on each file.

Although not always very well organised or easily accessible, the amount and quality of data available was surprisingly high. As well as the statutory information and social work records, many files contained additional sources such as notes or letters from parents, siblings, foster carers and young people themselves. This added an unexpected dimension to many files and often helped to get a better understanding of the young people's situations. The openness and the level of honesty evident in many of the social workers' case notes was often surprising and at times even shocking: many professionals had recorded their own mistakes or department's shortcomings and provided information that could easily have been omitted by anyone slightly less conscientious. Those notes often appeared more like a diary for personal use rather than the collection of information that had the potential of being shared with other professionals and with young people themselves.

It had been anticipated that some ethical issues might arise from reading information as sensitive as that present in individual case files. However, no matter

appeared to need specific attention. In all cases where it seemed that some issues may need investigating further, or that official complaints could have been deemed appropriate, there was evidence that such action had already taken place. A number of letters raising specific concerns were present in the concerned files; they emanated from a variety of stakeholders, including parents, young people, solicitors, advocates and even social workers complaining about the way their own department was dealing with some young people.

Due to the nature of the project, the small size of the sample and the way files were made available, it would be unrealistic to expect the samples selected to be fully representative of the respective looked after populations in Local Authority A and B. Given the difficulties experienced in convincing local authorities to provide access to case files, it was decided that only minimal requests would be made in terms of sample selection. Both authorities were given two essential criteria for the selection of case files.

- The cases should have been recently closed, after the young people had left care.
- The young people should have spent at least 6 months consecutively in public care.

It was expected that the absence of strict criteria in the sample selection would allow the relative random nature of the approach to provide a broad reflection of the local looked after population in terms of gender and ethnicity. This was relatively successful in relation to gender but the sample selected in LA1 did not include any young people with an ethnic minority background. To compensate for this, LA2 was asked specifically to include in the sample children with different ethnic origin. This very simple selection process was essentially aimed at obtaining a sample of young people who had spent a considerable length of time in public care regardless of the number of placements experienced. The relationship dynamics present in long term care episodes are likely to be different to that of short term situations and specific research projects may be more appropriate to study the latter. Furthermore, unplanned endings are relatively rare for short term

placements – at least in the context of foster care (Berridge and Cleaver, 1987). Despite these reservations, some findings could be transferable: the initial period of time spent in public care is normally associated with situations of crisis and high level of uncertainty where children are unsure of their future, to the extent that they sometimes don't know where or with whom they are going to live. In the cases of children who experience a short period in care, the crisis situation is likely to be resolved by a return home or another long-term alternative. However, in the cases of young people who are looked after for extended periods, the initial period of uncertainty may simply be extended to a part or to the whole of their care career. Those children are in effect in a permanent crisis situation where they, for instance, expect a return home, which, for a number of reasons, never occurs. If young people do not understand, believe or are simply not aware that they will be looked after for extended periods of time, they are likely to be in a frame of mind similar to that of children who have recently entered public care and their experience may be similar in nature if not in duration.

Despite the simplicity of the requests made to the participating local authority, some of the cases provided were not closed at the time of the data collection. This did not however constitute any significant difficulties: sufficient numbers of files were provided in both local authorities to allow for some cases to be discarded. Some of the open cases were nevertheless included in the study. This was the case of young people who were over or very close to the age of 16 and who had the status of care leaver. It was also the case of children and young people who had been in a long-term placement for several years, and for whom the prospect of disruption was extremely limited. For instance, a young person who had experienced several care placements at an early stage of his care career had eventually been placed with a close relative. After nearly 10 years, the placement was extremely solid, the young person had minimal contact with his social worker and did not consider himself to be in public care. All such cases – a handful - were treated as closed, despite the remote possibility that disruption may occur in the future. It is also worth noting that despite the fact that young people became

officially care leavers after their 16<sup>th</sup> birthday (cases ending prior to the Children Leaving Care Act, 2000), their experience of social services and public care as a whole did not often end there. The transition to living in semi-independent and independent accommodation is not often an easy one and many young people experience further disruption for years to follow.

### **Research method**

It has become increasingly apparent over the last decades that hypothesis testing is only appropriate to a small proportion of research questions (Kirk and Miller, 1986). The complexity and the number of variables likely to play a role in placement stability and the fact that all those variables are in constant interaction render the development of valid and detailed front-end conceptualisation extremely improbable. The choice of a grounded theory approach (Glaser and Strauss, 1967) appeared well suited to the research area despite the fact that pre-conceived themes or categories were already identified before the beginning of the field work. Effectively, the grounded theory approach stresses that data should not be forced into pre-existing categories (Strauss and Corbin, 1990). Here however, the view is taken that without some sort of pre-organisation, there would be a strong risk of being submerged under shapeless data due to the vast amount of data directly or indirectly relevant to the subject.

An essential objective of the project was to establish some causal links that could explain why some young people experience significantly more placement disruptions than others. It has been argued in Chapter 3 that young people's relationships with substitute carers are likely to be influenced, consciously or unconsciously, by life events prior to their entry into public care. A number of factors - or variables- have been identified because they are specifically likely to play a role: type of attachment, occurrence of significant trauma and lack of social power. Those initial factors provided a general structure that would direct the data collection. They provided a series of specific angles through which to look at the chosen issue rather than a conceptual framework proposing ideas that would be

tested against empirical data. The aim of the study was not to prove that a definite link was present between identified variables and outcomes, but rather to understand how these variables influence the outcome. These sets of factors interact with each other and with other variables, and create a large number of potential combinations that can affect how children respond and adapt to new situations. Many exploratory research studies have been carried out and if a direct correlation existed between, for instance, physical abuse and placement disruption, this would have probably already come to the fore. The questions asked here are : 1) How do attachment, past experience of trauma and lack of social power influence care placement stability? 2) How do these factors interact with each other? One of the challenges of the project was therefore to understand why some young people appear to settle and adapt to life in care relatively quickly despite apparent adverse conditions whilst other don't.

Collecting data following the grounded theory approach is a dialectical process. The researcher is influenced by the information received; emerging themes are identified; new questions are raised and in turn, the type and substance of the data required is altered. For instance, during the course of the fieldwork, the relationship between some young people and their mother appeared to play a predominant part in the way they responded to life in care. This prompted me to explore in more depth the influence of stepparents and new partners in these specific relationships. Working with documentary evidence rather than interview material places a number of constraints on the data collection process but it also offers some advantages: if a new theme emerges during an interview, the researcher can adapt his or her questions immediately to get the relevant information. In this context, the field of investigation stays wide open during the whole length of the interview process. However, unless successive series of meetings are organised with the same subjects, it is more or less impossible to obtain additional information after the initial interview has taken place. With written records, it is possible to revisit specific documents in order to collect information that was not initially picked up.



The distinction between qualitative and quantitative data is often blurred and the need to differentiate both approaches has been questioned (Fielding and Fielding, 1986; Denzin and Lincoln et al., 1998). Information presented in case records is extremely varied and the data gathering process involved both methodologies. Here, they are seen as two complementary tools. The concept of placement stability in itself is difficult to define purely in either qualitative or quantitative terms. The outcome of a placement is partially defined by the repetition of its occurrence over time or otherwise. If a single placement disruption is clearly likely to have some negative effects on the life of a young person, the period of stability following the single incident would indicate that those effects maybe somewhat limited and might not be such a cause for concern. Conversely, the repetition of unplanned or unexpected placement endings is an indicator of the significance of each incidence. Furthermore, it appears reasonable to believe that a single placement disruption followed by long period of stability is more likely to be caused by contextual factors than a succession of disruptions, which is more likely to be attributed to variables directly linked to young people's personal experience and to their family context. In the context of this study, the measure of incidence of a given event contributes to defining the outcomes of each single event; it also indicates that different factors may be responsible for outcomes that initially appear to be similar. The time scale of successive placement endings is also significant. A repetition of placement disruptions early in a child's experience of substitute care appears to be different in nature to a series of interruptions happening after a long period of stability or shortly before they are due to leave care. Additionally, a number of relevant characteristics such as children's number of siblings lend themselves to quantitative analysis.

The use of both qualitative and quantitative methodologies was not limited to the data gathering process. With the development of grounded theory, Glaser and Strauss (1967) defended the use of qualitative analysis for quantitative data as well as qualitative data. A dual approach was employed throughout the course of the data collection and also during the analysis process. The research tools (detailed

in the following section) included informal notes written during the data collection and identifying features that appeared particularly significant in the life of each young person. These notes were used – in conjunction with the other information recorded under different formats – to write up short life stories. During the analysis process, systematic comparisons between all life stories were carried out. When a feature seemed of particular relevance in one case but had not attracted attention in others, information from complementary sources was used to establish if such a feature had been present elsewhere, and if so, to which degree it could have influenced other children's lives. For instance, if educational issues appeared particularly important in the life of a young person, statistical indicators could be used to identify other young people who had a similar educational experience. Statistical tests were also used in order to ascertain the existence of correlation between variables. During most of the data analysis process, quantitative information was regularly used to flag up cases and situations that would need to be explained with the use of contextual qualitative data.

This use of both methodologies helped to control some of the bias created by the way case files were recorded. In the example previously given, a social worker might have under-reported a child's difficulties in school because he or she did not perceive the impact of educational factors on the child. However, the systematic collection of specific information such as the number of school placements interrupted by care placement moves, helped reconstruct the educational experience of the child.

On the whole, the analysis process involved revisiting systematically the material recorded under different formats until all the most salient features of each case could be identified and explained in relation to each other and until similarities and differences between cases had been identified.

The process eventually led to the identification of three ideal types of circumstances leading to multiple placement endings. Ideal types per se do not provide an explanation of the reasons leading to a particular outcome (e.g. multiple

placement endings) but they provide a solid base on which to construct hypotheses explaining the outcome (Weber, 1962; Miller, 1963; Aron, 1970). The three ideal types identified as a result of the data analysis were subsequently analysed with the help of the conceptual framework (See chapter 3); this in turn, lead to the development of a causal model.

## **Research tools**

When designing the tools used to collect and organise the information contained in case files, three priorities were identified. The first issue is inherent to the collection of most qualitative data: the information must be stored in a way conducive to easy retrieval (Miles and Huberman, 1994; Denzin and Lincoln et al., 1998). In the context of the project, the difficulties were accentuated by a number of factors: individual case files usually contain a large amount of information in a number of different formats and emerging from a variety of sources. Formal reports, Looked After Children forms, social workers' logs, correspondence and various other documents all provide a mosaic of information reflecting different points of view, with different purposes and varied time scales. The second priority was to collect enough data that would be sufficiently detailed in order to draw an accurate picture of the life of individual children and young people prior and during the whole of their care career as well as of the context in which they were initially brought up. The last priority was to maintain a level of flexibility within the recoding process to allow for emerging themes to be developed appropriately.

The Looking After Children forms constitute a very useful attempt to provide social workers and other professionals with a standard framework that could help measure children's progress, assess the standard of care they receive and plan the necessary improvements (Parker et al., 1991). The level of information included and the fact that they present a standardised format are used in all local authorities for all children looked after could make the forms a very useful research tool. However, most of the young people included in the research had been looked after prior to or during the introduction of the forms and it would not be possible to

rely entirely on them to collect the data. Furthermore, it appeared during the analysis of the case files that very few of the Looking After Children forms had been consistently filled in. Part 1 of the Essential Information appeared to be more often fully completed than part 2.

The Assessment and Action Record were very rarely completed. In some cases, initial work had been undertaken but there was very rarely any indication of any follow-up work with regard to the needs identified. Review Forms were normally used and usually contained an appropriate level of information. Care plans were always present but in many cases, they had not been updated and the information contained often appeared outdated. Placement Plans, when present, were rarely completed. In their analysis of the Looking After Children forms in six local authorities, Ward and Skuse (2001) also found weaknesses in the implementation of the forms – particularly Assessment and Action Record - and noted that this had affected the extent and quality of the information available. The Assessment and Action Record is an exhaustive document with great potential both in terms of practical childcare and in a general research context and it is regrettable that the document is not routinely used.

In the absence of any other reliable document three tools were developed to filter and record the appropriate information. The schedule had to be sufficiently flexible to accommodate unique situations but it had to be also rigorous enough to allow for comparisons between cases. It would provide a framework and a guide to reading each file. Fanshel and his colleagues (1990) used a framework to collate information in a life course perspective in their evaluation of the independent fostering (Casey Foundation). Despite the specificity of their work, the tool developed by the American authors constituted a base on which to develop a schedule for the project. Information was inputted directly into a laptop computer. This allowed for real time adaptation of the reading schedules as and when new themes or categories emerged.

A 14 page general information record (face sheet) was used for each child and contained all the generic information about individuals and their families that was not directly associated with a specific placement. The pre-coded schedule eventually contained over 160 items of information (Appendix A). This included basic personal information (e.g. gender, ethnic origin) as well as other characteristics such as medical condition or special education needs. The face sheet also contained contextual data such as number of siblings and information about birth parents. General information about each child's care experience was also recorded (e.g. age when first looked after, reasons for entering care). An exhaustive list of factors contributing to entering care was drawn. Experience of continuity – or otherwise – was also recorded in term of contact with family, friends and professionals, educational placements and achievements, geographical moves and hobbies or other special interests.

Individual placement sheets were designed to collect data relevant to each individual care placement. The final version of the document contained over 150 items of information. On very few occasions the placement sheet could not be used. This was the case when placements were too short and too little information was recorded. Two versions of the sheet were developed according to the type of placement encountered: one was adapted to residential placements and the other to foster or adoptive placements (Appendices B and C). Both sheets provided the basis for a contextual description of each placement and included data such as characteristics of the carers, number, age and status of other children present or type of education provided or school attended. The sheets also included sections on the aims of the placement and the level of preparation undertaken, as well as the outcome and the reasons for an eventual move. All available information on social interaction with carers and peers, contact with family and friends or previous carers was recorded. The placement sheet also contained a number of checklists for problem behaviours and signs of adaptation to the placement or otherwise. Where available, the birth parents' attitude towards the placement and the carers were also recorded. A brief evaluation of the outcome of each placement was also

recorded with the aim of reflecting the key stakeholders points of view. It became apparent very quickly that this evaluation would vary according to which data was used and at which stage this data had been collected. For instance, a young person who had been living with a couple of foster carers became aggressive and disruptive after 5 years of a very settled placement. This led to the interruption of what was seen as a long-term situation. Immediately after the move, it was felt that the young person had lost out on the chance of staying with good foster carers until he reached the age of 16. Social services were placed in a crisis situation and had to find a new alternative. The foster carers experienced a somewhat traumatic end to the relationship with a child that they were envisaging to adopt. On all accounts, the ending had had negative consequences. However, approximately 12 months after the incident, the young person alleged that he had been physically abused on a regular basis by one of his carers. The allegation was proven to be true. This clearly changed the whole perspective on the situation and the placement interruption signalled the end of a period of abuse.

The information collected within both sheets was extremely varied and was therefore measured and recorded in various ways. When possible, purely quantitative data was recorded on an interval scale. This was the case with items such as number of siblings or age of a child at the beginning of a given placement. A large number of items required some level of graduation and assessment. A simple 6-point ordinal scale was devised. The wording of the scale did not fit closely all the items included in the reading schedule but on the whole, it did work across a large range of areas:

- |   |                                       |
|---|---------------------------------------|
| 0 | No evidence                           |
| 1 | Reader's concerns                     |
| 2 | Professional concerns                 |
| 3 | Evidence of occasional incidence      |
| 4 | Evidence of repeated incidence        |
| 5 | Evidence of intense/regular incidence |

The main issue associated with employing a scale of this type is the level of subjectivity involved in the process. Not only is the evaluation of each item dependent on the views and perception of the researcher, it is also influenced by the perception of those who initially contributed to writing the case files. For instance, when assessing if a child showed signs of depression, several factors were taken into account. The issue might have been discussed during case meetings; some concerns may have been raised in medical reports or during discussions with a carer. In some cases, the concerns could have been supported by some evidence or could be totally unsubstantiated. An assessment could also be established on the basis of the reported occurrence of significant incidents such as self-harm or suicide attempt even if there was no direct mention of the mental state of the young person. Ideally, several researchers would have been involved in data collection and some discussion could have taken place in order to establish some level of standardisation.

In order to obtain a brief overview of the care career of each child, a placement chart was also devised. The format was very close to that presented by Fitzgerald (1983). A simple flow chart presented a series of boxes including dates and type of successive placements as well as a reference number. This very simple document was invaluable during the data collection and analysis. It provided a chronological representation of successive placements, which was very useful when trying to identify patterns in young people's care career.

Because of the difficulties experienced in gaining access to case files and because of the time constraints placed on the data collection, it was not possible to test the face sheets and the placement sheets prior to the beginning of the fieldwork. Both tools evolved during data collection: new items were introduced and some were abandoned. However, it would not have been appropriate to make any radical changes once several files had been analysed. Brief notes were therefore also taken to complement the schedules and allow for any additional information to be recorded. Notes were generally organised in chronological order and when

appropriate, they included cross-references to either or both reading schedules. The first stages of data analysis and coding were also recorded on those notes.

All the data collected in the face sheets and the placement sheets was inputted into two independent files using SPSS for Windows. The software was used to carry out descriptive statistics on the characteristics of the whole sample and on the overall number of placements. It was also used to establish whether or not correlations were present between specific variables. The data kept in SPSS was extremely easily accessible and this was very helpful when analysing individual cases and specific information was required. Using all the information available, each case file was cut down to a simple one page long case story. The case stories were all entered into a qualitative data analysis package (NviVO), as were all the research notes relevant to each individual cases. The final stages of coding and analysing were performed with NViVO.

The initial statistical analysis rose – or confirmed – an essential problem. It appeared impossible to compare individual cases in a meaningful way whilst using only statistical methods. The care careers of most young people vary in terms of length and in the patterns of placement endings. The distributions of placements within each career need to be analysed with in-depth contextual information. Comparing a series of interruptions occurring after an emergency placement to one happening after long term settled episode in care does not make sense. Conversely, a broad average of the number or length of placements of a child during his or her time in care does not give any idea of the actual quality of the experience for the child. It is unlikely that a single indicator or even a series of indicators could ever provide a realistic view of the individual experiences of young people.

The project was aimed at providing a child centred perspective on a problem, which is often described purely in quantitative terms. The choice of using a dual methodology appeared necessary in order to retain some sense of the individual



children's experience and provide the contextual information that seemed necessary to make sense of the vast amount of quantitative data that cannot be left ignored. Finally, the use of ideal types helped to bring a large amount of information together and provided a base for building hypotheses and providing causal explanations to placement endings whilst retaining a sense of individuality

## Chapter 5: Young People And Their Social Background

The quantity of information collected throughout the fieldwork was substantial and it was also extremely varied in quality and format. The data analysis process involved combined and alternate use of qualitative and quantitative methods. Information was recorded and coded in ways that allowed looking at the whole sample, at groups within the sample and at individual cases. Moving from one set of data to another was an essential part of the analysis process. Every time a particular characteristic or sequence of events in a case study seemed significant, a wider perspective was obtained by looking at the whole sample. Conversely, statistical trends were used in order to identify variables that would be studied at case level; it was useful to identify individual young people who did not seem to fit patterns in evidence amongst the rest of the group.

The presentation of the findings will only retrace some of the steps taken during the data analysis. For the sake of clarity, the findings that could broadly be considered independently from each other will be presented first. Those individual findings can be seen as a number of pieces in a jigsaw. They are essentially quantitative but will be illustrated occasionally with vignettes where appropriate. Some variables will be presented in order to establish how much the sample was representative of the wider population as well as to establish how much influence they had on placement stability. This will be followed by an attempt to put some of the pieces of the jigsaw together and explain their relation to each other in the form of case studies. There is no doubt that many of the pieces are still missing: it is acknowledged that the use of case files has its limitations and other research methods would be very likely to reveal some of the missing information.

Table 5.1 provides a summary of the main characteristics of the sample and of the young people's care careers.

**Table 15.1: Young people's main characteristics <sup>1</sup>**

<i>Name <sup>2</sup></i>	<i>Gender</i>	<i>Placements started before 16</i>	<i>Age first looked after<sup>3</sup></i>	<i>Time in care (years &amp; months)</i>	<i>Legal status on entry<sup>4</sup></i>	<i>Subseque nt legal status</i>
Peter	Male	6	7 y	9 y	S20	
Daniella	Female	3	15 y	2 y	S20	
Jason	Male	4	10 y	10 m	S20	
Andrew	Male	3	4 y	6 m	S20	
Robert	Male	1	15 y	3 y	S20	
Rebecca	Female	4	14 y	2 y	S20	
James	Male	9	7 y	10 y	S20	
Ben	Male	14	3 y	13 y	PoSO	S31
Jenny	Female	1	1 y	14 y	PoSO	S31
Eric	Male	4	0	17 y	EPO	S31
William	Male	4	1 y	15 y	EPO	S31
John	Male	2	2 y	14 y	EPO	S31
Jake	Male	8	5 y	8 y	EPO	S31
Charlie	Male	1	15 y	2 y	S20	
Alex	Male	9	4 y	8 y	S20	
Nathan	Male	3	3 y	13 y	S20	S31
Nick	Male	4	1y	14 y	S20	S31
Colin	Male	3	7 y	9 y	Int CO	S31
Liam	Male	3	6 y	10 y	Int CO	S31
Elisabeth	Female	1	15 y	2 y	Int CO	S31
Patricia	Female	1	12 y	2 y	Int CO	S31
Alison	Female	9	6 y	11 y	S20	S31
Zoë	Female	12	10 y	7 y	S20	S31
Cathy	Female	4	5 y	9 y	EPO	S31
Craig	Male	2	2 y	14 y	EPO	S31
Kate	Female	9	8 y	8 y	Int CO	S31
Dylan	Male	22	3 y	13 y	PoSO	S31
Victoria	Female	8	14 y	3 y	S20	PoSO
Neil *	Male	2	14 y	2 y	S20	
Gill **	Female	3	10 y	9 y	S20	
Andy **	Male	5	9 y	8 y	S20	
Lewis	Male	4	14 y	3 y	S20	S31
Freddy	Male	3	8 y	9 y	S20	
Leslie	Female	12	13 y	3 y	S20	
Joe **	Male	19	4 m	16 y	S20	
Christopher	Male	5	10 y	7 y	S20	S31
Graham	Male	6	9 y	8 y	S20	S31
Holly	Female	2	6 y	5 y	S20	
Mark	Male	8	9	7 y	S20	
Charlotte **	Female	13	3 y	16 y	S20	S31
Maureen	Female	15	9 y	8 y	Int CO	S31
Joel *	Male	2	10 m	16 y	S31	
Claire	Female	9	12 y	4 y	S20	
TOTAL		262				

<sup>1</sup> The table does not include placements started after young people's 16th birthday.<sup>2</sup> All young people are described as White British except (\*) Mixed Heritage and (\*\*) Black Caribbean.<sup>3</sup> Rounded up or down to the full year (y) except when less than 1 year, where duration are given in months (m)<sup>4</sup> S20: Voluntary care under Section 20, Children Act 1989; PoSO: Place of Safety Order; EPO: Emergency Placement Order; IntCO: Interim Care Order; S31: Care under Section 31, Children Act 1989.

At the time when the fieldwork was undertaken (September 2002 and December 2003), most of the cases were closed. The young people had either left care or were in the process of doing so. It was clearly noticeable that practice had changed over the years during which the cohort of young people were looked after: in most earlier cases (born in the late 70's and early 80's), young people left care after their 16<sup>th</sup> birthday and there was very little evidence of support provided after this date. Those young people therefore experienced their last care placement at 16. However, the Children (Leaving Care) Act 2000 commenced in October 2001 and it placed a duty on local authorities to provide services to most young people aged 16 and over who leave their care. As a result, social service involvement has been prolonged and some young people remained in care placements longer than previously. Cases were therefore still open after young people had become care leavers. The large majority of 43 young people in the sample (88%) were born between 1980 and 1987. In LA2, 12 young people (80% of the LA2 sample) were still in care after the introduction of the Children (Leaving Care) Act 2000. Only 2 young people (7% of the LA1 sample) were in that situation in LA1. This difference is essentially a result of the extended delays that occurred between data collection in both authorities.

Since the introduction of the Children (Leaving Care) Act 2000, young people can potentially experience more placements than in the past. Placements initiated after the leaving care age (16) were recorded but have not been included in statistical descriptions. This is to ensure a level of consistency within the project sample but also to allow for comparisons with national statistics. In most cases of after care placements, young people from the sample were living in independent or semi-independent accommodation or in a very stable foster placement. The decision was taken to include young people whose cases had not been closed but who were in the extended process of leaving care. In those instances, it is therefore possible that additional placements might have occurred after data collection. This is however likely to be marginal and the exclusion of those placements – initiated after the age of 16 – from the quantitative data analysis is once again promoting

consistence across the whole sample and the official indicators. Furthermore, placement stability for young people moving towards independent living may be regarded as an area of work that could necessitate specific investigation. Young people are at a very particular stage of their development where they operate between adult and children's worlds. The balance of responsibilities is changing drastically, leaving care teams and children and family social workers operate in different ways and there are fewer opportunities to develop relationships with a carer figure.

The youngest person - born in 1991- was only 12 years old at the time of the study. Because of the long-term stability of the placement, the decision was taken to include the case in the project despite the fact that it was not closed. The young person had been living with a close relative for over 10 years and social services involvement was reduced to an absolute minimum. The young person had had no contact with either of his parents for most of his life and considered his relative as an adoptive mother. All other young people who left care before the age of 16 would have actually been older than 16 by the time the data was collected and therefore we can assume that no return to care took place in those cases, unless it happened in a different local authority.

It would be unrealistic to expect a sample of 43 young people to be fully representative of the whole looked after population. Nonetheless, it is important to ensure that the sample selected is not too specific and that it does share some of the broad characteristics of the wider population. In the following sections, the project sample will be described in terms of general characteristics such as gender, ethnic origin, reason for being looked after, placement types and legal status. When appropriate, official statistics will also be provided in order to compare the project sample with a wider looked after population. However, because of the length of time during which the young people from the study were in public care, it is not possible to establish a direct and accurate comparison between the sample and the whole local looked after population over this period of time. Fortunately in

that respect, the looked after population appears relatively stable in terms of the general characteristics previously mentioned. Changes in trends are relatively slow. It is therefore possible to obtain an estimation of how representative the sample is by comparing some of its characteristics with that of the rest of the population over several years during which the sample was looked after. The DfES makes available a number of key statistics obtained from all local authorities, which can be used for this purpose.

As the looked after population is relatively fluid in term of entering and living care, collecting and presenting data is a complex issue and it can be done in a number of different ways. The DfES does it essentially in five ways by looking at the population at different stages on an annual basis. The first strand of information is based on the data regarding all young people who have been looked after at any time during the year, regardless of whether they are still in care at the end of the given year (31 March); the second strand relates information concerning all young people looked after on a given day (31 March); the third and fourth strands only take into account respectively all children who started to be looked after and all those who ceased to be looked after at any time during the year. The final strand – the OC2 returns - is related to cohorts of young people who have been looked after for at least 12 months on 30 September. Having such varied sources of information creates a number of difficulties when trying to establish comparisons between the whole population and a specific sample or when analysing certain characteristics in relation to others. The difficulties are also increased by the fact that the study is of a longitudinal nature whilst all the official statistics provide time specific information: the data compiled by the government regards a given population at a given time or over a one-year period at the most. It is therefore difficult to draw a picture of the long-term care experience of young people looked after.

During the course of the data analysis, correlations between characteristics of young people and the apparent stability of placements throughout their care careers were calculated. Providing a meaningful and reliable operational indicator

of placement stability is a difficult task and it is acknowledged that a single measurement has limited capacities. However, the data collected in the context of the project had the advantage of taking into account whole care careers; it was therefore possible to use a statistical indicator reflecting placement stability for each individual young person rather than for the whole population. This was done by averaging the length of all placements during every young person's time in care. Short-term respite placements were excluded from the calculation for reasons that will be discussed further down when placements patterns are examined. This very simple indicator provides an indication of the level of stability achieved over a whole care career in a way that official statistics cannot provide because of their short-term nature. Even the A1 PAF indicator –identifying children who had three placements or more over a 12 months period – provides only a limited indication of placement stability: for instance, one young person could experience three placements on a given year but spend the rest of his or her time in care in one single placement whilst another could experience three or more moves for every year that he or she spends in care. The average length of placements throughout a care career offers a good indication of the general level of stability experienced by each young person. This calculation was used systematically as a way to identify variables that would be explored in more detail during individual case analysis where potential patterns could also be identified.

### **Average length of placements**

Since the average length of placements throughout each young person's care career will be used as an indicator of stability, it is useful to start the presentation of the main findings by describing the population with regard to this characteristic. The record shows that the 43 children experienced a total of 261 care placements during a cumulated care career lasting approximately 345 years. The average (mean) length of placement for the whole population was therefore one year and four months. The young person with the smallest average placement length presented an extreme case insofar as it was also the shortest care career in the

sample: the young person had experienced 3 placements over a total period of 6 months in care (183 days). The second shortest career lasted just over 10 months. All other young people spent at least 17 months in care, with the longest episode lasting 16 years (Table 5.2). The young person who had the longest average placement (over 14 years) was one of five who had spent their whole care career in one unique placement.

**Table 5.2 Time spent in public care (days)**

N=43	
Mean	2999.7
Std. Deviation	1821
Minimum	183
Maximum	5830

The number of placements experienced by young people throughout their whole care careers varied from 1 to 22 (Table 5.3), thus giving an average of over six placements for each child.

**Table 5.3 Total number of placements through care career<sup>1</sup>**

N=43	
Mean	6.4
Std. Deviation	5.5
Minimum	1
Maximum	22
Sum	273

<sup>1</sup> figures exclude agreed series of short-term placements.

The sample was sorted into three categories in order to provide an overview of the distribution of the sample with regard to average placement length (Table 5.4). This initial categorisation allowed for the use of chi square-tests ( $X^2$ ), which helped in establishing or refuting the existence of statistical associations between variables.

**Table 5.4: Sample distribution according to average length of placements during whole care career**

<i>Average</i>	<i>Frequency</i>	<i>Number of years in</i>	<i>Number of placements during</i>
----------------	------------------	---------------------------	------------------------------------



<i>placement length</i>		<i>care (mean)</i>	<i>whole care career (mean)</i>
up to 10 months	15	5.6	10.1
11 months to 2 years	13	7.3	6.1
over 2 years	15	11.5	2.7

To a certain extent, the option of using three categories was dictated by the size of the sample and the statistical requirements of the project. A higher number would have reduced the opportunities to use chi-square tests. The three categories were determined by the natural distribution of the sample: this was initially divided into three groups of equal size, but several young people with very close averages were placed in different categories and it appeared reasonable to adjust the thresholds for each category.

Three groups were identified but it was essential to ensure that the distribution was not due to a simple statistical effect: effectively it was reasonable to postulate that young people who had spent less time in care were likely to be over represented in the most mobile group because they had had less opportunity to experience long term placements; furthermore, the disruption associated with entry into care could explain the lack of relative stability. Indeed, table 5.4 seems to indicate that the most mobile young people were also those who had been in care for the shortest periods. However, the Table also reveals a very interesting finding: on average, the most mobile group had spent less time in care (just over 5 ½ years against 11 ½ ) but had also experienced more placements during that time than the other groups during the whole of their longer care career (10 against less than 3 for the most stable group). The difference in average placement length was not simply due to variations in time spent in care; it reflected clear variations in the actual experience of the care system.

### **Characteristics of the young people**

Trying to compare some of the characteristics of the young people included in the sample to that of the general looked after population highlights some of the difficulties associated with data collection for the whole population. The looked

after population is generally fluid; a high proportion of young people enters, leaves care and moves within the care system on a regular basis. In effect, there are a number of cohorts of young people looked after at any one time. Collecting data on all young people looked after at a given time provides a snapshot that includes young people who have been looked after for various amounts of times and who are at different stages of their care careers. The comparison between official statistics and project data is therefore not strictly accurate but this is the only solution in order to provide a base for broad comparison between the sample and the wider looked after population.

## Gender

Table 5.5 shows that the gender distribution within each sample was very alike. The variations were not significant ( $X^2=0.77$ ,  $df=1$ ,  $p=0.782$ ). The whole sample was constituted from 63% of boys for 37% of girls.

**Table 5.5 Gender distribution for the whole sample and for each project authority (Frequency and percentages in brackets)**

	<i>Male</i>	<i>Female</i>	<i>Total</i>
LA1 sample	18 (64%)	10 (36%)	28
LA2 sample	9 (60%)	6 (40%)	15
Whole sample	27 (63%)	16 (37%)	43 (100%)

A comparison of the gender distribution within each project authority and the whole of England was undertaken over a four year period for which data was available. Table 5.6 reveals that in all three instances, the looked after population was made up of 54% of boys and 46% of girls. This seems to indicate that the male population is over represented by 9% in the project sample. The time of year at which data is collected does not create a significant bias, as it is known that there is little seasonal variation in this dataset (DfES, 2003).

**Table 5.6 Gender distribution in both project authorities and for England over the period 2000 to 2003**

	<i>Male</i>	<i>Female</i>
LA1	54.3%	45.7%
LA2	53.6%	46.4%
England	54.2%	45.8%

(Children looked after on the 31 March. The figures exclude young people accommodated under an agreed series of short-term placements)

The cohort is relatively small ( $n=43$ ) and it would be unlikely to obtain a randomly selected sample of this size that would be completely representative of the whole

population. The sample selection was aiming at including young people who had been looked after for prolonged periods of time; the presence of a larger proportion of boys compared to the wider looked after population could be the consequence of a simple bias in the sample selection. It could also be argued that boys are more likely than girls to experience extended periods in public care. It was noticeable in the sample that on average, girls entered care over 3 years later than boys (respectively 9 years 7 months and 6 years and 2 months). This was reflected in the average length of time spent in public care, with boys spending just over 9 years against 6 for girls. Unfortunately, a breakdown of placements according to gender and time in care or length of placement is not available from the government and it is therefore not possible to verify this possibility or otherwise.

Despite the fact that boys in the sample had spent more time in public care than the girls, there was no statistical correlation between gender and average length of placements during care career.

### ***Ethnic origin***

Both participating local authorities were known to have significant ethnic minority populations so it is somewhat surprising that all young people selected in LA1 were of White British descent. To ensure that a similar situation did not occur in LA2, the inclusion of young people from various ethnic origins was requested prior to the sample selection. As a result, six case files of young people from Black (Caribbean) and Mixed Heritage were part of the sample provided. Both young people of Mixed Heritage had one White British parent and one Black or Black British parent. None of the young people selected were of Asian or Asian British origin. Although once again this was slightly unexpected, the fact that only 2% of the looked after population in England in 2001 was of Asian or Asian British descent (Table 5.7) is a likely explanation for this lack of representation in a sample of only 43 individuals.

**Table 5. 7: Ethnic background of young people looked after in 2001**

	<i>England<sup>1</sup></i>	<i>Sample</i>
White	80%	86%
Mixed	8%	4,7%
Black / Black British	8%	9.3%
Asian / Asian British	2%	0
Other Ethnic groups	2%	0

<sup>1</sup>Year ending 31 March 2001 (DfES, 2005)

There was no indication that young people from ethnic minority groups were more or less prone to instability in placements than the rest of the young people. However, the very small size of this sub-sample does not lend itself to any statistical analysis and it would be unwise to make any strong statement one way or another. The analysis of cases studies exposed two particularly salient issues.

The first issue was related to managing cases and matching young people's cultural and ethnic background. This was raised in all cases. The lack of Black carers in LA2 created some difficulties in most instances. One young boy, Joe provided an extreme example of the difficulties associated with the concern. Many

of the difficulties experienced during his life in care can be attributed to the way his case was managed with respect to his background. The second issue, interrelated to the first one, was the actual difficulties encountered by young people when required to adapt to a different culture. This will be illustrated by the case study of two siblings, whose stories highlight how the experience of a particular culture can affect young people in diverse ways.

## **Joe**

Joe's parents separated before his birth. His mother was involved in drugs and prostitution. She often went missing for several days and left her child with friends, acquaintances or neighbours. Joe became looked after when he was four months old. His father did not have any contact with him afterwards. By the time he was five, Joe had experienced 11 placements with different carers. None of them lasted more than 6 months. He had also returned to his Mum's on three occasions, the longest home return lasting just over six weeks. Joe's mother complained regularly to the social worker because her son was living with White families. This early instability was essentially caused by the ambivalent attitude of Joe's Mum and her own instability. Each home return signalled the end of a placement that may otherwise have lasted longer. However, when it became absolutely clear that a home return was ruled-out, the search for a long-term option began. This proved to have significant consequences. Two short emergency placements occurred. One of the carers in the second one, Janet was of Mixed Heritage and the placement appeared to meet Joe's needs but the couple could not commit themselves to a long-term placement. A White couple agreed to look after Joe until a more suitable long-term alternative could be found. From the outset however, Joe was warned by his social worker that this would not be a final placement; it was recognised that living with a carer or a couple of carers of similar ethnic origin would meet his needs more fully. Despite this early warning, no other suitable carers were found and Joe stayed in the family for 6 years. Although he appeared settled and regularly expressed his happiness at living with his carers, Joe felt under constant threat: his carers provided emergency support and other young people often

moved in for various durations. Each time, a child moved in, Joe became worried that he or she might take his place in the family. Although this was apparent in many other cases, the situation was made worse by the fact that Joe was made to believe that he did not belong with his carers because of his colour. He felt that any White child had an advantage over him and could easily displace him. The circumstances were so unsettling that Joe's carers made a formal complaint in order to clarify the situation. It appears that by that time, five years into the placement, too much damage had been done.

Another issue contributed to unsettling Joe: Janet had agreed to maintain some contact with him in order to fulfil some of his cultural needs. Joe visited Janet once a fortnight and this was seen as a positive initiative. After one year, Joe stated that since he would not be able to stay with his current carers in the long-term, he would like to move in with Janet and her husband. The couple's situation had not changed and they were not prepared to provide care on a full-time basis. After three more years, Janet finally agreed that a long-term move could take place. However, Joe felt that the delay had been a sign that the couple did not really want him and the move did not happen. If Joe had not felt so insecure about his future, he would have probably not put so much pressure on Janet to live with her and the situation could have been an acceptable compromise, with Joe living with White carers but having regular contact with someone who shared his cultural and ethnic background. The elusive placement with Black carers was never found. After six years, Joe renewed contact with his mother and ran off to stay with her: she had changed her life, was more settled and had two more children. A permanent return was agreed but after six months, the relationship had degenerated and Joe went back into care. His behaviour became extremely difficult and Joe refused to establish real relationships with any new carers. He experienced six successive placements, all of them ending prematurely and lasting less than one year. Joe finally moved into a residential unit and stayed there until he left care. Joe's relationships with his four successive social workers were poor: he reportedly called them 'movers' because of their constant references to moving with Black carers. In whole, he had experienced 20 placements. Joe had felt rejected because

of his ethnic origin. It doesn't seem that Joe's background was an issue in itself: both the child and his long-term carers seemed perfectly happy about their situation. The management of the case created intense pressure and centred totally on the child's ethnic origins, missing out his wider needs: Joe probably wanted to belong, love and be loved; instead, it appears that he was constantly prevented from becoming attached and ended up feeling totally rejected. This probably resulted in his inability or unwillingness to establish further significant relationships.

Joe's story is an extreme illustration of the dilemma presented to social workers when working with ethnic minority groups. The importance of providing appropriate placements that can take into account young people's cultural needs appeared well acknowledged: there was evidence in all young people's care plans that such issues had been considered. However, the limited availability of placements with ethnic minority carers created situations that would become very difficult to manage. Most social workers apparently tried to be as clear and open as possible with children: they explained that living with Black carers would be better in the long term and wanted to make sure that when a suitable placement would become available, young people would be well prepared. This is a very difficult message to convey to young people who have already, by the very nature of their presence in public care, experienced disruption. In effect, they are asked to live and settle with some carers, but they are warned not to make strong links with them because they will eventually be placed with somebody else. Such situations are bound to increase the levels of insecurity that young people are already likely to suffer from.

### **Gill and Andy**

Gill and her younger brother, Andy, lived together. Their parents separated when Gill was two and Andy was one. Their mother moved out and did not stay in touch. Jack, their father, told them that she was dead. They had no contact with either side of their extended family. After the separation, Jack had a series of relationships with different women who often moved in with him but rarely stayed



with him for more than a few months. He openly admitted that he had very strong beliefs about social roles and responsibilities: a man should provide money to the household, but should not be expected to do any domestic work; a woman should look after the household and cater for her partner's every need. As a result of this, Jack worked hard, spent a large amount of time out with male friends and saw very little of his children. Gill and Andy were expected to fit in with Jack's model. Gill had to take over domestic responsibilities and Andy was not allowed to help. On the rare occasions when he helped his sister, Andy was severely punished. Jack believed that physical chastisement was perfectly acceptable within his home and he often hit his children and successive partners. Jack seemed to feel that he had to show his entourage that he had a strong control over his own family.

When they were respectively 10 and 9 years old, Gill and Andy eventually ran off and refused to go home. They complained about the physical abuse they suffered. It also became apparent that the children often spent days without seeing their dad. Both siblings were placed overnight in emergency accommodation before being reunited in a foster placement with a couple of White carers. Both children were resolute not to have any more contact with their father. Andy found it extremely difficult to adapt to a totally new lifestyle. He seemed particularly unable to relate to his female carer. He was reluctant to taking any instruction from her and became violent. Andy started self-harming and despite his young age, he even attempted to commit suicide. After six weeks, his carers felt unable to support him and asked for him to be removed; Gill stayed with them for a further 18 months, when she moved with a single Black carer. She remained with her for several years until she left care. Andy experienced a series of four placements with White carers. All were interrupted within a few months in circumstances similar to his earlier placement. Finally, Andy stayed with a couple of White carers who, despite his aggressive behaviour, showed tremendous determination in working with him and helping him to deal with some of his issues. Gradual improvements were recorded and Andy remained with his carers for three years, until he left care. Despite its apparent stability, the situation was extremely difficult and a number of

crises were recorded. This included self-harm, alcohol and substance misuse as well as repeated episodes of going missing. Andy seemed to be constantly battling with his early social representations of gender roles. Contact with his sister was maintained, but Andy did not socialise with his peers.

Both siblings had experienced opposite roles in a social system based on strict gender differentiation. When they became looked after, Gill appeared liberated from the clear oppression she had been under, whilst Andy found it extremely difficult to conciliate his dual role as a victim and perpetrator. As well as being neglected and being physically abused from an early age, he had been encouraged by his father to endorse a system of male dominated values. By rejecting totally this system, Andy would also have to admit his partial responsibility in the way his sister was treated.

In this instance, the connection between ethnicity and culture is questionable. Little is known about Jack's background and personal history. His social views may be the product of his own personal experience rather than of a wider cultural background. A similar situation could have occurred in any family where the male dominance is exacerbated. However, Jack's position was rendered more authoritative by the fact that he could and did refer to his ethnic background as a direct source for his social perceptions. Because the children had no contact with any other relatives, they had no way of knowing for sure if their father's attitude was socially acceptable or not.

On the whole, all records kept about young people of Black or Black British ascent and of those described as having mixed heritage revealed specific issues. On rare occasions, this could be directly related to physical differences: some instances of lack of understanding and poor practice amongst foster carers were recorded (e.g. combing a child's hair). It could also originate from differences and lack of understanding of respective cultures. Finally, the discrepancies between planning and the care actually provided could in themselves create major difficulties by

increasing the feelings of rejection experienced by children who became misfits despite their attempts to become fully integrated in White families. Those factors can all interact and therefore compound their respective effects, with the potential of alienating young people

### ***Reason for being looked after***

The official statistics provide very limited information as to why and how young people become looked after. In the context of the project, it appeared paramount to collect and analyse all the information available on the situations and events leading to young people being looked after, in order to get a better understanding of the reasons why they react and adapt differently to being in public care.

Young people become looked after for a number of reasons and their entering care is often the result of a combination of those. However, for the large majority of young people, the main recorded factor leading to them being looked after is the fact that they are or have been victims of abuse or neglect. In 2003, this was the case for 62% of the young people (Table 5.8).

**Table 5. 8: Percentage of children looked after at 31 March 2003 by category of need**

<i>Need code</i>	<i>Percentage</i>
Abuse or neglect	62%
Disability	4%
Parents illness or disability	6%
Family in acute stress	7%
Family dysfunction	11%
Socially unacceptable behaviour	3%
Low income	0%
Absent parenting	7%

(DfES, 2004a)

However, the recorded need code – or reason for being looked after- can often hide a number of other factors which could also have lead to young people entering care. In the cases of very young children, the situation was generally straightforward: through one way or another, social services become aware that a

child was at risk because, for instance, their parents were unable to care for him or her; they lived in an unsuitable environment or they were in contact with a known perpetrator. Those reasons prompted direct action. For the purpose of this project, those will be called *initiating factors*. However, in the case of older children, some of the events or situations leading to entry into care are sometimes triggered by other factors: *primary factors*. Those are often initially unknown to the local authority and they may remain so for a number of years and sometimes for the extent of young people's care career.

Initiating factors can be the direct consequences of primary factors. For instance, socially unacceptable behaviour could be a direct result of abuse or family dysfunction. Both sets of factors can also be relatively independent from each other. For example, this could be the case of a child living in a dysfunctional family, who witnesses domestic violence or is a victim of abuse but who becomes looked after because their main carer is incarcerated for a crime not directly related to them.

Getting to know and understand primary factors is likely to play an important role in the way individual young people react to being looked after. In some of the cases studied, the behaviour or situation leading to accommodation were merely symptomatic of early or on-going abuse of the child. Social work intervention was concentrated on the initiating factors rather than on the primary factors. To complicate matters even further, a number of young people entered and left care several times and for different reasons. Isolating the initiating factors for each new entry reduces the perspective on each case to a limited point of view.

Very few of the case files studied presented a single clear reason for the child to be looked after. In most cases, a number of reasons were recorded and it was sometimes impossible to identify a single initiating factor that would fit the current list of need codes provided by the DfES. In order to depict each individual situation as accurately as possible, a number of factors leading to being looked after

(initiating factors) were identified and categorised according to three main criteria: the first category regrouped factors associated directly with the behaviour of young people; the second included circumstantial factors (e.g. domestic violence) and the third contained all incidences of abuse or neglect. For each young person, a note was also made if any of the identified factors had occurred in the life of the child without leading directly to them being looked after (primary factors). Working on case files often allowed to build a chronology of facts that was not initially available to professionals working with the young people and their families. Identification of primary factors will be used in order to get a better understanding of the placement patterns. Although it would have been extremely helpful to carry out a statistical factor analysis of the reasons leading to young people being looked after, the relative small size of the sample limited the value of such analysis; a large number of initial variables would have had to be lost, and the process would have lost its value.

Behavioural factors can all be contained within the DfES need code *Socially unacceptable behaviour*. Seven sub-categories were identified during the course of the project: going missing, delinquent behaviour, alcohol misuse, low school attendance, lack of respect for parental authority, violent behaviour toward main carer and inappropriate sexual behaviour with siblings.

**Table 5. 9: Frequency of behavioural factors leading to young people being looked after and history of their occurrence (in a sample of 43 young people)**

<i>Behavioural factors</i>	<i>Concerns leading to child entering care</i>	<i>History of occurrence not leading to entering care<sup>5</sup></i>
Going missing	9	6
Low school attendance	9	4
No respect for parental authority/out of control	6	4
Delinquent behaviour	4	0
Alcohol misuse	3	1
Violent behaviour toward main carer	2	2
Inappropriate sexual behaviour with siblings	2	2

Table 5.9 reveals that going missing and not attending school were the problems most often encountered; those were closely followed by lack of respect for parental authority. Delinquent behaviour was present in four cases and there was no additional history of delinquency. Occurrences of alcohol misuse, violence toward carer and inappropriate sexual behaviour with siblings were limited to two or three cases. A total of 15 young people became looked after at least partly because of behavioural factors. In all of those cases it also appeared that young people had experienced events or situations that could have led to being looked after. The only behavioural factor significantly associated to average placement length during whole care career was low school attendance (with attendance rated 1 to 5,  $\rho = -.390$ ,  $n=43$ ,  $p = .01$ , two tailed, and  $U=73.00$ ,  $N_1=34$ ,  $N_2=9$ ,  $p=0.016$ , two tailed, where attendance is considered as a binary variable): the less young people attended school before entering care, the more likely they were to experience

<sup>5</sup> History of occurrence: files referred to some incidence of a specified traumatic event that was not given as a reason for the child to be looked after, either because it was not seen as relevant at the time (i.e. the situation had changed significantly) or it came to light at a later date or it had occurred after the child was already in care. Each young people can be affected by several factors. History of occurrence is only recorded if the concerns about each specific behaviour was not apparent at time of entering care.

shorter care placements<sup>6</sup>. This finding appears to confirm previous research, where education stability has been identified as a variable often associated with care stability (Social Exclusion Unit, 2003). It is important to note however that the correlation does not indicate the existence of a causal link in one way or another. The influence of education on placement stability will be discussed further down.

The fact that behavioural factors did not seem to affect significantly the average length of care placement is somewhat surprising and to some extent, counter intuitive. It would be reasonable to expect that children presenting signs of difficult behaviour at an early stage are also likely to present more difficulties for their substitute carers. This apparent absence of correlation in these areas may indicate that types of behaviour noticeably displayed from the outset are easier to deal with than difficulties that are subtler or that emerge at a later date.

Circumstantial factors were far more common than behavioural related issues. Twelve categories were identified (Table 5.10). Twenty-three young people became looked after at least partly because of circumstantial factors. In eighteen cases, young people had been living with a main carer who experienced mental health issues. The problems included various levels of depression and two cases of schizophrenia, which led to severe violence towards the children. One mother was regularly attempting suicide and on several occasions, her children had contacted emergency services after having found her unconscious. In several cases, parents appeared totally unable to relate or empathise with their own children. Another single mother, who had asked for her son to be accommodated, wrote in a letter to her social worker that she would only agree to have contact with the young boy when *'he would have learnt to truly and really love her'*.

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<sup>6</sup> See appendix D for all Man-Witney test results.

**Table 5. 10: Frequency of circumstantial factors leading to young people being looked after and history of their occurrence**

<i>Circumstantial factors</i>	<i>Concerns leading to child entering care</i>	<i>History of occurrence not leading to entering care<sup>7</sup></i>
Carer's mental health	11	7
Carer misusing drugs/alcohol	7	4
Relationship difficulties with step parent/new partner	6	4
Domestic violence	5	20
Carer abandoned child/ whereabouts unknown	5	10
Carer involved in criminal activities	5	5
Relationship difficulties between carer and partner	4	21
Hardship / low income	3	12
Carer involved in prostitution	2	4
Severe housing difficulties/homeless	2	2
Carer in prison	1	8
Main carer deceased	1	1

Although this was not often given as a main reason for being looked after, it is very noticeable that over half of the young people (58%) had witnessed serious relationship difficulties between their carers. Different levels of domestic violence were reported between parents but also between mothers and current partners. The most extreme situation culminated in a father murdering his wife. In several cases, domestic violence had occurred with successive partners. The presence of a new partner also appeared to create difficulties in a number of cases. Ten young

<sup>7</sup> History of occurrence: files referred to some incidence of a specified traumatic event that was not given as a reason for the child to be looked after, either because it was not seen as relevant at the time (i.e. the situation had changed significantly) or it came to light at a later date or it had occurred after the child was already in care. Each young people can be affected by several factors. History of occurrence is only recorded if the concerns about each specific behaviour were not apparent at time of entering care.



people experienced serious relationship difficulties with their mother's new partner. Five of those cases were concurrent with domestic violence.

Five parents had totally abandoned their children. In all five cases, children had lost all contact with their parent after the initial separation. Interestingly, young people who had been in this situation were more likely to experience longer placements than the rest of the sample ( $U=21.500$ ,  $N_1=38$ ,  $N_2=5$ ,  $p<.001$ , two tailed). Young people who had been abandoned at some point but whose parents had returned and/or maintained contact did not show significant differences in average placement lengths. This finding seems to indicate that children in the sample were better equipped to cope with abandonment if the resulting situation was clear. When circumstances were ambiguous, with ongoing uncertainty as to whether the carer would return or indeed, leave again, feelings of rejection were more likely to prevail amongst young people, thus leading to more difficulties in settling in a long term environment.

The third main factor leading to children entering care was their experience of abuse and/or neglect. Twenty-nine of the young people (67%), had become looked after because they had been victim of abuse and/or neglect. In another 12 cases (28%), there was some reference to some form of abuse that had not been a direct cause for being in care. In only two of the files analysed during the project was there no evidence of any occurrence of abuse or neglect during the life of the young people outside or within the care system. According to the records kept on their case files, 95% of the young people included in the study had been a victim of abuse or neglect. Half of them ( $n=21$ ) had been a victim of multiple abuse: they had suffered from physical and/or sexual abuse and/or neglect. This staggering figure gives some perspective to the numbers given by the DfES (Table 5.8): according to these, 49% of young people become looked after because of abuse and/or neglect. Although it is possible that the study sample could be strongly biased and include a relatively high proportion of victims of abuse and neglect, it is reasonable to believe that the way official figures are collected contributes to

minimizing the apparent occurrence of such experiences because the official need codes (on starting to be looked after) are mutually exclusive. The findings of Farmer and Pollock (1998) also seem to indicate that sexual abuse is largely undetected when children enter the care system. In a sample of 89 children looked after who had been sexually abused or suspected to have been abused, abuse was the reason for being admitted into care in not even one out of five cases. This implies that many young victims of sexual abuse may be left undetected and lack the therapeutic input and general level of care and understanding that they require.

No correlation was found between the experience of abuse and the average length of care placements. This is not very surprising if we consider that abuse and/or neglect had been a common experience for the large majority of young people included in the sample. This is not to say that this variable should be dismissed as having a low influence on placement stability. The analysis of individual experiences indicated that the effects of abuse and neglect appear to be strongly influenced by the way the incidents were dealt with. The general context surrounding the incidents, the level of secrecy imposed on the young people, the identity of the perpetrators, the level of support provided by natural parents and substitute carers are all factors interacting and influencing the impact of the trauma on individual children. The way these factors appear to interact with each other will be detailed in the following chapter, where care careers are categorised, described and analysed.

The statistical analysis of the various factors leading to entry into care revealed an additional detail of importance: young people were significantly more likely to experience shorter placements if their primary carer had asked for them to be accommodated ( $U = 100.00$ ,  $N_1=27$ ,  $N_2= 16$ ,  $p < .01$ , two tailed). Sixteen of the 43 young people in the study had been in this situation. This variable does not normally appear as a direct factor leading to children being looked after because it is usually a symptom of difficulties experienced by the carer or the child. For instance, if a parent asked for their child to be taken into voluntary care because of

their unruly behaviour or because they are generally out of their control, the children in need code recorded might be *socially unacceptable behaviour* or *family dysfunction*. This is also independent from the actual legal status under which young people become looked after: the term voluntary care used to describe Section 20 of the Children Act (1989) is somewhat misleading. Some parents can agree for their children to be looked after under Section 20 despite being unhappy about the situation and unwilling to cooperate fully with social services. In such cases, the voluntary aspect of the situation is limited to the fact that parents understand that if they did not agree with the process, legal proceedings will be undertaken. In her study on family contact, Cleaver (2000) found that very few parents felt they had any control over whether or not their child was looked after, even though this was done under Section 20. Conversely in some cases, a social work assessment, initiated after parents asked for their children to be removed, can reveal other serious causes for concern and activate care proceedings. The role of the primary carer in the process of entering public care appears to have long-term consequences on the stability of young people in substitute care and their state of mind. The qualitative analysis of individual cases revealed that a number of issues were associated with young people in this situation. These ranged from feelings of rejection to a general lack of understanding of the reasons for their being in care. Carers who asked for their children to be accommodated were often unable or unwilling to explain to them why they had done so. A shift of responsibilities seemed to occur and this led to young people alternatively blaming themselves, their parents and social services for their situation; it also implied that they were confused about how and if they would be able to return home. Young people seem to be without any form of secure base and were not really allowed to settle anywhere: parents promised a home return but did not provide clear targets or changed the criteria required for a home return. Many young people in these circumstances appeared to see their time in public care as a temporary situation that would be resolved by a home return. When a home return eventually happened –often forced by young people who simply walked away from their care placement - this was generally unsuccessful and resulted in further

deterioration of the relationship and of the mutual understanding of parents and children.

The vast majority of children and young people from the sample became looked after under complex circumstances and as a result of various combinations of causes, many of them coming to the fore after they entered the care system. Most of the factors leading to children entering care were not statistically correlated with the chosen indicator of long-term placement stability. The fact that factors were either considered as primary or initiating did not influence statistical findings. None of the three identified categories of factors (circumstantial, behavioural or being victim of abuse and/or neglect) showed any particular relevance either. Broadly speaking, young people who displayed severe behavioural difficulties before entering care or those who had suffered from severe trauma were not more likely to experience placement stability - or instability - than the rest of the sample. The only factor that was significantly correlated with the average length of care placements was the occurrence of difficulties in schooling prior to entry into care. Young people were particularly likely to experience placements disruption if they had a history of truancy. This does not however indicate the existence of a causal link between both variables.

Paradoxically, the initial analysis of the reasons for which young people became looked after has exposed the importance of relationships between parents and children during their time in public care as well as before. Factors initiating entry into care need to be seen in the light of parent/child relationship during the time in care. Children who had been totally abandoned by their parents experienced relatively stable care careers. Those whose parents had asked for social services to accommodate them were more likely to experience instability and disruption. However, this needs to be put into perspective: children from the first group entered care predominantly in their infancy whilst young people from the latter did so in their teens. Nevertheless, this indicates that parent/child relationships seem to be influential in placement stability: one group of children had a limited amount

of contact with their birth parents whilst the other had a long history preceding their entry into care. The chronology of social services' involvement and young people's age on entry will be discussed further in the following section.

### ***Young people's age***

Three age-related issues appear relevant to the description and understanding of individual care careers: the length of time during which families have received attention from social services prior to young people's admission into care, the age at which young people became personally known to social services and finally, the age at which young people became looked after.

The involvement of social services with a family can be seen as a broad indicator of the level of difficulty or disruption in evidence in the household. This is not to say that families who have not come to the attention of social services have not experienced difficulties, but the nature or the extent of the disruption are more likely to be more limited. A strong negative correlation was apparent between the length of time social services had been involved with a family prior to children entering public care and the average length of placements throughout their care careers ( $\rho = -.410$ ,  $n=43$ ,  $p<.01$ , two-tailed).

The majority of young people's families had received some sort of attention for extended periods of time (Table 5.11). Fifty-six percent ( $n=24$ ) of families had received some support or supervision for five years or more. Thirty percent ( $n=13$ ) had been in such a situation ten years or over; three case files contained evidence of involvement dating over 20 years. In most of those cases, long-term histories of social service involvement were caused by a number of factors. This included teenage pregnancy, domestic violence, suspected or apparent neglect, mental health issues or housing difficulties. Many families were living in unsuitable accommodations or were particularly mobile. Ten parents had been in public care themselves. Eighteen of the young people whose families had been known to social services for over ten years had at least one older sibling who was or had

been in public care. In that sub-sample, only two young people had an older sibling who had not been in care.

**Table 5.11: Period families were known to social services prior to children's care admission**

	<i>Up to 1 year</i>	<i>Between 1 and 3 years</i>	<i>Between 3 and 5 years</i>	<i>Over 5 years</i>	<i>Total</i>
Frequency	12	4	3	24	43
Percentage	28%	9%	7%	56%	100

In six cases (14%), young people became looked after without their families having any previous contact with social services. One young person entered care following the death of his mother. All five other young people had been victim of severe forms of abuse and neglect and all contact with parents had been stopped during their care careers.

Children's ages on admission were not correlated with the length of time their families had been known to social services. This signifies that the potential influence of periods of family disruption on future placement stability was not specific to an age group. On the whole, these findings indicate that disruption prior to entry into care increases the likelihood of experiencing disruption whilst in care.

The distinction between social services involvement with families and their involvement with young people was aimed at differentiating between young people who might have displayed difficult behaviour in an otherwise ordinary family context and those who might have been part of a more complex family situation. In effect, very few young people had necessitated extended intervention without their family also being in some sort of crisis or difficulties. Both periods during which families and young people were known to social services before their admission into care were strongly correlated ( $\rho = .456$ ,  $n=43$ ,  $p < .01$ , two-tailed). It could therefore be argued that the children's difficulties, be they behavioural, related to education or to abuse and neglect, were deeply rooted within their family context. In the case of ten young people, evidence of social service involvement was

recorded from birth. In one case, social services were involved as soon as the pregnancy was confirmed. In effect, the case file for the young person contained information dating 8 months before his own birth.

In the light of these results, it is not surprising to find that there was also a significant negative correlation between the length of time during which young people had been known to social services prior to their admission into care and the average length of placements throughout their care careers ( $\rho = -.304$ ,  $n=43$ ,  $p < .05$ , two-tailed).

The age at which young people first became looked after was the third age related issue identified. The vast majority of children in the sample (70%) became looked after before the age of 10 (Table 5.12). Not surprisingly, the length of care career was negatively correlated to the age on entry: young people who became looked after when they were older experienced shorter care careers ( $\rho = -.858$ ,  $n=43$ ,  $p < .01$ , two-tailed). This finding is very likely to have been influenced by the fact that the young people who come into care at a late stage were unable to experience long-term placements due to the leaving care threshold. The vast majority of the sample (77%) left care after the age of 16 and ages at entry into care were not correlated with ages at exit.

**Table 5.12: Age when first looked after**

		<i>Age on entry into care</i>				<i>Total</i>
		0 to 4 years old	5 to 10 years old	11 to 13	14 and over	
Gender	Male	12	10	3	2	27
	Female	2	6	4	4	16
Total		14	16	7	6	43

A negative correlation was evident between the age of young people on first admission and the average length of placements throughout their care career: young people were more likely to experience longer placements if they entered care at an early age ( $\rho = -.463$ ,  $n=43$ ,  $p < .01$ , 2 tailed). In order to verify if this association was not simply influenced by those who had experienced a particularly shorter stay in care, the 6 young people who came into care after the age of 14 were excluded from the sample: the correlation was still significant ( $\rho = -.482$ ,  $n=37$ ,  $p < .01$ , two-tailed). This was also the case amongst the sub-sample of young people who had been looked after before the age of ten ( $\rho = -.455$ ,  $n=30$ ,  $p < .05$ , two-tailed).

It appears that both length of care careers and age on entry were correlated with overall stability in placements. Unfortunately, the size of sample did not allow for an accurate control of those two variables and it was not possible to ascertain which one – if any – was most significant. A sample constituted from young people who had spent equal amounts of time in public care but at different stages of their development could help clarify the situation.



### ***Legal status***

In order to simplify the terminology used and avoid unnecessary repetitions, young people will mainly be described either as being in voluntary care or looked after under a care order. Voluntary care refers here to Section 20 of the Children Act (1989) whilst *care order* relates to proceedings under Section 31. This includes all short or medium term alternatives such as emergency protection order and interim care order as well as the long-term option of the full care order. Although 14 young people became looked after before the implementation of the Children Act (1989), only one of them left care before its introduction. It is therefore reasonable to refer to it as the main legislative framework.

Once again, because of the sampling procedure, the young people selected had all entered care at different times and it was not possible to compare meaningfully their distribution with the whole looked after population on one given year. In order to ascertain how representative the sample was, annual figures made available by the DfES were collected over a six-year period and compiled (Table 5.13). The use of data collected over such an extended period of time reflects partly the spread of the sample; it also helps reduce annual variations.

**Table 5.13 Children looked after in England at 31 March by legal status over a 6-year period (1998 to 2003) and project sample**

	<i>Voluntary care</i>	<i>Care orders</i>	<i>Other<sup>1</sup></i>
LA1	25%	67%	8%
LA2	22%	70%	8%
England	33%	63%	4%
Sample on entry <sup>2</sup>	63%	30%	7%
Sample on exit <sup>2</sup>	44%	56%	0

(Figures exclude children looked after under an agreed series of short-term placements)

<sup>1</sup> Includes child protection orders and freed for adoption and on remand or committed for trial or detained.

<sup>2</sup> Covers whole period for which the sample was looked after: 1986 to 2001

The official figures indicate that during the periods for which data was available, and in comparison with the national average, children in voluntary care were under-represented in both project local authorities by 8% and 11% respectively.

The sample however shows a very different distribution from both local and national populations. A majority (63%) of young people in the sample entered care under a voluntary arrangement and 30% did so under a care order. However, during their care careers, a number of young people experienced a change of status. Most young people's status changed from voluntary accommodation to being under a full care order.

These discrepancies may be attributed to the way data was collected. As for most national statistics, the figures provided by the DfES are snapshots that do not take into account the wider situation of young people at the time of data collection. The project data was recorded at two very specific points in young people's life. In order to establish a direct comparison between the sample and the national and regional populations, it would have been necessary to establish how long each individual young person had been looked after under each status. The data was not collected in the appropriate format and it is unfortunately not possible to establish if the sample was representative

One of the key principles of the Children Act (1989) is that 'the court shall not make an order under the Act in respect of a child unless it considers that doing so would be better for the child than making no order at all' (Harris, P.M. and Scalan, D.E, 1995). As a result, when it appears that being looked after away from home is the best alternative, every effort should be made to work with the parents in order to limit the use of legal procedures. As previously mentioned when discussing the reasons for which young people become looked after, the term *voluntary care* can be misleading. It was rarely the case that parents asked for their child to be looked after. In most situations described as voluntary agreements, parents merely gave their approval to entry into care. In most of the cases, relationships between parents and social workers were difficult despite the voluntary nature of the arrangements. When relationships became too difficult to manage or when it became apparent that parents had too much of a negative influence on the well-

being of their children, court proceedings were often initiated. This explains the apparent shift that occurred during the children's time in care (Table 5.13).

Depending on the attitude of parents towards social services, the legal status played a different role and issues regarding contact could create particular difficulties. Relationships between parents and children appeared usually much clearer when a care order had been imposed. In those cases, contact was well defined and as a result, there was less room for misunderstanding each other's roles and responsibilities. Reasons for which young people had become looked after were also well established. This was not always the case with voluntary agreements where a level of incertitude could develop, particularly when parents were not prepared to cooperate with the carers or with social services in general. The parents of young people who are accommodated under Section 20 are free to take them back home at any time. This appeared to have created considerable amounts of tension and misunderstanding for young people in this study who could not see why they could not return home. Two of the young people who experienced the most placement moves were in a very similar situation: the relationships with their mothers were extremely disruptive on a number of counts. Robert's story provides an illustration of the level of confusion partly created by the voluntary nature of his status.

### **Robert**

Robert never had any contact with his birth father. He lived with his mother, Jean, and her partner. When he was 8, his behaviour at school became extremely disruptive and sexualised. Eventually, an investigation revealed that his mother's partner was sexually abusing him. Jean agreed for Robert to be temporarily accommodated and she separated from her partner. The case did not go to court and Jean never acknowledged that abuse took place. She suffered from depression and felt unable to look after her son. Robert had to stay in public care. He found the situation difficult to understand and kept on running back to see his mother who would allow him to stay with her for a few days at a time. It seems that

Jean never told her son that she felt unable to look after him because of her own difficulties. Instead, she appeared to hold social services responsible for the situation and in turn, Robert developed an antagonistic relationship with social services and his successive carers. It seems to him that he was being punished because of the abuse he had suffered. His behaviour was difficult to manage and he experienced 15 placements over an eight-year period. Robert was always initiating contact with Jean and this was never reciprocated. As he spent most of his care career in close proximity to his mother's house, Robert was always able to make his own way there without difficulties. No formal contact arrangements were agreed. Eventually, soon before his sixteenth birthday, a specialised placement was sought and Robert moved a long way away from his mother's. Only then did he seem to realise that his mother was never returning his calls and was not making any attempt to contact him. The geographical distance helped him understand that his mother had never genuinely wanted him back home. From then on, Robert decided to sever any links with his mother and try to settle. During eight years however, a lot of damage had been done: he had gradually become involved in criminal activities, alcohol misuse and self-harm; he had refused any form of education and he had become unable to relate significantly to his peers or to adults. It seems that Robert had actively refused to settle anywhere or to develop any long-term relationship in order to show his loyalty to his mother and engineer a return home. He believed that social services prevented him from returning home and that his mother was also a victim of the situation. Robert received conflicting messages and chose to believe his mother. Jean seemed unable to cope with the situation but rather than admitting to her own difficulties, she allowed her son to place the blame on the local authority for her own inadequacies. Because of the voluntary nature of the care arrangements, Jean never felt that she had to comply with the agreed plans. She did not cooperate with the successive social workers and used the situation to her advantage. In effect, whilst Jean maintained parental responsibility but refused or was unable to assume it, the local authority was left with little power and was unable to impose a view on how the situation was managed.

Nine young people entered care under voluntary agreements but saw their legal status changed at a later date. Most of the changes had been caused by the disruptive nature of contact occurring between parents and children. Examples will be provided in the following section when discussing parental contact more specifically. None of the young people in the sample had a care order revoked or returned to voluntary care after having been the subject of a legal decision.

In order to find out if there was any statistical relationship between overall stability in placements and legal status at point of entry and point of exit, chi-square tests were applied to both sets of figures. No significant link was identified. This can probably be explained by the variety of situations occurring under both broad types of legal status. When parents' role was deemed particularly disruptive, social services could usually adopt a strong strategy if young people were under a care order. Contact could be well structured or even suppressed. If children were in voluntary care, there were fewer opportunities for social services to counter-balance the effects of the parental influence. In some cases, this led to care proceedings, but in others, where parental role and influence seemed uncertain, no clear decisions were made and this created more instability in placement. Finally, in some situations, although the children were looked after under a voluntary agreement, parents relied entirely on the local authority to assume parental responsibility and their involvement become minimal.

Looking broadly at legal status did not reveal any link with placement stability. However, in individual cases, it appeared that the use of voluntary care could create a vacuum where both parents and local authorities were unable or unwilling to assume parental responsibility. The management of such cases were often characterised by weaknesses in decision-making and a general level of incertitude for young people.

### ***Social networks***

Family structures and living arrangements of young people prior to their entry into care were varied. One baby had been taken into care at birth because his teenage parents had severe learning difficulties. The rest had been initially brought up by at least one of their birth parents. Twelve young people (30%) lived with both birth parents. In all but one of those cases, one or both parents were found to be physically or sexually abusive towards their children. Only four young people (9%) lived with their birth father; 3 of those fathers had a new partner. In all three cases, relationships between the children and their parent's new partner were difficult and contributed to their entry into care. Twenty young people (46%) lived with their mother as a single carer. Six other mothers (14%) had another partner. Approximately half of the young people had therefore spent their early years with a single parent. The other half had witnessed disrupted relationships between their main carers and in most cases, some form of domestic violence was recorded.

Forty-two young people had at least one sibling. In thirty-one of those cases, one or more of the siblings were or had been looked after at some point in their life. Three of the children who had siblings did not live with them prior to being looked after and were therefore raised as an only child. No correlation was found between the number of siblings or the number of siblings looked after and the average length of placements.

Difficulties in housing were present in a number of families. Five couples and single mothers lived in conditions described by social workers as unsuitable for raising children. Four fathers, separated from their child's mother, were homeless; an additional 5 were experiencing housing difficulties which contributed to their inability to provide alternative living arrangements for their children. One young mother was changing accommodation so often that her social worker was unable to keep an accurate record of successive addresses. Moves occurred every few weeks and included periods of stay with friends and acquaintances as well as some episodes far away from the home authority.

The large majority of families were described as lower social class. Most women were unemployed and only a few men were described as working regularly. When the information was available, they appeared to be in low-paid labouring jobs. One couple presented an exception as both parents were employed; one man – a single father – held a middle management position and his career appeared to take priority over parenting duties. A handful of families were described as middle class. Fifteen main carers were reported to experience severe financial difficulties.

The quality and amount of background information about parents and carers varied largely from file to file. When available, the data was usually related to mothers. Information about fathers was somewhat limited. Considering the fact that over half of the young people (60%) lived with their mother, alone or with a new partner, this lack of information is not surprising. Even when children lived with both birth parents, their mother was usually described as the particularly noticeable main carer. Some data were usually available when birth fathers presented some particular characteristics. This was the case of men who suffered from severe mental illness (n=3) or who had been involved in some very specific incidents (e.g. murder). Even in those cases, the limited extent of the information available was surprising. Most reports, including medical, social and legal, concentrated essentially on young people's mothers. This could be a reflection of a social expectation: women are normally considered as the primary carer and often have sole parental responsibility – particularly prior to the introduction of the Children Act (1989). It could also be a result of the difficulties experienced when working with fathers. In most instances, it appeared that fathers were particularly negative towards social services and contact with social workers was extremely limited.

The mothers of 10 young people had experienced life in public care. In seventeen cases, files reported that mothers had suffered physical and/or sexual abuse, either as a child or at a later stage within a relationship. Six fathers and seven mothers had served time in prison. This had led to one young person being taken

into public care. In all other cases, children had been cared for by their extended family or family friends whilst their main carer(s) was/were imprisoned. Ten birth mothers had a history of substance misuse often associated with alcohol abuse; a further two women were described as alcoholic. Most of those with a history of drug misuse had been involved in criminal activities. Six mothers had been involved in prostitution. None of those variables had any significant correlation with young people's average length of placements.

In 17 cases, families or main carers had been known to social services and had previously received some level of provision or supervision for issues unrelated to the child whose file was studied. One file contained evidence of regular social work involvement with a family, which started 23 years before the birth of the child. On the whole, there was a significant negative correlation between the length of time young people were known to social services before they became looked after and the average length of placements during their care careers. This suggests that young people whose families display the most needs or difficulties also find it more difficult to settle in care placements (See previous section: Young people's age).



### ***Family contact***

As for many other variables, family contact with children in public care is difficult to describe. It is an extremely dynamic variable. Even through single placements, the patterns, frequencies and quality of contact can vary tremendously. Variations through a whole care career are more or less infinite. Contact could take place in a multitude of contexts. This could be supervised or unsupervised; it could take place at the parental home, the carer's home or in a neutral place such as a day care centre; it could be limited to phone calls or letters. Children or parents could initiate contact and this could be reciprocated or not. On the whole, contact was rarely described as positive. It could have immediate and lasting effects on the behaviour of children: this ranged from anxiety and symptomatic behaviour to simple excitement in advance of the meetings; it could be followed by disappointment, sadness or anger when the parents did not turn up or did not deliver the expectations; some children also displayed an apparent total lack of interest. Young people rarely appeared to see the lack of contact as a particular issue. When it did cause difficulties, it was usually associated with the wish to return home. This could be the result of a bias in the way information was recorded on files but the comments written by young people in advance of statutory reviews were particularly helpful in assessing young people's wishes in that area.

No suitable statistical indicator of the level or quality of contact could be devised and individual case studies appeared the most appropriate way to analyse the influence of parental contact. Effects could be organised into three broad categories: positive, negative and insignificant. Daniella's story is one of the rare instances where contact was seen to contribute to placement stability.

### **Daniella**

Daniella's parents lived together until she reached the age of ten. They then separated: Daniella's mother left the area and did not contact her daughter thereafter. Daniella lived with her father apparently without any problems until he found a new partner. At the end of the first year of life with the remarried couple,

social services were alerted due to Daniella's poor school attendance. After a year, the situation escalated: Daniella refused to go to school. Her father admitted that she was out of his control and asked for her to be admitted into voluntary care in order to assess the situation and try to improve their relationship. Aged 14, Daniella spent two months in a local residential unit. She was in regular contact with her father and things seemed to get better between them. They both agreed that she should return home. Within two days of her returning home, the situation deteriorated so much that an emergency placement was organised for Daniella. There was no vacancy in the local units and she was placed out of county. After several months, Daniella returned to her hometown and stayed in a third residential unit where she lived until the age of 16, when she started living independently. During her three placements, Daniella had maintained contact with her friends, extended family and father. She had presented no behavioural problems, had built positive relationships with several members of staff and had received minimal input from social workers. She attended and achieved well at school. There was no evidence that Daniella has been abused or maltreated at any stage of her life (at home or in care). The main problem appeared to be in her relationship with her stepmother. Yet, there was no evidence that any work was undertaken with Daniella to discuss issues related to her mother leaving and the position of her father's new partner. Throughout her time in care, Daniella had remained in close contact with her father through phone calls and visits. Both father and daughter initiated contact. Daniella's father even played an active role in helping her to stay in touch with her extended family and friends by providing lifts in his car whenever possible. There was no sign of rejection from either part and it appears that they had come to an understanding that neither of them would change the way they felt about Daniella's stepmother but they both agreed to work around the issue. Without this level of contact, Daniella might have lost the secure base that helped her settle in an otherwise difficult environment: all three placements ended as they had been planned.

Unfortunately, Daniella's experience seemed to have been rather exceptional and contact was often a source of difficulties in the management of individual cases. Child protection issues were the most obvious causes of worry. In such cases, legal action was usually taken and contact became supervised, limited or was totally suspended. When no particular risk was identified, parental contact was also often described as having a negative influence on young people and many carers complained and requested its interruption. The reported effects included high level of anxiety and symptomatic behaviour before and after the visits. Young people felt let down when their parents did not attend visits or did not pay any attention to them. This seemed to renew or increase the feelings of abandonment. In turn, this led to some young people refusing to have any further contact. In the cases of the youngest children, decisions seemed to rest fully with professionals.

One pair of siblings aged 4 and 5 had supervised contact with their mother in a day care centre. Both children became agitated in advance of the weekly meetings. This included difficulties in sleeping and bedwetting. During the visits, both children deliberately avoided her and even refused to acknowledge her presence. She seemed totally unable to interact with her children and no progress was made despite help from the staff. After six-months, visits were reduced to fortnightly occurrences but the pattern of behaviour did not change. It was decided that direct contact should cease. At no point did the children ask for contact to be interrupted, but they both expressed their relief when the decision was taken. Letters were exchanged on special occasions (birthdays and Christmas) but this came to an end after 3 years and only very occasional letters were received thereafter. Both children remained stable until their late teens when an unrelated incident caused disruption.

Parental contact created another kind of disruption that Robert's story – presented in the section on legal status – already partially illustrated. One of the characteristics of the contact pattern established between Robert and his mother was that he was the only one to ever initiate contact. His mother never phoned or

visited him. Without clearly turning him down, she constantly reinforced the idea that he was not really wanted. She created expectations that she was not prepared to fulfil. For many years, Robert remained convinced that his mother wanted him to live with her and he was led to believe that the local authority was preventing his return home. Because she refused to admit to him that she was unable or unwilling to look after him, Robert's mother did not allow him to settle elsewhere and to build up new relationships.

Occasionally, parental contact could be seen as insignificant. In a small number of cases, young people maintained contact with one or both of their parents but did not appear to be either negatively affected or to benefit from it. In all of those instances, contact arrangements had been clearly set out and were usually limited to monthly occurrences or less. It appears that all protagonists were acting out of some sense of duty. Young people showed no sign of emotion prior, during or after the visits. Parents were described as cold and showing little interest. A common characteristic of those situations was that a gradual decrease in the number of visits took place and was always followed by a total interruption. The artificial nature of the circumstances were never conducive to a development of relationships, particularly when taking into account the fact that those were often poor prior to the entry into care: all cases included some form of neglect or abuse. On four instances, young people tried to renew the links with their parents in their late teens after several years without any contact. In all four cases, young people severed the links again after a few visits. Because of the level of independence of the young people, social workers and carers had little involvement in the process and very little information was recorded. It is likely that interviews with young people would help get a better understanding of such experiences but without further information we are limited to conjecture.

In most cases, when contact with parents was happening, it appeared to be an essential feature in the life of young people. When they were under a care order, contact was relatively limited, followed an agreed procedure and it tended to

decrease even further as time went by. When young people were in voluntary care, contact was a source of conflict or confusion in most cases. This was essentially due to the ambivalent attitude of parents who were often unclear with their children about the reasons why they had become looked after as well as about the prospect of a return home and the conditions leading to such a return.

## Chapter 6: Young People And Their Care Careers

### **Placement aims**

Describing care placements in a meaningful way requires distinguishing their aims. Placements are diverse in nature and it is essential to compare like with like. As well as the physical context (e.g. residential or foster care), the social context and aims of placement need to be taken into consideration. This is also necessary in order to evaluate an outcome in relation to an initial aim. For this purposes, most official indicators distinguish *agreed series of short-term placements* from other types of placements. The reasons behind this differentiation are understandable. As it is generally accepted that large numbers of moves are likely to have negative consequences on the well-being and development of children and young people, it is also accepted that such numbers are indicative of the level of performance achieved by each local authority: stability is a sign of success. However, providing regularly short-term placements –or respite care- can be an effective way of maintaining a child in his or her family or in an alternative long-term placement. In such cases, a multiplicity of placements can be a sign of good practice rather than an indication of instability in the care provided. There is therefore a real need to differentiate placements according to their aims. However, establishing individual aims with the information contained in case files is not a simple task.

The difference between *agreed series of short-term placements* and other types of placements is not always clear. In several of the cases studied, what had been initially described as a respite placement turned out to be a long-term alternative. In some instances where placements had become particularly unstable, respite accommodation was organised in order to prolong the initial placement and support the carers. Unfortunately, it often appeared that the initiative had been taken too late and the long-term carers refused the return of the child they were fostering. Respite placements had to become medium or long-term alternative at a very short notice. Such situations were often difficult from the start: very little time had been spent in the matching process and foster carers, who had agreed to

provide short-term respite care, were often unwilling to commit themselves to the long-term placement of a child that they had received little information about. In such situations, the initial purposes of each placement changed with very little planning and in consequence, it became very difficult to evaluate their success.

The way placements are categorised and accounted can provide a useful framework for data analysis even if ultimately it is not what really matters to individual children. Each experience is unique and it is clear that some series of short term placements can be perceived as an extension to the care normally received. This can be an experience similar to that of children spending weekends or school holidays with relatives or family friends. It is also apparent that in some instances, the experience is not so positive. One of the young people included in the sample experienced 18 respite care placements over a 6 weeks period in order to support the long-term foster placement he was in. Altogether, eight sets of foster carers (single carers or couples) provided these placements. The experience of that young person could have probably been enhanced if it had been possible to use the same carer(s) for the whole series of placement. This would have minimised the disruption and helped the young person create more meaningful relationships. Although those 18 placements would not figure in the official indicator for stability (indicator A1 of the Performance Assessment Framework), they would almost certainly be an important part of the life experience of the young person in question.

From 2000 onwards, the official statistics provided by the DfES indicate that each year, approximately 12500 children are looked after under an agreed series of short-term placements. These include family link placements, short-breaks or respite care (DfES, 2003). The DfES does not provide an indication of the actual number of such placements (some children might experience several placements). Whatever this figure may be, this constitutes a considerable amount of placements that are not taken into account in the calculation of the A1 PAF indicator despite

the potential consequences such series of placements can have for individual young people.

Each placement recorded during the fieldwork was categorised in terms of general aim (Table 5.14). The distinction between different types of short-term placements was particularly difficult to establish. Such placements often appeared to be the result of an emergency or crisis situation hence it is not surprising that their specific aims were not always clearly stated or that planning seemed somewhat limited. Agreed series of short-term placements were not included if it could be clearly established that they were the result of planning rather than the consequence of a crisis situation: a succession of emergency placements cannot be directly compared to a series of respite placements fully integrated into individual care plans. For all other placements, whenever a clear objective had been set and recorded on file, this information was used. However, because this type of detail was often missing, the categorisation also required a certain level of personal judgment and the result is undoubtedly subjective. For instance, despite being described on file as *respite*, a placement could be categorised as *emergency* if no return to the original placement actually occurred. Placements were described as *interim* if they bridged a time gap between the end of a previous placement and the beginning of a new one, which was yet to be finalised, or which was not immediately available. *Task* centred usually included medium term placements when a clear objective had been set with the carer(s), other than providing an appropriate level of care. These objectives could be extremely varied and covered areas such as social skills, hygiene or self-esteem. In some cases, placements were described as task centred but there was no evidence of any specific objectives or tasks. Placements in secure accommodation were normally categorised as *task centred*: aims included anger management, drug and alcohol awareness and improvement to self-esteem. *Long-term* placements were aimed at providing stability and developing lasting relationships. Finally, several placements were described in case files under the generic term of *assessment*. In five cases, this aim was undeniably present and the carers provided information that would



influence the choice of future placements or the way young people would be further supported. However, in most instances, this term seems to be used as a convenient justification for placements that did not appear to have any other aim than to provide subsistence and a place to stay whilst somewhere more appropriate could be found. In most cases where there was no evidence of any actual assessment, placements were put in the *emergency* category.

**Table 5.14 Frequency and percentage of placements according to their broad aims and average length of placements in days (Agreed series of short-term placements are not included if it could be clearly established that they were an integral part of the care plan)**

	<i>Frequency</i>	<i>Percent</i>	<i>Mean</i>
Emergency	100	38.3	196
Long term	99	37.9	921
Interim	31	11.9	181
Task centred	26	10	211
Assessment	5	1.9	87
Total	261	100.0	469

Table 5.14 reveals that emergency and long-term placements were the most common type of placements (approximately 38% in each category). As expected, the average length of time spent in different type of placements varied widely: long-term placements lasted two and a half years on average whilst in cases of emergency, the average length was six and a half months. However, the average length of placements seems to hide a more complex situation. Over 32% of intended long term placements lasted less than three months and approximately 25% lasted over three years. Although the large majority of emergency placements lasted less than three months (75%) a relatively large minority lasted for over one year (13%) with four of those going on for over three years. In some of those cases, the aims were formally changed at some point during the placement. However, in most of these situations, placements seemed to carry on and become long term alternatives by default.

Thirty-one interim placements were identified (12%). They lasted 6 months on average, with 10% of them going on for over one year. In many cases, the use of the term *interim* seemed slightly stretched. For instance, seven young people

experienced a series of successive interim placements varying from 2 to 8. The reasoning behind defining interim placements is that they should end with the provision of a long-term alternative. A series of interim placements therefore indicate that either each placement ended in an unplanned way or that the pursuit of a long-term alternative was unsuccessful for an extended period of time. Once again, the identification of clear aims for each care episode seemed inaccurate on a number of occasions.

Task centred placements constituted 10% of all placements recorded. The dispersion of the sample in terms of placement length was extremely wide. The average length of placement was 7 months but varied from 2 weeks to over 2 years ( $sd=187.7$ ). In most cases, the aims of the placements were very vague. Matters such as anger management or improving self esteem were recorded in the care plans but there was very little evidence that specific work was taking place or that strategies to deal with those issues had been discussed with the care providers. Evidently, this is not to say that efforts had not been made to address the issues identified, but it did not appear that *task centred* placements were significantly different from other long term placements. The term seemed to indicate that the young people in question displayed particularly difficult and challenging behaviour.

Trying to describe the aims of each individual placement turned out to be a significant challenge and although a categorisation has been established, it is unlikely that it reflects accurately the decisions made by social work staff at the time each placement was agreed. Despite its limitations, the process was extremely useful in highlighting two particular issues. Social workers often appeared to be placed in emergency situations, which did not allow them sufficient time for planning individual placements. This seemed to be confirmed by the relatively limited time gap between initial referral and eventual admission (Table 5.15). If the mean average is slightly over two weeks, the vast majority of placements (66%) happened three days or less after the initial referral. The referral

process took one month or more in only fifteen per cent of cases. Unfortunately, accurate information was not available for all placements (180 out of 261) hence this must be interpreted with caution. Just over sixty percent of the missing data relates to long-term and task centred placements, which are the situations where most planning is apparent according to the data available. However, the fact that there is no record of referral or planning prior to a placement is a likely indication that little preparation had taken place. This is very much in line with Cleaver's findings (2000) whereby only half of the children due to be fostered by strangers had met their prospective carers prior to placement.

**Table 5.15 Length of time in days between referral and admission to each placement (Mean, median and standard deviation)**

<i>n</i>	180
Mean	16.28
Median	1
Std. Deviation	39.86

(Agreed series of short-term placements are not included)

Another issue arising from the categorisation of placements according to their aims is the apparent limited array of placements available at any one time. This seemed to be generally insufficient to cater for the needs identified within care plans. In 18 cases (10% of placements for which data was available) gaps between referral and admission were three months or over. The delays were always caused by the lack of placement availability and young people were placed on waiting lists. In all but three cases, young people experienced at least one additional placement during the waiting period. Interestingly, there was no positive correlation between the time spent waiting and the length of the eventual placement. In several cases, it appears that the weight of expectations played a negative role. The influence of the waiting period manifested itself in two ways. Some young people seemed to have built an unrealistic picture of the placement and were soon disappointed. Others appeared to have felt rejected by the prospective substitute carers because they had been made to wait for so long, even before the placement had started. As a result, they seemed to put the placements to the test to such an extent that these ended prematurely. On three occasions, different young people had been

introduced to potential carers and experienced a slow but extensive matching process and introduction. This included day visits and overnight stays. In all three cases, the young people expressed a lot of interest and appeared very keen to move in. However, following delays in the process, they refused the placements before it even started despite their initial interest. Although these incidents are not registered as placement interruptions, they are nonetheless likely to deeply affect young people. Feelings of rejection can be created or reinforced. Relationships have been established and ended negatively.

Although all case files featured care plans with evidence of statutory reviews and updates, aims of placements were often poorly described, especially in the cases of young people who were particularly mobile. Series of placements were often recorded with no reference to agreed plans and on some occasions, placements were not fully recorded. In those cases, anecdotal evidence such as records of phone messages had to be used to build an accurate chronology of young people's care careers. In these conditions, it is not surprising that individual aims were not particularly prioritised: finding any accommodation appeared to be a challenge in itself and the match between needs and service provided often appeared to be left to chance.

### **Placement patterns**

It is relatively difficult to devise indicators that would reflect accurately different types of placement patterns. Two areas lend themselves more particularly to statistical description and have been subject to particular attention: one is the timing and frequency of placement moves during a care career; the other is the transition from one type of placement to another. One of the official indicators commonly used to evaluate the stability of the looked after population will also be looked at in order to assess how it reflects individual experiences.

### ***Frequency of placement moves***

Comparing the experience of the cohort with that of all young people looked after either locally or nationally, presents a number of difficulties. None of the official figures provide information on young people's care careers as a whole. Each set of figures represent either a snapshot of a given population at a specific date or a sum of information concerning a population over a one-year period. The number of young people experiencing three or more placements in one year is the indicator most commonly used at present time (A1 PAF). However, the analysis of individual case stories seems to show that this indicator is of limited value, essentially because it describes very different realities with one single measurement.

It was not uncommon for children to experience three successive placements soon after their entry into care. Twelve young people had been in this situation (28%). In some cases, those initial placements had been very brief and followed an emergency situation. There was rarely any intention that these would become long-term alternatives. In truth, it would be unrealistic to expect finding a perfect match for a young person within days of their admission into care. It was apparent that initial placements were seen as temporary accommodation whilst an appropriate long-term alternative could be found. In some instances, an initial series of short-term placements could lead to long-term stability. In those cases, young people seemed to be informed and involved in the matching process. There was no indication that young people found the situation particularly confusing or upsetting. Conversely, in several cases, temporary situations lasted far longer than initially anticipated because appropriate long-term placements were not available.

The extension of placements that were initially supposed to be short-term alternatives could lead to complex circumstances where young people and carers alike were often discontented. A letter written by a foster carer explained very clearly the difficult situation in which they found themselves: they had agreed to accommodate a young boy for up to one month until a suitable placement could be identified. Because of the short-term nature of the situation, a school placement

was not immediately sought. After eight months, there was no indication that any alternative placement had been found. The carers had recently adopted an older child they had been looking after for several years. The young boy could not understand why he was regularly told that he would not have a future in the family whilst someone who had been in a similar position to his had just become a permanent member of the household. The foster carers felt powerless and complained about the injustice they could see developing in their own home. They felt that they were letting the child down because of the perceived inefficiency of the local authority. It took another three months before another couple of foster carers was found. The new placement – aimed at being long-term – ended within two months. This situation was very similar to that of Joe's, whose story was reported in a previous section (Ethnic origins).

The main problem with the A1 indicator is that it does not take placement context into account. A succession of short-term placements is not always synonymous with long-term instability and a prolonged placement that does not respond to the needs of a child does not either constitute a positive outcome. There may be little point in reporting the frequency of moves without a complementary indication of stability. According to the Department of Health (1999b), the main purpose of the indicator is to describe local authorities' levels of success in ensuring that 'children are securely attached to carers capable of providing safe and effective care for the duration of childhood' (p.10). In the context of attachment, one alternative way to identify instability would be to find out children who do not experience long-term placements. In the sample, one young boy provided an extreme example of total instability: he spent over five years in care but had never stayed in one placement for longer than eleven months. Four of the young people who had been in care for five years or more had never experienced a two-year period of stability. Seven young people who had been in care for a minimum of eighteen months and a maximum of six years had never experienced a placement lasting as long as twelve months. In all those cases, it is the absence of any long-term stability rather than the number of placement interruptions that is staggering. In fact, most of those

young people would not be identified by the current indicator because they would rarely experience as many as three placements in one year.

### ***Move towards residential care***

It is well documented that young people who experience foster placement interruption are often directed towards residential care (Millham et al.1986; Berridge and Cleaver, 1987; Rowe et al., 1989). This pattern seems also to be in evidence in the present sample.

**Table 5.16: Frequency and percentage of young people classed according to the nature of their initial and final placement, and average placement length during care career (in days).**

	Average placemen t length		
	Frequency	Percent	
Foster care only	20	47%	1343
Residential care only	4	9%	337
First placement in residential care and last in foster care	3	7%	467
First placement in foster care and last in residential care	13	30%	380
Residential placement followed by fostering and return to residential care	3	7%	369
Total	43	100%	

Table 5.16 shows that the largest group of young people in the sample had experienced foster care only; the second largest group had initially been placed with foster carers before moving to residential care. Four young people had been in residential care only; they all had become looked after relatively late, aged 13 or over. None of the young people who had been initially placed in foster care experienced residential episodes followed by return to foster care. Only three young people had started their care career in residential settings before moving to foster care. An additional three were initially placed in residential units before moving to foster care and finally returning to residential care. The first placement was short (less than 6 weeks) in all but one case (12 weeks); they were all the result of an emergency situation. Four of those six children moved to foster care after one single residential placement. Two had 2 short residential placements before moving to fostering. In those six cases, the initial residential experience had been a first step before a long-term alternative in foster care could be found. This



experience is probably not really comparable to that of young people who moved into residential settings after a failed foster placement and/or with a long-term perspective.

It is interesting to note that the most settled population is constituted from young people who have spent their whole care career in foster care: the average placement length during their care careers is approximately 45 months. Young people who had been in residential care tended to experience significantly shorter placements than the rest of the cohort ( $Z = -3.093$ ,  $n_1=20$ ,  $N_2=23$ ,  $p < 0.01$ , two tailed). In fact, average length of care placements throughout care careers were negatively correlated to the number of residential placements experienced ( $r = -.401$ ,  $n=43$ ,  $p=0.01$ , two tailed).

On the whole, a move to residential care is an indicator of the problems experienced by young people and the difficulties foster carers have experienced in dealing with them. There was no incidence of successful return to foster care after an episode in residential settings (except for those who were placed in residential care on entry into care). Young people who finished their care career in residential settings were likely to have experienced the shortest placements during the course of their life in public care. There was however one notable exception: a teenage boy who had experienced six foster placements eventually requested a move to a residential setting. The young person apparently found it extremely difficult to relate to his carers and felt that relationships within a family setting were too intense. He was not prepared to invest emotionally in such relationships and favoured the more impersonal environment that residential life could provide. A move to a local children's home was organised. The placement was very successful; it lasted two and a half years, until the young person left care. The case of Daniella (Section on family contact) also showed that young people could adjust positively to life in residential care. She purposefully refused to consider a foster placement. Her entry into care had been caused by relationship difficulties experienced with her stepmother and Daniella stated that she would rather not live within another family

in order to avoid the risk of falling out with the potential carers. Both cases were at odds with the majority of young people whose moves to residential care were seen as last resource actions and presented some kind of breakdown. They usually followed a succession of failed foster placements or took place because no other alternatives were available.

## Contextual factors

Contextual factors are defined here as all the variables likely to have an influence on the way young people react and adapt to life in substitute care but that are not directly related to their own characteristics or past history. All of the factors described here have already been identified in previous research. No other factors emerged from the data collection or its analysis. This is not really surprising because the emphasis of the project was on identifying variables that affect young people along the whole of their care careers rather than at particular points across them; large scale studies are better suited to identify contextual factors. Nevertheless the longitudinal approach of the study provides some insight on the way factors usually associated with one placement can affect long-term stability.

## Placement type

In a way similar to that employed for legal status, national and regional data has been collected for a six-year period (1996 to 2001) and compiled in order to provide some point of comparisons for the sample distribution. Table 5.17 indicates that the distributions of placements provided in both project local authorities are very close to the national picture. On the whole, two third of the population is looked after in the fostering sector. Placements with parents were the second most common type of accommodation, closely followed by the residential sector. The national figures however indicate a gradual diminution in the number of young people placed with their own parents (16% in 1996 against 12% in 2001).

Table 5.17 Children looked after at 31 March by placement type over a 6 years period (1996 to 2001)

	<i>Foster placements</i>	<i>Children's homes</i>	<i>Placements with parents</i>	<i>Others</i>
LA 1	66%	12%	13%	9%
LA2	62%	15%	12%	11%
England	66%	12%	14%	8%

Figures do not include agreed series of short-term placements

The figures available for the research sample are not strictly comparable with the official data because the first set is a compilation of all the placements experienced by young people over the whole of their care careers whilst the latter is a snapshot of the situation on a given day. The sample is also composed essentially of children who have spent long periods of time in public care whilst the official data include all young people looked after on a given date, regardless of how long they have been in care.

Table 5.18 shows that young people from the sample have experienced more placements in children's homes than might have been expected in comparison with the national and regional distributions. The total and the average time spent in each type of placement constitute an additional indicator of the sample's distribution. It reveals that on the whole, children spent 71% of their life in care within the fostering sector. Foster placements lasted on average eight months longer than those in children's homes (Table 5.17). This figure was however strongly affected by some of the most stable cases: four young people had been in the same foster placement for over ten years. The longest episode in a children's home was slightly over three years.

**Table 5.18: Sample distribution in terms of number and total time spent in each type of placement.**

	<i>Foster placements</i>	<i>Children's homes</i>	<i>Placements with parents</i>	<i>Others</i>	<i>Total</i>
Placement	57%	29%	6%	8%	261
s Time spent	71%	22%	2%	5%	345
Average	20	12	6	9	years <sup>1</sup> 16
length of placements (months)					

<sup>1</sup> Sample's cumulated time in public care

The apparent difference between both national and regional distribution and the project sample may indicate that children who spend longer in care are more likely to spend some time in children's homes. This was not confirmed by the distribution within the sample itself; there was no statistical correlation between the time each young person spent in care and the number of placements in children's homes they experienced.

In the light of the findings already presented in previous sections, questions can be raised with regard to the validity of comparing placement length in different types of care provisions. If the aims are different, outcomes should not be evaluated in the same way. Placements in children's homes appeared more likely to happen in situation of emergency, crisis or when a young person presented too many difficulties and was not considered suited to foster placements. A chi-square test confirmed that a relationship existed between the aim and the type of placement ( $X^2=8.881$ ,  $df=2$ ,  $p<.02$ ). The calculation only includes the two most common types of placement and the two most common aims. Low frequencies in other categories did not permit the use of this test.

**Table 5.19 Type and aims of placements**

	<i>Placement aim</i>			<i>Total</i>
	Long term	Emergency	Interim	
Fostering	66	46	23	135
Residential	20	36	8	64
Total	86	82	31	199

Table 5.19 shows that young people were more likely to move into children's homes if the aims of the placement were to provide emergency accommodation, whilst moves into fostering were more often associated with long-term aims. Furthermore, previous results with regard to placement patterns suggested that young people who ended their care careers in residential settings were likely to have experienced the most placement disruption. A chi-square test confirmed that there was a relationship between the type and length of placement. ( $X^2=10.544$ ,  $df=3$ ,  $p<.02$ ).

**Table 5.20 Type and length of placements**

	<i>Between 5</i>				
	<i>Less than 5</i>	<i>months and 1</i>	<i>Between 1 and 2</i>	<i>Over 2 years</i>	
	<i>months</i>	<i>year</i>	<i>years</i>		
Foster care	96	27	9	32	164
Children's homes	42	19	9	5	75
	138	46	18	37	239

Table 5.20 shows clearly that the number of young people in children's homes decreases with each interval. The majority of residential placements (56%; n=42) lasted less than five months. However the distribution of foster placements is more surprising: 59% (n=96) of them lasted less than five months. The main difference between both sets of placement is that 20% (n=32) of foster placements lasted over two years whilst only 7% of residential placements did so.

Comparing the length of placements in different settings according to the initial aims can help to understand why the number of short placements was so high in foster care. Table 5.21 shows that placements aimed at providing long-term care lasted longer in the fostering than in the residential sector. Conversely, emergency placements were longer in the latter than in the former.

**Table 5.21: Average placement length according to aim (months)**

	<i>Long term</i>	<i>Emergency</i>
Foster care	40	5
Children's homes	12	9

There are essentially two lines of explanation for those differences in outcomes. Both are inter-related. Firstly, children's homes appear to deal with challenging behaviour in an extremely different way to foster carers and children are often placed in residential settings as a result of their difficult behaviour; secondly, once in a children's home, young people are less likely to return to foster care and the choice of placements available to them is increasingly limited, which can lead to the extension of placements that were only meant to last for short periods of time.

The first explanation is supported by the fact that children placed in children's homes display more difficult and antisocial behaviour than those in foster care. A cumulative measure of the scores of young people for twelve aspects of anti social behaviour was significantly correlated to their presence in residential care ( $U=611.5$ ,  $N_1=93$ ,  $N_2=51$ ,  $p< .001$ ). A further series of non-parametric tests (Mann-Witney U) were calculated and revealed that young people in residential placements were significantly more likely to be involved with the police<sup>8</sup>, to use violence against other young people<sup>9</sup>, members of the public<sup>10</sup> or their carer(s)<sup>11</sup>, to become engaged in stealing<sup>12</sup>, alcohol<sup>13</sup> and substance misuse<sup>14</sup>, to go missing<sup>15</sup>, bully other children<sup>16</sup>, engage in inappropriate sexual activities<sup>17</sup> and self-harm<sup>18</sup>. Only one variable was not significantly related to being in residential placement: causing criminal damage and/or destruction of property. It is worth noting that such incidences might be under reported in residential care where this behaviour is more easily accepted than in a family context where quite the opposite, damage to the carers' properties is likely to be made more of an issue.

On the whole, this is not to say that children only started displaying anti-social behaviour when they moved into children's homes. Instead, it appears that they were allowed to develop such behaviour to a far greater extent. Foster carers' thresholds of tolerance were much lower than those of residential staff and attitudes or conduct which would have otherwise most likely led to placement disruption were more easily accepted in children's homes. This culture of acceptance, the presence of other young people experiencing difficulties, the fact that they were significantly less likely to attend formal education ( $X^2=10.466$ ,  $df=1$ ,  $p= .001$ ) all appeared to contribute to an increase in levels of anti-social behaviour.

<sup>8</sup>  $U= 2863.5$ ,  $N_1=121$ ,  $N_2=55$ ,  $p= .001$ , (two-tailed)

<sup>9</sup>  $U= 2057.5$ ,  $N_1=120$ ,  $N_2=55$ ,  $p< .001$  (two-tailed)

<sup>10</sup>  $U= 2926.5$ ,  $N_1=116$ ,  $N_2=55$ ,  $p= .006$  (two-tailed)

<sup>11</sup>  $U= 1871$ ,  $N_1=94$ ,  $N_2=53$ ,  $p< .001$  (two-tailed)

<sup>12</sup>  $U= 1993$ ,  $N_1=98$ ,  $N_2=54$ ,  $p= .001$  (two-tailed)

<sup>13</sup>  $U= 1900$ ,  $N_1=117$ ,  $N_2=54$ ,  $p< .0001$  (two-tailed)

<sup>14</sup>  $U= 1859.5$ ,  $N_1=117$ ,  $N_2=54$ ,  $p< .001$  (two-tailed)

<sup>15</sup>  $U= 939.5$ ,  $N_1=116$ ,  $N_2=53$ ,  $p< .001$  (two-tailed)

<sup>16</sup>  $U= 2242$ ,  $N_1=98$ ,  $N_2=55$ ,  $p= .02$  (two-tailed)

<sup>17</sup>  $U= 2044$ ,  $N_1=116$ ,  $N_2=54$ ,  $p< .001$  (two-tailed)

<sup>18</sup>  $U= 2950$ ,  $N_1=117$ ,  $N_2=55$ ,  $p= .02$  (two-tailed)

This was compounded by the fact that the large majority of young people who moved there had already experienced multiple placement interruptions and were usually described as particularly difficult to care for. A move to residential care after family placements was likely to be perceived by young people as a sign of failure and rejection resulting in low self-esteem. The gradual deterioration in behaviour made it particularly difficult to find foster carers who would be willing and experienced enough to work with those young people. As a result, they stayed in residential placements longer than initially planned, with little chance of experiencing any form of long-term stability.

Placements with relatives were extremely stable (on average over four and a half years) but they also seemed to follow the agreed timetable.

**Table 5.22 Length of placements with relative according to placement aims**

	<i>Between 5 months</i>		<i>Between 1 and 2 years</i>	
	<i>Less than 5 months</i>	<i>and 1 year</i>	<i>Over 2 years</i>	
Long term	0	0	0	10
Emergency	2	3	0	0

Table 5.22 shows that all placements aiming at providing permanence did last over two years. Case studies revealed that all emergency placements were followed by a long-term alternative within less than one year (the longest emergency placement lasted less than 10 months). None of the long term placements lasted less than two years and the only one of them that ended earlier than planned did so because one of the foster carers died. However, despite the extreme stability of placements with relatives, individual circumstances varied widely and not all were totally satisfactory. The death of the above-mentioned carer revealed that the family had been under extreme stress but that the carers had been unable or unwilling to ask for support or advice from social workers. Soon after the death of his wife, the remaining carer explained that for nearly three years, the nephew he and his wife had been looking after had caused extreme disruption within the family. The child was immediately placed with a couple of local authority carers who described him as totally out of control, with very little understanding of social



interaction. The placement did not last and the child moved several times before a specialist placement was found outside the authority. This case highlighted one of the main issues encountered amongst placements with relatives. It seemed difficult for social workers to get the balance right with regard to contact and support. When substitutes carers had not chosen to become foster carers but had simply accepted to support a younger member of their extended family, social workers' involvement could be seen as intrusive and even disruptive. As a result, contact often appeared limited. When carers experienced difficulties, they also appeared reticent to ask for support. This might have been linked to the stigma associated with receiving social work support. It seems that both parties kept their distance, possibly because of a lack of understanding of each other's role.

Children can be in the care of a local authority but placed with their own parents. This only happened once in the project sample. A young boy aged 12 returned home after having spent 10 years in substitute care. His parents, who both had learning difficulties, had been unable to care for him at a very young age. After continuous pressure from both parents and the child, a return home was agreed and the care order was lifted twelve months later.

The situation could be more complex when young people in voluntary care returned to live with one or both of their birth parents. Nearly 35% of placements of children in voluntary care were followed by a return home. However, those returns were unsuccessful and none of them became permanent. They seemed to follow one of two patterns. Some young people who had reached their teens and had lost contact with their parents for a number of years got back in touch with them, either by accident or by choice. Tension occurred in their current placement and this was followed by an attempt to return home. In all instances, parents and young people fell out extremely quickly, sometimes within days, and permanent returns to care took place. It seems that children who had not lived with their parents for extended periods of times had gradually built up expectations that were not matched in reality.

A second pattern appeared to occur when young people had remained in contact with one of their parents – their mother in all cases – and had always expressed their wish to return home. After a series of unsuccessful foster placements characterised by frequent occurrences of going missing and running home, young people were placed home on trial. In those cases, the returns home were not clearly planned and seemed to happen despite the will of social workers and parents alike. On five separate occasions, children in foster care, who had displayed particularly challenging behaviour, ran off and returned home. The carers refused to carry on accommodating the children and in the absence of other appropriate placements, the children were allowed to stay at home. Such home returns never lasted more than a few weeks.

On the whole, comparing the efficacy of different types of placements is not very productive because it is difficult to control for the difference in aims and issues of availability. The decision of using one instead of another is often dictated by the context and the resources available. Placements with relatives are only possible in a limited number of instances. Residential placements are usually used in emergency or short-term situations when no foster placements are available or suitable. For long-term placements, the residential sector is usually used because the behaviour of young people is deemed too difficult to deal with in a family context. Residential placements generally appeared to be considered as second best to foster care. In these conditions, it is impossible to compare the respective levels of stability achieved because young people are usually at different stages of their care carers. Two young people clearly favoured residential settings (See section on moves towards residential care). They were unwilling to commit themselves to developing personal relationships within a family context. Both young people adapted very quickly to the residential life style and their placements were extremely stable. It is unlikely that the culture in place in children's homes will change significantly as long as their use is considered as a sign of the failure to provide family care.

### ***Carers' characteristics***

Unfortunately, the data regarding carers was patchy. In some instances, extensive information was available and included personal details such as age, professional activities or experience as a foster carer. However, in many cases where placements occurred at short notice, very little was recorded on file. For all placements aiming at long-term stability, correlations were calculated between placement length and the carer(s)' marital status, age, number of own children, experience as a foster carer or other related experience (e.g. teaching profession). No significant relationship was found. Some anecdotal evidence showed that less experienced carers held unrealistic expectations from the young people they were fostering. One five year old child was removed from a placement after only three weeks because the carers thought his behaviour was totally unacceptable: he had badly damaged their car whilst trying to wash it with a wire brush. The following placement revealed that the young boy was extremely caring and always trying to help. As he had been badly neglected and spent extensive periods of time locked in his bedroom, he had very little sense of practicality. Instead of expecting an instant transformation, his new carers gradually helped him to understand and use simple implements such as knives and forks. The placement was extremely successful.

One particular case raised serious concerns not only with regard to the experience of a childless couple but also in relation to the motivation that lead them to becoming foster carers. After several months, it appeared that a young person, the first to be looked after in the family, became caught in a constant battle between the two carers: they were in total disagreement about general parenting methods and gave mixed messages, changing the rules and expectations on issues such as bedtime or pocket money. The decision was taken to find a new placement for the child and in the few weeks it took to find a new carers, the couple separated and the man left the household.

The separation and divorce of a further two couples lead to placement interruption.

One correlation was significant with regard to placement characteristics. Placements were more likely to last longer if children established significant relationships with friends and relatives of their carers (with relationships rated 1 to 5,  $\rho = .492$ ,  $n = 31$ ,  $p < .01$ , two-tailed). A certain amount of caution is however necessary because of the low number of placements for which sufficient information was available (31 cases). It is difficult to establish if some carers were more able or willing to involve children in their social life, and therefore helped them integrate better the family unit, or if the extended contact was a mere sign of young people's integration. Anecdotal evidence seems to point towards the former but the lack of consistent information restricts the possibility to draw any firmer conclusions.

### ***Matching process and introduction***

Few comments can be made with regard to the overall matching process. The apparent lack of placements available reduced greatly the possibilities of choosing carers that would be particularly well suited to working with specific children. The specific difficulties encountered in matching young people's culture and ethnic background have already been discussed in the previous section on ethnic origin. One further general observation can be made. Most young people came from disrupted families with very few working parents and a high incidence of domestic violence. It can therefore be argued that most moves to foster or residential care will create a change in culture and will necessitate some level of adaptation from young people.

Preparation times in advance of placements were extremely varied. In the case of placement aiming at long-term stability, neither the time gap between first referral and an eventual move or the number of meetings between children and potential carers were correlated with placement length. Fifteen long-term placements happened within less than two days of the referral. One introduction process lasted

over seven months and regular meetings took place between the child and the carers. Six weekend stays were arranged over the two months preceding the final move. The placement lasted two weeks. Although it was an extreme case because of the extent and the duration of the introduction period, it was not unique. In fact, a number of placements did not take place despite extended preparation, including overnight stays with the carers. In all cases, it seemed that expectations had been built up extremely early and children found the waiting time difficult to deal with. It is likely that they could have felt unwanted or rejected because of the preparation period. In the instances of early disruption following a long introduction process, young people seemed to be testing their new carers commitment to them and often displayed behaviour that had not been present in previous placements.

Rather than the preparation time, the amount of information carers received in advance of the placements seemed paramount. Some foster carers expressed their disappointment and sometimes their anger because they felt that they had not been properly informed of young people's needs and background. Education status was not clarified early enough and some children who did not have a school place moved in with carers who had other professional commitments. This led to immediate difficulties and tension between social workers and carers. It is probable that some of the comments made by foster carers would have been verbal only and therefore under reported in case files. One female single carer wrote to a child's social workers after the interruption of the placement: *'I do feel like a failure and I have let everyone down. But I think you should have warned me that [child] was always stealing. I left things in the house and that wasn't fair for him or for me'*. Social workers may have deliberately kept some information from potential carers in order to ensure that young people would find a place. They could also have done so because they wanted to avoid creating preconceptions and give children a chance to have a fresh start. It might also have been simple oversight. Whichever explanation is given, such situations were not indicative of a professional relationship and the lack of information- sharing often appeared to create a rift between carers and social workers that was detrimental to placement stability.

### ***Other Children in placement***

The presence of other children in foster placements is believed to have varied and sometimes opposite consequences on placement stability (Chapter 2). The picture obtained from the case files was equally varied. Neither the overall number of children in the household nor the number of natural, adopted nor foster children were statistically related to the length of placements that were aiming at long-term stability. A range of situations was represented. This included young people who interacted extremely positively with natural, adopted and/or fostered children, as well as some instances of early placement interruption caused by relationship difficulties or negative influence. No particular pattern seemed to occur with regard to age differences or number and status of children in the household.

Twenty-seven young people had siblings with whom they had been living before entering care and who had also become looked after. In those cases, placements aiming at long-term stability lasted longer if siblings were together ( $r = .511$ ,  $n = 27$ ,  $p < .01$ , two-tailed). Analysis of individual situations revealed a diversity of potential explanations. Very few siblings stayed together throughout their care careers. Only nine young people did so and four of them constituted pairs of siblings within the sample. The remaining five had siblings who were not part of the study. Siblings who presented difficult behaviour from the outset were often separated very early and sometimes never even experienced a common placement. Because of their behaviour, such young people were also more at risk of disruption and it is difficult to attribute placement interruption to the separation. It could be argued that placing siblings together could have helped bringing more stability to their lives but there is not enough data available to confirm this. Four young people had become extremely unsettled in their placements when their siblings, who were not placed with them at the time, returned to live with their parents. Regardless of the context, these situations were likely to have caused feelings of injustice and rejection. One teenage girl became extremely distraught when her sister went back home. When her mother turned down her request to do the same, their relationship degenerated

and the young girl engaged in self-destructive behaviour, including alcohol and substance abuse as well as sexual activities and self-harm. Other siblings became separated and appeared to have totally different experiences of substitute care. Andy and Gill's story illustrates this diversity (See previous section: Ethnic origin). It is not possible to evaluate the number of such cases because insufficient information was available regarding siblings who were not in the sample.

The presence of siblings in a same placement could therefore be seen as a contributing factor to stability but it could also be considered as an indicator of adjustment to substitute care: young people who did not create particular difficulties for their carers were more likely to stay together. Because the project did not include the collection of information regarding sets of siblings, any further conclusion would be based on conjecture.

**Contact with social worker**

Despite all the attempts to collect data about contact between social workers and young people, results were extremely inconsistent and difficult to analyse. Records kept by social workers themselves are not the best source of information to evaluate the significance of their involvement. Alternative methods would have been necessary in order to assess the quality of their relationships with young people, carers and birth parents.

The number of social workers involved in children's lives was extremely varied (Table 5.23). One third of the sample had two social workers during their time in care and a quarter had six or more. There was no correlation between the time children spent in care and the number of social workers working with them. The most extreme cases included a young person who had had nine changes in eight years and one who maintained the same social worker over a sixteen-year period.

**Table 5.23: Number of social workers involved with young people throughout their care career.**

<i>Social workers</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>Total</i>
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Young people	4	13	6	5	2	-	3	4	4	41
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The average placement length throughout care careers was not correlated with the number of social workers involved. It made little sense to look for further correlations with regard to the level of contact or the staff turnover without taking into account context and aims of placements. Both frequency and purpose of the visits varied widely. Social workers could act in a reactive way by increasing their involvements during period of crisis but they could also anticipate difficulties and try to work more closely with carers or carry out work with children such as creating life-story books.

One issue emerged consistently in several cases featuring a high staff turnover. The involvement of a high number of successive social workers appeared to have a detrimental effect on the way cases were managed. A short-term approach was often developed that did not take the whole situation into account. This was probably due to the fact that successive social workers did not get the chance to understand relationship dynamics and seemed to concentrate on immediate difficulties. When young people were in voluntary care, management style was often passive. There was rarely evidence of any family work and relationships difficulties between children, parents and/or stepparents were not addressed. The case of Robert (See previous section: Legal status) would have probably benefited from a pro-active approach. His mother could have been forced to take a clearer position and admit to her son that a home return would be unlikely. Robert might have been able to develop relationships and settle with other carers whilst maintaining regular contact with his mother.

### ***Education***

The case files held by social services often provided little information about education. Typically, this included the name of the schools attended or the details of the different forms of alternative education provided. There was very little indication of the academic achievements of young people. Information such as



SATs results was not routinely recorded. Most files contained some educational reports from schools or tutors, but this was often centred on behavioural or social difficulties. Educational information recorded by social workers was often reduced to general statements such as '*doing well in school*'. Those statements were generally unhelpful and largely subjective. '*Doing well*' can mean very different things according to the context. Not only can this refer to attendance, behaviour or academic achievement but it also relates to the level of expectation of those writing the statement. The evaluation may be done according to the expected standard for the whole age group or for the looked after population. It can also be based on the perceived abilities of the child (e.g. Is the young person achieving his or her potential?).

It is unfortunate that on the whole, the information collected was not sufficient to build a satisfactory picture of individual or collective level of academic achievement. There was however some indication that recording was improving. Personal education plans (PEP) specific to looked after children have been introduced following the publication of the Joint Guidance on the Education of Children in Public Care (Department for Education and Employment/Department of Health, 2000). The time gap between the data collection in both local authorities meant that the implementation of PEP was at different stages. If the introduction had apparently not started in LA1, all the most recent case files in LA2 did contain a PEP. When present, plans followed a very basic format; they were not always fully completed. It is hoped that once fully implemented, the PEP will contain more information that would – amongst other things – allow tracing accurately the educational development of children looked after.

Broadly, there was little indication that educational placements were taken into consideration when a decision on care placement was made. On many occasions, foster carers and residential units had to look after young people who had no educational placement to go to. The data presented in Table 5.24 is relatively conservative: only 182 out of 261 placements are represented there because of the

lack of educational details present on files. It is however likely that the lack of information was partly a reflection of the absence of educational placements, hence the number of young people moving to a new care placement without being on a school roll or without an alternative source of education may be superior to the 30% recorded here. Furthermore, the *not applicable* category also includes children who were not receiving education prior to the move. This included a very small number of children who were not of school age (6%) and a large majority who were totally disengaged with education.

**Table 5.24: Young people who had to move from school when changing accommodation**

	<i>Frequency</i>	<i>Percent</i>
No	80	44%
Yes	55	30%
Not applicable	47	26%
Total	182	100

Changes in accommodation have direct consequences on the education of young people: at least 30% of children experienced disruption in schooling following a care move. Although it is not possible to establish the impact of such disruption on academic achievements, cases studies revealed that most young people who had experienced multiple educational moves became gradually disaffected and had increased difficulties in relating with their peers as well as displaying more challenging behaviour in school. Young people did not receive any formal education in at least 14% of the 182 placements for which data was available. These placements lasted on average half the length of placements where education was available. This was statistically significant ( $U=1883.500$ ,  $N_1=36$ ,  $N_2=146$ ,  $p=0.004$ , two tailed).

It would have been useful to compare the overall time spent without formal education with the relative stability of care placements. Unfortunately, the extent of the gaps present in the data collected implied that any calculation using this indicator would have been unreliable. However two other indicators were available and appeared to confirm the existence of a relation between stability in education

and in care placements. Sixteen young people were described as having learning difficulties or special educational needs. They were significantly more likely to experience shorter care placements than the rest of the sample ( $U=121.00$ ,  $N_1=27$ ,  $N_2=16$ ,  $p=0.017$ , two tailed). Young people who had a poor attendance record (rated from 1 to 5) were also more likely to experience shorter placements ( $\rho=-.485$ ,  $n=43$ ,  $p=.01$ , two tailed).

Despite this apparent association between placement stability and education provision, the case studies did not indicate that any care placement disruption had been directly caused by an absence of education placement. Such situations only appeared to create severe pressure on placements if they were associated with challenging behaviour from the young people. Attendance and behaviour at school often appeared to deteriorate in parallel with behaviour in placement. This was particularly noticeable within children's homes. Young people did not receive any form of education in over 25% of the fifty residential placements for which data was available. Similar situations were apparent in 8% of the 105 foster placements for which data was available. In foster care, it was rare to see a child stay without education for an extended period of time. A new school placement or some sort of alternative provision was usually arranged within weeks rather than months. This was probably due to the pressure exerted by carers. In children's homes, the absence of education seemed to be more easily accepted. In those cases, a pattern often seemed to develop: where young people were without a school because of a change in accommodation, they often got involved in anti-social behaviour. This included physical violence and criminal damage within the residential unit. After several months, young people became totally disengaged with education, often refusing school placements when they were eventually identified. Social networks were directly affected by the lack of regular education. Conversely, some young people who stayed in their initial school when they moved into care managed to maintain contact with their friends.

The education of children looked after is a particularly complex area. It is now well established that lack of stability in care and in education are closely related. Despite the recent emphasis placed on local authorities to improve education outcomes for children looked after, very little progress has been recorded in this area (Harker et al., 2004a). Trying to address one area independently from the other shows very little sign of success and looking for a causal link between both may be a way to over simplify the issue. It might be more productive to look for common factors leading to dual disruption. In this context, the project revealed one particularly interesting finding. The connection between education and potential placement stability appeared to be present even before young people entered the care system. Nine young people had poor attendance records prior to becoming looked after. This history of low attendance, rated from 1 to 5, was correlated negatively to the average length of placements throughout their care careers ( $\rho = -.390$ ,  $n=43$ ,  $p=.01$ , two tailed; and  $U=73.00$ ,  $N_1=34$ ,  $N_2=9$ ,  $p=0.016$ , two tailed, where attendance is considered as a binary variable). Regardless of the fact that they are looked after or not, school disruption is an indicator of the wider difficulties experienced by young people. In the cases recorded here, the lack of parental support and the family difficulties appeared to contribute greatly to problems at school and in care. None of the young people had become accommodated simply because they had poor records of attendance. School absenteeism had raised concerns and acted as a trigger for social services enquiries, which in turn revealed more deeply rooted issues.

### **Finances and facilities**

Evaluating the financial implications and the efficacy of resources set in place by both local authorities was not the aim of the project. It was clear from the outset that the relevant data would not be available and it would be unreasonable to draw strong conclusions from the information contained in individual case files. A number of situations provided anecdotal evidence of how a lack of resources or budget limitations could affect young people.

The limited availability of placements has been reported in previous research (Millham et al. 1986; Packman et al. 1986) and not surprisingly, this was an issue apparent in both local authorities. In 39 cases (15%), young people returned to a residential placement that had previously failed. In most cases, it was acknowledged that the placement was not suitable but there were no other alternatives. Social workers, residential staff and parents expressed concerns; young people themselves complained about returning to live in units which they had previously left in difficult circumstances. Four young people were placed with carers who were registered for working with adults with learning difficulties rather than children. One of the young people spent over one year in such placement. In that case, the placement was extremely stable and there was no evidence that the care provided was not appropriate. However, it was clear from the outset that another placement would have to be found. In six instances, young people who were in an emergency situation were placed with private carers because no other option was available. In some cases, the children were even placed outside the local authority's boundaries. After several weeks, and sometimes several months, the children were moved back with local authority carers in order to cut the cost of placements. Decisions seemed to be taken regardless of the children's needs or of the way they had adapted to life with their new carers. Children in such situations were simply uprooted and lost overnight the contact with carers, with other children that might have lived in the family and in some cases, with school friends and teachers. In all those cases, young people had experienced one unnecessary move simply because no appropriate placements were available on admission.

The lack of resources and funding limitations appeared to have some long-lasting consequences on a number of young people. When a particular need had been identified and it was agreed that a specialised placements should be sought, delays in obtaining funding and/or in finding the appropriate provider were frequent. During the delays, young people were placed within children's homes or with carers who were unable to meet their needs. This could lead to several placements

moves and to detrimental effects on their well-being and on their behaviour, including education disruption. The following case story illustrates how the apparent lack of resources contributed to increasing the difficulties experienced by a teenage girl, Victoria.

### **Victoria**

Following the acrimonious divorce of her parents, Victoria lived with her father, his new wife and her three children from a previous relationship. Victoria lost all contact with her mother between the age of three and ten. When she was fourteen, her father asked for Victoria to be accommodated: she was out of his control; she was constantly going missing, she refused to go to school and was sexually active with older men. Furthermore, social services suspected that Victoria's father had lost his temper and had used physical violence towards her. Victoria's mother refused to look after her in the current situation but agreed to have her back if her behaviour improved.

Mr and Mrs Jones, a very experienced couple of foster carers, agreed to accommodate Victoria for twelve months in order to work with her towards returning to live with her mother. During her time with the Jones, Victoria chose to see very little of her natural parents. She built some positive relationships with her new carers, but her behaviour outside the foster home did not improve: she got involved in prostitution, developed a drinking habit and was caught shoplifting. At the same time, it became apparent that Victoria was self-harming.

Mr and Mrs Jones appeared unable to control her and Victoria was moved to a local residential unit because she increasingly placed herself at risk. She was very unhappy about the decision. She spent very little time within the unit. After less than a month, she was placed in a secure unit. Within the unit's boundaries, Victoria was very cooperative with the staff. She was keen to work through her issues and happy to undertake schoolwork. She expressed that she was happy in this safe situation and eventually disclosed that for years, she had been sexually

abused by her father and by one of her stepbrothers. Her father was interviewed but not charged. After two months, Victoria had stopped self-harming and had stopped meeting the criteria for secure accommodation. The only placement available to her was the local children's home where she stayed previously. Despite her complaints, she had to return there. The unit was close to her father's home and Victoria was totally unable to deal with the situation. She received very little support with regard to the allegations she had made. Victoria soon became out of control again and was returned to a secure unit. The same placement pattern repeated itself again: on the whole, Victoria was placed in a secure unit three times and returned to the same children's home. She eventually became pregnant and moved to a mother and baby unit. Following her first stay in the secure unit and her disclosure, Victoria needed further support and protection from her father. This was a crucial point in her care career. The local children's home did not meet any of her needs.

The timing of many social interventions appears often essential to their success. Victoria's case illustrated how a lack of resources at a specific point could deeply affect the outcomes of a care career. The provision of respite care was also apparently affected by a lack of funding and the limited number of placements available. In several instances, foster carers looking after particularly demanding children requested additional support. There was some indication that if support was provided at an early stage, it could be an efficient way of prolonging placements. Child minders for instance, played an active role in maintaining two children aged six and eight with their respective carers. This was also the case of a young boy who for two years, spent his week-ends with a couple of foster carers and returned for the week with the single carer who had looked after him for several years previously. However, if the additional support occurred at a later stage, relationship between young people and carers had already degenerated and a weekend or a short stay with respite carers did not seem to improve the situation. In several cases, foster carers requested the children's permanent removal whilst they were in respite care or soon after they returned. It is likely that for young

people, respite care simply confirmed that their main placement was at risk and constituted a sign of rejection. In addition, the delays in providing additional support seemed to antagonise carers against social workers.

Difficulties in obtaining funding or finding an appropriate type of placement are likely to be underrepresented in individual case records. Social workers have to work within the constraints of their department budget. Discussions regarding potential placements and funding might take place between field workers and their line managers. Those are unlikely to be recorded unless, for instance, social workers chose to challenge a decision. This occurred in one file, where the person in charge of the case had written a number of complaints about the lack of funding for a child who needed a placement outside the local authority's boundaries. Funding was finally agreed after several months and a series of short placements, which would not have been necessary, had funding been available at an earlier date.

This is not the place to question or to discuss the amount of funding available to children's services. Nonetheless, it seems that delays in providing specialised placements or respite care can have long-term consequences not only on the well being of young people but also on subsequent care costs. In the case of Victoria, a placement with specialised carers outside its boundaries might have constituted a considerable expense for the local authority but it would have probably avoided two costly stays in secure unit. On the whole, investment at an early stage could be cost effective in the long term and limit the amount of disruption experienced by young people.



## Chapter 7: Most Common Cases Of Instable Care Careers

The data presented so far has helped to identify or confirm the presence of some of the factors believed to have an influence on placement stability. It also raised an important issue. Some variables seem to affect young people in very different and sometimes opposite ways. For instance, in some cases, the abuse they had suffered seemed to explain to a great extent why some young people found it difficult to adapt to substitute care. In other cases, living in care seemed to be a relief from the dreadful treatment they had previously suffered and a chance to experience stability.

The description of young people's background and early life experience is mainly one of disruption, ill treatment and rejection. Hardly any of them had experienced at any time in their home life what is generally accepted to be good parenting. Under those circumstances, one of the emerging issues was the need to understand why and how some young people managed to adapt to life in care after having experienced such difficult early years whilst others seem to experience far more difficulties. The initial data analysis helped identify three groups of young people according to their degree of mobility whilst in care. A number of similar sets of characteristics emerged within the most mobile group and these characteristics were noticeably different to those associated with the most settled group. In conjunction with the statistical analysis, the systematic comparison of case studies provided some useful descriptions of processes and circumstances commonly associated with placement disruption.

### ***The most mobile group***

The most mobile group of young people has been identified thanks to the average length of their care placements throughout their whole care career (Table 5.4).

**Table 5.4: Sample distribution according to average length of placements during whole care career**

<i>Average placement length</i>	<i>Frequency</i>	<i>Number of years in care (mean)</i>	<i>Number of placements during whole care career (mean)</i>
up to 10 months	15	5.6	10.1
11 months to 2 years	13	7.3	6.1
over 2 years	15	11.5	2.7

The table, already presented and discussed at the beginning of the present chapter, shows that the difference in average placement length is not simply due to variations in time spent in care; it also reflect clear variations in the actual experience of the care system. Not only the most mobile young people are those who have been in care for the shortest periods, but they also have experienced more placements during that time than the other groups during the whole of their longer care career.

#### ***Common patterns amongst the most mobile young people***

Amongst the young people who had experienced most disruption, a number of cases seemed to show great similarities. Two categories can be clearly identified with a third emerging to a lesser degree. The main characteristics associated with the first two categories are noticeably different to those of the most stable cases. The first category is essentially defined by the occurrence of sexual abuse associated to a lack of support or even rejection by the child's parent(s); the second category regroups children and young people whose main carers are strongly interfering and hindering any attempt to settle into substitute care. Finally, the third category includes children whose experience of life in care has created or reinforced maladaptive behaviour which in turn have had a negative influence on the way they adapted to life in substitute care. This last category is different in nature to the first two: effectively, the negative experiences can be seen as a continuum: where the amount of negative experiences is too great, young people's perception of the world is significantly influenced and their internal working models and coping mechanisms are affected. All young people in care can experience different amount of negative experiences such as professional malpractice or lack of appropriate facilities, but not all of them will suffer long term negative effects.

This third category therefore regroups young people who have been significantly affected; other young people have experienced some degree of instability as a result of systemic failure or malpractice but these experiences might not have severe long term consequences.

The three categories will each be illustrated with one case story; these cases will then be further discussed and analysed in the wider context of the sample and of the most mobile group within it.

***Lesley, a case of unsupported abuse***

Lesley lived with her mother, stepfather and younger half-sister who she was very close to. Her parents - John and Jenny - separated when she was two. She had little contact with John, who was also remarried and had two younger children. Shortly after her thirteenth birthday, Lesley disclosed that her stepfather and her uncle had sexually abused her when she was younger. Jenny refused to believe her daughter and their relationship quickly degenerated. Lesley went to live with her father but the situation was tense: Lesley didn't feel accepted by her father and stepmother. She was treated very differently from her stepbrothers. After six weeks, Lesley asked to be taken into care. She was thirteen. Lesley experienced twelve placements during the three years she spent in public care with seven moves within the first fifteen months. Throughout her care career, she increasingly placed herself in situations of sexual exploitation. She stopped attending school. Contact with her parents was very limited and Lesley felt constantly rejected by both of them: they rarely initiated contact; this was usually arranged by Lesley's social worker. She also lost touch with the rest of her family, including her stepsister. Her parents refused to attend mandatory reviews or other meetings. After several unsuccessful placements with foster carers, Lesley moved into the residential sector where she stayed until she left care. Lesley admitted that she was instrumental in most placement endings.

***Ben, a case of dysfunctional maternal relationship***

Ben's mother, Louise, had suffered sexual abuse from her own brother and had been physically abused by Ben's father, Andrew. She had not come to terms with her past and was very confused about gender roles and relationships between victim and perpetrator. Andrew left her before Ben was born; he had no more contact with either of them. As Ben grew older, Louise found it increasingly difficult to look after him. She led a very secluded existence and rarely took Ben out. At home, she was unable to set boundaries for him and when his behaviour was out of hand she would suddenly lose her temper. She regularly grounded him to his bedroom for days and often used physical punishment. Ben was increasingly absent from school. According to his teachers, he had above average intellectual capacities and often became bored. He required a lot of attention from them and was violent with other children. During a conversation with a social worker, Louise admitted that she saw her son as a potential perpetrator. She also admitted that she was losing control of the situation. When he was eight years old, she asked for Ben to be taken into voluntary care. Once in care, she refused to have any contact with him. Ben's first placements were extremely difficult. He didn't understand why he had become looked after and didn't believe that his mother refused to see him. After six months and four foster placements, Louise agreed to see her son. After this initial meeting, regular contact resumed in a neutral environment. However, a few weeks later, Ben found his own way home and started running off to see his mother. Louise provided him with expensive toys and clothes and handed him large amounts of pocket money. She did not acknowledge her role in the situation and didn't explain to Ben why he was in care. She told Ben that he would be able to come home soon but did not set any timescale or conditions. Ben lived in the permanent expectation that he would go home. He experienced a series of unsuccessful foster placements before moving into residential care where he became involved in violence, drug and alcohol misuse and delinquency. As he grew older, Ben eventually realised that his mother didn't want to live with him; after a last spell of particularly difficult behaviour, he settled down in a placement outside the local authority boundary.

***Zoë, a case of systemic failure***

Zoë entered care when she was 10. She had lived successively with both her parents when they were still together, with her dad and new partner and with her mum and several successive partners. Throughout her life, she had suffered from neglect. She has been rejected by both parents who seemed more attached to the children they had in different relationships. As a result, Zoë is extremely insecure; she finds it very difficult to read and understand other people's behaviour and she blames herself for a wide range of issues totally outside her real control or influence. Her high sense of guilt is illustrated by the fact that she was totally blind in one eye but chose not to say anything about it for years through fear of being told off. Because of her history of rejection, Zoë is difficult to look after: she finds it difficult to show any friendliness towards her carers and she tends to reject signs of affection towards her. In her first foster placement she shows clearly that she is unable to cope with the presence of other children. The arrival of new foster children seems to cause distress which is reflected in her difficult behaviour. During this first placement, minutes of several review meetings indicate a clear professional consent that Zoë should be placed on her own with experienced carers. Despite this assessment, she is placed with a succession of carers who are already looking after several children. During one of these placements, Zoë states that she feels unable to cope with life in a family setting and she requests to be placed in a residential home.

Zoë was rejected and blamed by her parents for their marital difficulties; she asked specifically to be in a residential placement as she didn't feel that she could cope with the pressure of family life. She didn't trust adults and didn't want to be blamed again for further disruption. Despite her request, she was placed in eight successive foster placements in less than three years. From the outset she refused to settle with any carers. Although she consciously rejected foster placements, the fact that she was rejected – because of her difficult behaviour – reinforced her self perception as a trouble maker and contributed to lowering her self esteem. By the

time she was placed in a residential unit, she had developed behaviour patterns that were deemed unacceptable and she moved in a further four units before living independently.

### ***Cases distribution***

The case stories reported above illustrate the three categories identified within the most mobile group (n=15). Table 5.26 provides a brief description of all young people's individual situations within this mobile group, apart from one: Daniella. Most of the cases in category 1 and 2 are relatively straightforward and easily identified. Only two of them presented some difficulties with regard to categorisation: Rebecca, who was finally placed in the first category and Daniella, the only young person who could not be categorised. The third category - systemic failure - is, as previously discussed, more opened to interpretation. This will be further considered.

**Table 5.26: most mobile young people; case summary and category of appartenance**

<i>Cases of abuse and rejection</i>	<i>Cases of dysfunctional maternal relationship</i>	<i>Cases of systemic failure</i>
<u>Jason</u> : placed into care after disclosing abuse from step dad; blamed by mum for breaking family. Limited contact with mum once in care.	<u>Alex</u> : placed into care because of neglect; his single mum –who has been in care – often goes missing; she sets no clear boundaries; several emergency placements followed by multiple interruptions.	<u>Joe</u> : placed into care because of neglect; experiences multitude of short term placements through lack of planning and difficulties in finding Black carers; long term placement with White carers disrupted by quest for Black carers.
<u>Andrew</u> (Jason’s brother): abused by step dad; placed into care when his brother disclosed abuse; rejected by mum; did not understand why he had to leave home. Limited contact with mum once in care.	<u>Ben</u> : placed into care because of neglect; his single mother has mental health issues and limited parenting skills (she has been in care); succession of failed home returns caused by mum’s ambiguous attitude.	<u>Zoë</u> : placed into care because of neglect; has been rejected by father and mother; shows high guilt level and refuses family placement; residential placement finally agreed after 8 failed foster placements.
<u>Lesley</u> : abused by uncle & step father but mother chose to stay with partner; moved to her dad’s but felt rejected by step mum and was taken into care.	<u>Maureen</u> : placed into care because of neglect; contact with single mum takes place outside social service agreements; she constantly runs home (but mum refuse to keep her); stopped running away when mum moved away from city; went missing when she returned	
<u>Claire</u> : physical abuse by dad before parents separated; sexual abuse by step dad; dad refused contact; mum sided with new partner and also refused contact.	<u>Dylan</u> : placed into care because of neglect but doesn’t understand why; single mother has severe mental health difficulties (several suicide attempts); contact maintained but mum cannot show love or affection.	
<u>Victoria</u> : out of parents’ control; whilst in care, disclosed sexual abuse by her father; mother refused contact because of sexualised behaviour.	<u>Neil</u> : mother with personality disorder (suffered child abuse); Dad wants no contact; Mum is unable to look after child but refuses long term care placement; succession of short term placements with returns home; care order is finally taken and child settles in specialised unit away from home.	
<u>Rebecca</u> : out of parents’ control; refused contact with parents whilst in care; drunk, took drugs and was promiscuous (common symptoms of sexual abuse but no disclosure)	<u>Lewis</u> : in care because out of single mum’s control (delinquency); regular contact with mother who is extremely negative towards social services and refuses to take responsibility for situation. She incite him to rebel against carers but without giving him the option of returning home.	
6	6	2

Rebecca entered care when she was 13: her parents asked for her to be accommodated because she was out of their control and they felt that she was placing herself at risk. Throughout her time in care, Rebecca refused to engage with her parents or any adult and entered a downwards spiral leading to prostitution and heroin addiction. Although she never disclosed, her behaviour was symptomatic of sexual abuse: she showed total mistrust of carers and adults, avoidant behaviour and placed herself in situation of further abuse by being promiscuous and engaging into prostitution. She received very little support and it doesn't appear that she received any form of counselling. Her behaviour was essentially self destructive, which might explain the lack of therapeutic input: had she been violent or aggressive towards carers or other young people, she might have attracted more attention. She essentially drifted through the care system without receiving the care she needed and she was not offered the opportunity to open up and discuss the reasons pushing her to act in the way she did. As a result, there is no definite evidence that she was a victim of sexual abuse prior to entering care and there is no record of professional suspicion or concern about it. However, on balance, there is a high probability that some form of abuse took place, and since it has not been disclosed, it has also been unsupported.

The second case creating difficulties was that of Daniella: she is the only young person in the most mobile group that could not be categorised with others. The main explanation for this is the fact she was the least mobile within the group of 15 and her time in care was generally described as successful. Her presence in the most mobile group was largely due to the fact that she had a relatively short care career (20 months) and her 3 moves during that time carried a lot of statistical weight. On the whole, despite the moves, her care career could be qualified as rather stable (her case story has already been presented in Chapter 5, *Family Contact*): her first placement was interrupted by a return home which was not the consequence of a failing placement; her second move was seen as positive: it was a return to her local area; her final placement lead to independent living, with an apparent degree of success. Daniella achieved well at school, maintained contact



with friends and relatives and established positive relationships with several residential carers. Effectively, she was the only young person statistically identified as highly mobile but whose actual story depicted a very different situation.

Daniella's case highlights the difficulties inherent to the use of statistical indicators when trying to represent individual experiences. The selection of young people according to their average length of placement time throughout their care career was aimed at identifying the most extreme cases. To a large extent, this has been successful and the in depth qualitative analysis of 14 out of 15 young people confirmed the particularly chaotic nature of their care careers. Furthermore, the thresholds – which had been set somewhat arbitrary in order to get three groups of equal size – happen to reflect the differences in care experiences: none of the young people in the intermediary and in the most stable group seemed to share the main sets of characteristics identified and associated with the most mobile group. In other words, there was no occurrence of unsupported abuse and/or dysfunctional maternal relationship amongst the most stable groups.

The issue of systemic failure was however more blurred: as previously mentioned, systemic failure seems to constitute a continuum rather than a clear dichotomy. This category also differs from the other two categories because it is defined by events occurring solely whilst children are in care whilst the other two are based on events that happened or were initiated prior to entry into care (e.g. sexual abuse or dysfunctional maternal relationship), even if these events are carried through the care career (e.g. parental rejection or lack of support). The three categories are not mutually exclusive and in fact, several young people who had suffered from unsupported abuse or dysfunctional maternal relationship had also experienced systemic failure; in those cases however, such failures had not lasted for extended periods or had not been repeated; these were therefore deemed to have reinforced already present maladaptive behaviour rather than create new types of behaviour or alter drastically coping mechanisms. In some relatively stable cases, systemic failure had also been apparent but the young people concerned had had a

particularly stable background and somehow seemed to show a level of resilience higher than that of young people who had already suffered from abuse and rejection. In those cases, repeated systemic failure did not lead to long term instability; it could be considered to be a contributing factor to instability rather than a major factor of instability affecting young people's coping mechanisms in subsequent placements that could otherwise have been successful. The *systemic failure* category therefore only includes young people who have experienced repeated placement moves not only as a direct consequence of shortcomings in the service provided but also because such shortcomings have altered their behaviour coping mechanisms within care placements.

Two young people present in the most mobile group were categorised under the systemic failure heading. It could be argued that this small number of cases does not warrant the existence of a category per se. However, it seems that for those two young people, the effect of systemic failure had been such that it had shaped not only their care career, but also the way they developed relationships in general. Effectively, the repetitive nature of the interruptions caused by mismanagement or systemic failures could be assimilated to some form of abuse. Where one incidence of systemic failure can be considered both by professionals and young people to be accidental and difficult to avoid totally, a succession of incidents can lead young people to feel targeted –consciously or otherwise. In this context, and in the same way that young people show different levels of resilience to abuse, they also react differently to systemic failure. Seen in that light, it becomes difficult to discard this category, despite the small number of young people who seems to have become engaged in repetitive placement interruptions in such circumstances.

Not surprisingly, the impact of service shortcomings appears to vary largely according to two main factors. Firstly, shortcomings are more likely to result into systemic failure if they are extensive and repeated. A single occurrence of placement interruption caused by lack of planning or mismanagement seems to constitute a setback within a care career rather than a change of course. Secondly

the circumstances leading to children being in care and their emotional state influence their response to the failure. Children who already display low self esteem and tend to use self-blame in a maladaptive manner also appear to attribute systemic failure to their own behaviour; those who feel already rejected by their parents and relatives can be reinforced in their beliefs that they are unworthy or that they inherently deserve rejection.

Victoria's case (see Ch.5, Finance and Facilities) illustrates how a child's care career can be influenced by two sets of variables and more specifically, how systemic failure can hinder the potential progress of a young person who is already struggling to deal with the aftermath of the abuse she has suffered from before entering care. The main issues faced by Victoria were the abuse she suffered from her Dad and the ensuing rejection from her Mum; this led to her risk-taking behaviour and self-harm. When she eventually disclosed her past abuse, Victoria received very little support and was returned to a situation where she was unable to cope. Victoria was placed in the *abuse and rejection* category because she was already in a situation of placement breakdown by the time *systemic failure* was deemed to begin: before she was placed in secure unit, social services were unaware that she was a victim of sexual abuse and therefore could not be expected to treat her as such. However, after her disclosure, it should have become apparent that Victoria's behaviour was linked to her past experience and that a placement in a children's home situated at close proximity from her abuser's was not appropriate. Victoria was returned three times to the same situation after her stays in secure accommodation. This is likely to have affected her in a number of ways: the placements in a residential unit close to her Dad's made it difficult for her to deal with her past experience; she feared meeting him and being subjected to further abuse; by placing herself deliberately in situation of sexual exploitation, she might have been trying to remove part of the incertitude attached to her circumstances and gain some form of control over her own life. More importantly, the lack of appropriate response and support from her carers and social services probably reinforced Victoria's maladaptive behaviour: people in position of authority

acknowledged her past abuse (her Dad was interviewed by the police, albeit without charge) but did not provide the care a victim could be expected to receive in such circumstances. Victoria was led to believe that she either deserved the abuse or that the world as a whole was a dangerous place where she could not expect protection from anyone. Victoria's experience of public care merely reinforced her maladaptive behaviour rather than helped her deal with her trauma in more appropriate ways. She had been abused and rejected by both her birth and corporate parents.

## **Conclusion**

The three categories identified amongst the most mobile group of young people seem to represent a consistent set of circumstances associated only with members of that group: only one young person did not fit in any of the three categories and none of the most stable young people seemed to be associated with these sets of characteristics. Although the three categories are not mutually exclusive, when young people show mixed set of characteristics, one of those sets seems to be playing a noticeably more important role than the other.

The care careers of some of the most mobile young people seemed strikingly similar. In some instances, when trying to render the case stories anonymous by removing or altering identifying details that seemed insignificant in a wider perspective, the main reasons leading to children being in care and their ensuing care careers became almost identical. Different care careers could be described more or less in the same terms.

These similarities and the fact that only three main categories were identified made the use of ideal types particularly relevant when trying to put forward an explanatory model to cases of multiple placement moves. Further argumentations as to the relevance of the use of ideal types in this context will be provided in the following chapter and three ideal types will be used in order to analyse some of the reasons leading to placement instability and to bring together the theoretical framework described in Chapter 3.

## **Main findings**

The main findings emerging from the analysis of the data can be organised around four main themes: young people's background before their admission into public care; contact and relationships established between natural parents and young people whilst they are in public care; contextual variables and education. Finally, within the most mobile group, young people could be categorised into three subgroups sharing a number of characteristics.

### ***Young people's background***

The majority of young people had a disrupted family background. Nearly three quarter of the young people's families had received social work support for at least one year before their admission into care. Over half of all the families had received such support for five years or more. Support and supervision was necessary because of a number of difficulties such as domestic violence, teenage pregnancy, suspected or apparent neglect, mental health problems and housing difficulties. Young people whose families had received extended social work support were more likely to experience placement moves.

Just under one quarter of the young people had experienced relationship difficulties with a stepparent or one of their birth parent's new partners.

Over two thirds (67%) of young people had become looked after following abuse and/or neglect. A significant proportion of the sample (28%) had also been victim of abuse and/or neglect which had remained undetected until after their entry into care. However, experience of abuse – detected or not – was not directly correlated with placement stability. The children whose parents refused to acknowledge past abuse and did not provide support in relation to the abuse were all in the most mobile group.

Less than a third of the sample had become looked after because of behavioural difficulties. In all cases it also appeared that young people had experienced events or situations (e.g. abuse and neglect) that could have led them to being looked after.

### ***Contact and relationships with natural parents***

Total abandonment at an early age with absence of contact created little disruption. Maintained relationships with parents could lead to severe disruption if parents were ambivalent about the reason for which the children were in care. This was particularly the case when young people were in voluntary care rather than under a care order. Young people were significantly more likely to experience more disruption if their natural parent(s) had asked for them to be accommodated.

### ***Contextual variables***

Half of the young people had experienced foster care only. This was the most settled group in the sample. Young people who moved into children's homes after having been in foster care were more likely to stay in residential care than to return to family placement. Moves to the residential sector often indicated young people's failure to settle in foster care. Residential placements were largely less successful than other form of accommodation, however, some exceptions were noticeable where young people apparently favoured children's homes.

Placement patterns appeared to differ according to the legal status under which young people were looked after. Over a third of the placements of young people who were accommodated under Section 20 of the Children Act (1989) were followed by a return to their natural family. None of those home returns were successful. In all cases, young people were shortly readmitted into care. Such frequent returns did not occur amongst young people who were under a care order.

Young people who became looked after with their siblings experienced more placement stability if they were placed together.

Preparations to placement were extremely varied both in time and in the amount of contact occurring between children and prospective carers. Introduction processes lasting several months were rarely successful.

The lack of information about young people's background and behaviour created difficulties for foster carers. It was felt that several placements could have been more successful if more information had been disclosed by social workers during the referral process.

Foster placements were more likely to last longer if young people had established significant relationships with their carers' friends and relatives.

The number of successive social workers involved in young people's lives was not correlated with placement stability. However, a high turnover was often associated with a weaker case management, which could lead to high levels of incertitude for young people, natural parents and substitute carers.

## ***Education***

Children and young people were more likely to experience disruption in care placement if they had a poor record of school attendance before they became looked after. Young people who had special educational needs and had a poor record of school attendance whilst they were looked after were also more likely to experience disruption in care placement. One third of the care placement moves led to a change of school placement. Most young people who became looked after in children's homes became disengaged with education. Disengagement with school was often associated with anti social behaviour



### ***The most mobile young people***

Three categories were identified amongst the most mobile part of the sample. The first category is characterised by the fact that young people have suffered from abuse and have not been supported by their natural parents following disclosure. The second category is characterised by a dysfunctional relationship between young people and their natural parent(s); this relationship is maintained through most of their care career. The third is defined by a succession of system failures, which eventually affect young people's ability to adapt to substitute care.

The three categories are not mutually exclusive and some degree of overlap is present but most young people could be described as belonging to one main category. The analysis of these three categories will make the main object of the following chapter.

## Chapter 8: Three ideal types of care careers

One of the main difficulties encountered when undertaking the project was to manage and make sense of a large amount of extremely diverse information. From the outset of the project, the choice was to collect a wide range of data in order to avoid a one-sided approach that in itself could dictate the conclusions of the study. The data therefore included contextual information not only about each placement but also about children's background prior to entry into care and about their families before and during their care career. The quantitative data reported at the outset consist essentially of simple correlations between individual variables and the chosen measure of placement stability. This approach seems to confirm a large part of the already known information on the matter and variables usually associated with placement disruption emerged with little surprise: move towards residential sector for the most mobile children, positive association between placement stability and placement planning and preparation; placement with siblings; inclusion with carers' own family and network; stability in education; and negative association between stability and residential care.

However, the influence of some variables were unclear. Contact with birth family emerged as an ambivalent factor, which is consistent with findings reviewed in Chapter 2. In the current project, no indicator had been found suitable to carry out any statistical analysis on the matter and some anecdotal evidence seemed to question its positive influence. The analysis of individual cases led to creating a category of young people who had been particularly disturbed throughout their care career by parental contact and more specifically by the dysfunctional nature of the relationship with their mother. These cases constituted a minority within the whole sample but were nonetheless a significant part of the most mobile group of young people.

Incidence of abuse, which is increasingly considered as a cause of instability in the research literature, also appeared to have extremely varied levels of influence on

the sample. If a majority of the most mobile young people had experienced some form of abuse, it was also true of many of the most stable children. The effect of these two variables appear paradoxical: abuse can be seen as a direct cause of instability, but it can also be present in very stable cases and parental contact can be both a source of stability or disruption.

The categorisation of the most mobile young people in the sample, has provided some useful descriptions of processes and circumstances surrounding placement ending. On one hand, it has highlighted that some similar variables could lead to totally different outcomes. On the other hand, it has indicated that some of the most mobile young people seem to share a number of characteristics and similar experiences that are not present in the same combination amongst the most stable young people. The mere presence or absence of correlation between extremely complex variables and outcomes does not prove or refute the existence of a causal link between them. It is important to understand how different sets of variables can lead to different outcomes according to a wider context and how variables interact.

All cases presented here can be discussed, and explanations linking specific circumstances and outcomes can be put forward. However, these explanations remain extremely speculative: without direct access to the children themselves, their parents, carers and other key stakeholders, it is not possible to substantiate these links. One way of constructing hypotheses and developing theoretical frameworks without being dependent on individual cases is to use the concept of *ideal type*.

*Ideal type* is a conceptual tool designed to help understand particular social phenomena and interpret the behaviour of the social actors involved in them. It can help construct hypotheses linking circumstances and outcomes.

Weber (1962) argued that no scientific system would ever be able to reproduce concrete reality and that no conceptual apparatus could ever do full justice to the infinite diversity of particular phenomena (Coser, 1977). In the case of placement

stability, it would be impossible to control or even represent all factors playing a role in the process. By accentuating a typical set of circumstances and behaviours, it becomes possible to infer causal links without referring or explaining the endless number of variables totally specific to each individual case.

Weber described ideal type as being 'formed by the one-sided accentuation of one or more points of view and by the synthesis of a great many diffuse, discrete, more or less present, and occasionally absent concrete individual phenomena, which are arranged according to those one-sidedly emphasized viewpoints into a unified thought-construct. (1962, p. 90)'. Each ideal type is defined by a number of distinct features present in the chosen situation. All of these basic features need not be present in all individual cases.

Ideal types can be used to work with ideologies, institutions, events or individuals. Initially, Weber distinguished three kinds of ideal type according to their levels of abstraction: the first level includes social phenomena related to specific historical events or contexts; the second level includes social phenomena occurring in a variety of historical contexts; the third level refers to individual behaviour. The concept has also been used in the context of psychiatry in order to classify different types of personality disorder (Jaspers, 1963; Schwartz and Wiggins, 1987; Livesley, 1995 & 2001).

Admittedly, the concept has its limits and these need to be acknowledged: ideal types are constructs and as such they are subjective: by selecting the key features of each ideal type, the researcher can clearly influence the theories formed to explain their occurrence. In the present case however, the main characteristics associated with each of the three categories identified were so salient that little further selection had to be done in order to create ideal types. The process constituted essentially in removing individual characteristics rather than accentuating the main ones. Effectively, once the cases had been made anonymous, there was little to distinguish between them within each category. As a

result, we can be reasonably confident that the three ideal types developed here reflect reality rather than a preconceived idea of it. Furthermore, although individual cases do not need to include all of the characteristics defining each ideal type, the fact that these cases were very similar brings more weight to the classification and to potential theories emerging from it.

The fact that ideal types are constructs also needs to be compared with individual cases analysis: even in the most detailed clinical analysis of individual cases, a selection of what seems most relevant is done and facts are presented and therefore construed. Working with ideal types allows to move away from individual situations and to reach a level of abstraction extremely valuable when trying to develop models adapted to a wider population. In the case of young people in public care, a number of variables have been shown to have opposite effects, or are least to be present in cases where outcomes were inconsistent. The ideal types identified here re-group and emphasise sets of factors and characteristics present in the care career of different groups of young people who share similar outcomes in term of placement stability. Using ideal types allows to compare and rationalise young people's behaviour within a theoretical framework.

Looking at a large number of individual characteristics and circumstances associated with young people's life provided us with dots –variables – that needed to be joined up to get a real understanding of how those characteristics interact and influence the way young people react to being looked after away from home. The use of ideal types is a practical way of bringing the data together whilst keeping into focus children's life as a whole. It constitutes an attempt at joining the dots.

### **Three ideal types**

The analysis of the most mobile cases (15 out of 43) led to the creation of three categories within that sub-group (Chapter 5, *Most Common Cases*).

These three categories are the base on which the three ideal types are constructed. Each ideal type presents a number of key characteristics and circumstances common to groups of young people.

In this chapter, each of the three types will be briefly described before further analysis is presented in relation to the conceptual framework developed during the initial phase of the project. It was advanced that placement stability could be affected by three broad sets of variables: financial and administrative processes, placement related factors and child related factors. It was also assumed that each variable could either have a direct effect on the outcome of successive placements or influence the children's dynamic state and as a result, affect their behaviour. The analysis of the ideal types is an opportunity to explain how much those different variables affect young people and how they interact with each other. Some implications for practice will also be discussed.

The three cases discussed should be seen as abstract. Ideal types are all abstract constructs and therefore, perfect examples of each ideal type are not necessarily likely to occur in reality. However, several cases in the sample seemed to fit very closely each of the three types presented here. The purpose in using ideal types is not to represent real individual cases but to describe and explain a process that can be experienced similarly by different young people with comparable outcomes; for this reason, and to avoid any confusion with the case stories presented in the previous chapter, each ideal type will be referred to by a number (e.g. Type 1) rather than a name.

In the ideal type 1, young people have been victim of abuse that has been ignored and unsupported once disclosed. Ideal type 2 is essentially characterised by a dysfunctional relationship between mother and son. The third type applies to young people who had a wider range of early life experience but who have been largely affected by contextual factors whilst in care and by what could be described as system failure.

### **Ideal type 1: Abuse and rejection.**

Children fitting in ideal type 1 seem to be blamed for the abuse they have suffered. Their parents are unable or unwilling to acknowledge that abuse took place and they may remain in contact with the alleged perpetrator(s) and even carry on living with them. If they separate, they might do it in such a way as to make their children feel responsible for it. They become excluded from their own family and lose contact with their social networks. The situations are made worst because the alleged perpetrators are not prosecuted or convicted. Young people's initial contact with social services is usually related to their own difficult behaviour prior to their disclosure. Once again they are initially seen as a source of the problem rather than as a victim of abuse. By the time the abuse is acknowledged by professionals, young people are already engaged in a pattern of relationships with their successive carers: they have difficulties in expressing their feelings, their behaviour is difficult to manage and they create a lot of disruption. Foster carers find them difficult to work with and once more, young people find themselves rejected.

In type 1, parents are unable to deal with the disclosure of their children's abuse. They might feel guilty or inadequate because they have not sufficiently protected them. They might also feel ambivalent because they are themselves in abusive relationships and are unable to deal with them. By refusing to acknowledge the abuse suffered by their children, they also negate their own maltreatment.

**Table 6.1: Main characteristics of Ideal Type 1**

<b>Ideal type 1: abuse and rejection</b>	
Reason for being looked after: initiating factors	Relationship difficulties with parents; school absenteeism
Reason for being looked after: primary factors	Sexual abuse; perpetrator is a family member or friend
Age on entry	Age 13-14
Legal status	Voluntary care followed by care order
Family context	Parents separated very early; child lives with

	one parent and partner; domestic violence is common; little or no contact with second parent
Siblings	Siblings and/or step brother/sister live with parents throughout care career; contact is very limited
Contact with parents when in care	Planned; occasional
Social network	Child loses contact with siblings, friends and extended family
Education before care	Sudden change in behaviour and achievements.
Education in care	Becomes totally disengaged with education
Behaviour in care	Alcohol and drug misuse and associated anti-social behaviour; subject to sexual exploitation; prostitution; self-harm
Relationships with carers	Distrust; no commitment; no attachment

### ***Child related factors***

#### ***Attachment history***

Type 1 has been brought up in a very difficult family environment. Her parents separated soon after her birth and her father did not maintain contact with her, although he lived in close proximity. Since her early infancy, her mother has always ensured that her physical needs were met but she showed very little affection towards her. Mother was often indifferent and she rejected signs of emotion. Type 1 had no chance to develop any significant attachment to other adults as she had very limited contact with her extended family. She is likely to have developed an insecure and avoidant attachment to her mother.

Mother remarried early and gave birth to two further children. With the arrival of the new siblings, Type 1 started suffering from preferential rejection: her stepfather, who had never shown any sign of affection towards her, became much more involved with his natural children; her mother also clearly favoured her younger children.



The difference in Mother's attitude towards her children is likely to stem from the circumstances surrounding the birth of Type 1. This coincided with extreme tension within the couple, which eventually led to their separation. For her mother, Type 1 became a constant reminder of this unsuccessful and short-lived relationship; she also became synonymous with her partner's rejection and departure.

Type 1 was an unwanted child: her birth father never showed any sign of interest towards her even though they lived in close proximity. As she grew older, she learned who he was but never developed more than a passing relationship. He also remarried and had children who he appeared to care for. Once again, she was treated differently from her siblings and not fully accepted by her parent.

Mother showed no sign of affection but she ensured that her child's physical needs were well met. Her daughter was always seen to be well dressed and fed. However, the costs of looking after her were always used to remind Child A of the burden she presented for her mother and stepfather. This became increasingly noticeable with the birth of her siblings and the involvement of their extended family on their father's side. As their grandparents provided childcare and financial assistance for them, the lack of such support for Type 1 became more apparent. Because her mother did not accept her daughter's love or affection, the child had no way of bringing anything positive to the relationship and to the household. In effect she was barely tolerated within her own family and was essentially portrayed as a source of inconvenience.

The relationship between mother and daughter has developed over many years without the child having any way to explain her mother's attitude towards her. This entire situation has developed independently from her. She has been unable to affect the way her mother responded to her. She has also become aware that both her parents were able to show affection towards her siblings but not for her. One likely explanation for the child is that she is not worth the love of her parents. Her

relationship with her stepfather and his family has developed on the same pattern. As a result, she has developed an extremely low self-esteem.

Her experience of relating with others has been based on rejection and indifference. As a result, she has developed no interest in relating with others and she has gradually become powerless and socially inhibited.

### *History of trauma*

Type 1 has been sexually abused by her stepfather on numerous occasions over a couple of years. The length of time during which the abuse took place, the secrecy imposed onto the victim and the fact that the perpetrator was well known to her contributed to the extent of the trauma. This was also compounded by the fact that the child was already in a very vulnerable situation and had a particularly low self-esteem.

Such an abusive situation is extremely difficult to integrate into any internal system and Type 1 has developed a dysfunctional understanding of sexual behaviour. The perpetrator has tried to convince the child that his behaviour was normal. However, the secrecy imposed on the situation also indicated that it was not socially accepted. For two years, the child has had to try to balance these views without any outside support.

The abuse also had some complex implications for the child in the wider family context. The attitude of both her parents and her stepfather indicated to her that she was worthless and had no real place in her family. By accepting the abusive situation, the child obtained a role within this context. She was placed under extreme pressure: by revealing the situation of abuse, she would have taken the risk of dividing her family. Her previous experience and her low self-esteem indicated that she would be blamed for the situation and would be confirmed in her status of troublemaker within the family. The longer the situation went on, the more her role became blurred. She became guilty by association.

Eventually, the ending of the sexual relationship was also associated with a negative outcome: the child's removal - or exclusion - from her family. In the child's experience, not only sexual abuse has lead to total confusion about sexual norm, but it has also made sexual issues a salient part of her life. The contact between and mother and child whilst she was in care created a further source of confusion. The child could not interpret her mother's attitude because she appeared ambivalent: she did not totally believe her allegations but neither did she refute them. As a result, a number of interpretations were available to the child. Her mother might have considered the abusive situation acceptable and her disclosure presented some kind of over reaction. In this case, the child was seen to have caused trouble unnecessarily. Her mother might simply have chosen to believe her partner rather than her daughter. In this case, it appears that her mother believed the child to be untrustworthy. She might also have chosen to stay with her partner despite her awareness of the abuse. In the first case it seemed that her mother would rather live with an abusive man than with her own daughter. All cases contribute to the feelings of worthlessness already present.

Type 1 has been victim of betrayal on several accounts. Not only her stepfather abused her, but her mother also failed to protect her. She did not provide her with the protection expected from a parent. Furthermore, her mother chose to maintain her relationship with her partner even after the disclosure. At the time she needed the most her mother's support and comfort, she experienced further rejection from her. Because the people who were the closest to her have betrayed her, she has lost her sense of trust.

Both the abuse from her stepfather and her mother's reaction to her disclosure contributed to stigmatising Type 1. Over two years, her perpetrator has been blaming her and inferred that the abuse was taking place because she was worthless. After having disclosed the abuse, she also felt blamed by her mother for bringing shame onto herself and onto the whole family.

### *Powerlessness*

Type 1 has always felt powerless within her own family. She has never been able to influence significantly her mother's behaviour or anybody else's. She has been unable to protect her own body from being abused. When she eventually disclosed the abuse, she did not regain any power over her own fate. She was not able to persuade her own mother of the seriousness of her situation. Her perpetrator was not punished, therefore it also appeared that society at large did not believe her. The person responsible for her ordeal was not removed from her life. Instead, she was taken away and placed into care.

### ***Dynamic state***

At the time she enters care, Type 1 cannot form a rational theory of reality that would allow her to make sense of her environment and to experience emotional and psychological stability. She views the world as a dangerous place and she feels constantly at risk both physically and emotionally. She has been unable to protect herself and she feels that she has very little control over her own destiny. When she eventually succeeded in interrupting the sexual abuse, she experienced total rejection from the person who was supposed to comfort her. A negative outcome is therefore associated with the ending of the abusive situation.

She has an extremely low self-esteem and a high sense of guilt, which incites her to believe that she had brought her problems onto herself. However, she cannot attribute the abuse and rejection to any particular action or behaviour of hers. One way of rationalising the situation is to believe that she is inherently bad. In effect, bad things happen to her regardless of her conduct. The difficulty with this theory is that there is no way out, there is no hope for any improvement. Her dynamic state is therefore unstable: it cannot conciliate her well being within her perceived environment.

### ***Behavioural manifestations***

Type 1's behaviour is characterised by her efforts to reconcile opposite feelings and values. Despite her desperate need for love and understanding, she is unable to trust adults and is unwilling to get close to anyone because this is associated with rejection and abuse. Because of her unstable dynamic state, her behaviour is extremely difficult to predict. She is generally inhibited and solitary but she can also become angry and violent. She engages in self-harm and she gets involved into alcohol and drugs misuse. This is both in an effort to dissociate from reality and to express her feelings of anger.

Her tendency to dissociate, her low self-esteem and her distorted understanding of sexual norms make her vulnerable to sexual abuse and exploitation. Establishing sexual relationships is also one way of normalising the abuse she has suffered and therefore denying its effects.

### ***The care experience***

Type 1 is extremely difficult to care for because of her difficult and unpredictable behaviour but also because she rejects the support and compassion carers may offer. She does not allow adults to come emotionally close to her and appears totally ungrateful. As a result, placements with foster carers inexorably end up prematurely and she moves very quickly towards residential care.

The interruption of foster placements reinforces the child's theory of reality and damages further her self-esteem. It also increases the level of internal conflict, which is translated in to more self-destructive behaviour.

Type 1 is also likely to perceive the care system as punitive rather than protective. Her mother could have provided protection and comfort by simply choosing to support her daughter rather than her partner. The course of events indicated to the child that she was being punished for either having a sexual relationship with her

stepfather or for having disclosed the abuse. As a result, the child has no incentive to cooperate with the carers or to fit in the care system as a whole. It also increases her feelings of guilt and worthlessness.

On the whole, the experience of the care system is likely to reinforce her views of the world as a dangerous place. She feels constantly rejected and she has little chance to increase her self-esteem.

### ***Implication for practice***

Child A does not see herself as a victim of unfortunate circumstances. Instead, she uses self-blame in a maladaptive way. She attributes her experience of abuse and rejection to her own persona rather than to something she has done.

Consequently, she does not feel that she can do much to protect herself from future rejection and abuse. She is trapped in a self-fulfilling scenario where she expects and creates rejection. She refuses help and support because she refuses to take the risk to get close to people who, she feels, could cause more pain and rejection. Furthermore, the likelihood to self-harm and use drugs and alcohol creates additional problems that also need to be addressed. In these conditions, it is unlikely that any of those problems could be addressed in isolation and it is therefore paramount that all agencies should work in a concerted manner.

Effectively, the defence strategies and coping mechanisms put into place by young people in this situation are totally maladaptive and increase the level of difficulties they experience. These have negative effects on their self-esteem and perpetuate young people's perception of the world as a negative and dangerous place. Jones (1987) notes that young people who react to trauma in such a maladaptive way are unlikely to develop quickly a positive relationship with the professionals or the carers who could eventually help them to rectify their view of the world.

Because of their difficult behaviour, such young people are likely to experience successive placement moves that will in turn increase their feelings of rejection and make it even more difficult to change their theory of reality. The challenge is therefore to ensure that young people who have experienced abuse and rejection are given the opportunity to experience stability despite their difficult behaviour. It appears paramount to identify such young people at a very early stage in order to reduce the potential damage early placement disruption could create. A succession of short-term, emergency or interim placements is likely to have detrimental effects that would not be possible to put right at a later date. The carers working with them should be extremely experienced and have a very good understanding of the difficulties they are likely to face. They should be provided with all the necessary background information before accepting the placement and they should be willing to commit themselves for a long period of time. They should also be prepared to accept being tested by young people who will expect and even actively generate rejection and maltreatment. By showing their commitment to the young people, substitute carers can demonstrate to them that their view of the world is erroneous and they can help them develop more appropriate defence mechanisms and adaptive strategies.

Therapeutic intervention should also be considered at a very early stage but it might also be necessary to involve a therapist with the professionals and carers working with the child rather than to carry out face to face therapy. Lanyado (2003, p.347) argues that carers and professionals can become 'accommodated' to the level of pain, aggression and trauma young people have experienced. When they forget the abusive background of the young people they are working with, professionals can be easily persuaded to leave them alone, particularly when they display violent and rejecting behaviour. In such cases, the defences of the carers simply reinforce the defences of the young people and there is a greater risk that actions and decisions that are traumatic for the child will be carried out. The involvement of a therapist with carers and other professionals could help monitor

their attitude and ensure that they maintain a wide perspective throughout the management of the case.

The examples collected within the sample indicate that there are little prospects that children placed in this situation can change their perspective. They are unlikely to develop positive relationships with the carers or other professionals who can help them to rectify their view of the world and develop more efficient adaptive strategies.

In the sample studied, none of the young people who entered care following sexual abuse and parental rejection experienced any kind of placement stability. Amongst the fifteen most mobile young people, five cases seemed to follow closely Type 1 with a further young girl following the same pattern despite the lack of no definite evidence of sexual abuse (See Chapter 5, *Cases Distribution*) . All young people had experienced stays in secure unit because they placed themselves at risk. They all had drug and alcohol habits and they all had been involved in criminal activities. Outcomes after they left care were also poor. One boy received a long-term custodial sentence, two girls were pregnant before they left care and one girl went missing without any trace.

Finally, it is important to note that a child who has been abused in an oppressive family context may develop behavioural manifestations that could lead him or her to being looked after without any reference to the abusive relationship. In such cases, young people are likely to display extremely challenging behaviour, which carers and other professionals would find particularly difficult to deal with. The knowledge that a child has experienced severe physical and/or sexual abuse is likely to create a level of compassion and understanding amongst carers that might not be available to young people whose abusive experience has remained undisclosed.



## **Ideal type 2: Dysfunctional maternal relationship**

Type 2 is characterised by a dysfunctional relationship between a single parent and a child. Six of the cases from the sample fitted very closely this model; in all instances they involved a mother and either a son or a daughter. In this kind of situation, young people become looked after because their mothers are unable to care for them appropriately due to their own difficulties in relating to others. Young people have been brought up in isolation and have very few social skills. They are totally dependent on their mothers who refuse to assume their own responsibilities towards them. Young people's reactive attitude to substitute care is based on a misconception: they believe that the local authority, rather than their mother, is trying to prevent their return home. This confusion is accentuated by the fact that their mothers are extremely generous in material ways. Such displays are mere substitute for real care and affection.

Social workers and carers are placed in a difficult situation: without damaging their self-esteem, they have to convince young people that their mother does not want them at home or is unable to look after them appropriately. Young people choose to believe their mother and develop an antagonistic attitude towards professionals at large. By the time young people realise that their mother is not totally honest with them and is unwilling for them to return home, their self-esteem is very low and their anti-social behaviour is extremely difficult to control.

**Table 6.2 Main characteristics of Ideal Type 2**

<b>Ideal type 2: Dysfunctional Maternal relationship</b>	
Reason for being looked after: initiating factors	School attendance; neglect; relationship breakdown between / child parent
Reason for being looked after: primary factors	Mother's poor parenting skills and own mental health problems
Age on entry	Age 4-10

Legal status	Voluntary care
Family context	Parents separated; child doesn't know his/her father; mother has a history of physical or sexual abuse
Siblings	Raised as a single child
Contact with parents when in care	Frequent; unplanned; initiated by child
Social network	Totally dependent on mother before and whilst in care; no contact with extended family or other significant friends
Education before care	Poor attendance; demanding behaviour
Education in care	Disengaged with education
Behaviour	Violent with adults and children
Relationships with carers	Aggressive; occasionally violent; distrustful; disregarding of other's needs; self-harm

### ***Child related factors***

#### ***Attachment history***

Type 2's mother has had several short relationships with different men. All have been unsuccessful and she has been victim of domestic violence and sexual abuse on several occasions. Her father was also a violent man and she has little contact with her parents who do not live locally. She only sees them on special occasions. She has no close friends or relatives and she is unemployed. On the whole, she has very little social interaction. She had a short-term relationship with a man who left her without knowing she was pregnant. She never had any contact with him afterwards. She remained single after the birth of her child.

Type 2's mother brings him up totally on her own and is always very protective of him. However, she has difficulties imposing any boundaries and is extremely inconsistent with him. The rules she imposes depend on her moods rather than on established patterns. She has mental health problems and is often depressed. At times she lets him do anything he wants but on other occasions, she has high expectations and becomes very strict. On the whole, she is always open to

changing her mind and her child usually gets what he wants despite the initial refusal. There are very few display of affection between child and mother. Such demonstrations normally take place through material exchanges such as food, presents or money.

The child's attachment to his mother seems to follow an insecure and ambivalent (or resistant) pattern. This seems to be confirmed by the child's response to separation when he first attends school. His mother refused to let him attend any pre-school, day centre or nursery and she kept him at home until school age. The admission into school is the first occasion when the child has to be kept away from his mother for any significant amount of time. The process is difficult and the child cries every morning at school for many months. The separation also creates difficulties for his mother who cannot stand to see him distressed. As a result, she often keeps him at home to avoid the problem. In school, Type 2's behaviour is difficult to manage. He is not able to relate positively with his peers and is resistant to rules. His mother's attitude with regard to his school behaviour is ambivalent. Although she appears to disapprove of his conduct, she also blames the teaching staff for being unable to understand her son.

Mother and child are unable to communicate in a rational manner and their relationship is mostly based on a display of strength. When a conflict occurs, it is usually followed by temper tantrums on both sides. Conflicts are mainly caused by the mother's lack of consistency in the care provided and by her ever-changing expectations. The child cannot attribute his mother's changes in attitude to any particular reason and is therefore unable to make sense of the situation. For instance, the child might be allowed to stay up at night when his mother feels in a particular good mood but be sent to bed early the following evening for no apparent reason. School attendance follows a similar pattern, with the child being allowed to stay at home if his mother feels vulnerable or needs company. This instability causes feelings of distress, frustration and anger, which are expressed in violent outburst. On the whole, the child does not expect other people to be consistent and

therefore does not see how he can negotiate or affect their decision-making. Such changes are outside his power. He does not understand the concept of rule or boundaries. In his experience, most decisions can be challenged and changed. Type 2 has not learnt to empathise with others because of his mother's inconsistency and unpredictability. The same behaviour and events can provoke different and sometime opposed reactions from his mother.

As the child grows older, he becomes more demanding and his outbursts become more violent. His mother finds it increasingly difficult to respond to his demands and to control him. She can no longer dominate him physically and she becomes increasingly scared of contradicting him or refusing to comply with his demands. As a result, she becomes increasingly inconsistent and she alternately gives him total freedom within the home or punishes him by locking him in his bedroom or using other methods of repression. However, she usually compensates for her excesses of authority by eventually giving into his wishes and buying him the toys he requested or letting him do what he wanted in the first place.

All his life, Type 2 has been totally dependent on his mother. He has not had the opportunity to develop relationships with his peers or with other adults. His experience of school has not been successful because he was not equipped to deal with the social context. He was unable to negotiate and was prone to temper tantrums every time things didn't appear to go his way. As a result, he was unpopular with other children and remained an outsider. Because his attendance at school was erratic, it was difficult for him to learn the routines and to fit in.

Type 2's mother has mental health problems. She is depressed and she has chosen to live in semi reclusion with her son because she has never been able to experience stability or happiness with any previous partners. All her relationships with men – including her own father – have resulted in some sort of abuse or rejection. Her own mother, her main female role model, gave the impression of being weak and under her husband's authority. She has made her son the centre

of her life in a bid to develop a loving relationship without the risks of abuse and rejection. She expects to receive from her son the love and affection that she has not received from previous partners. However, she can see a familiar pattern develop in the relationship with her son. As he grows older, he also becomes more violent and demanding. She can already see the abusive nature of her son and she fears his rejection. She blames herself for the situation but she also believes that all men – including her own son – are abusive. She is unable to reconcile her love for her son and her fear of his abuse and potential rejection. In her view, her son is turning into a perpetrator despite her best efforts.

Her ambivalent feelings are reflected in the way she treats her son. She has mood swings and her attitude towards him varies from indulging all his wishes to denying him of any attention. She can praise him and criticise in succession with no apparent relation to his behaviour. She is aware that her relationship with her son is not appropriate, but she feels unable to change the pattern of communication that has been established over many years. Even when she asks for support from social services she doesn't feel that there is anything she can do to change the situation. She has a very low self-esteem herself and is not aware of the influence she can have on her son. She also believes that the situation is out of her hands because her son is simply acting according to her vision a male stereotype.

Type 2 has not experienced any specific trauma. He has not been abused physically or sexually but has been deprived of social interaction. He has a very limited range of social skills and he is not able to obtain the responses he expects in a normal environment. The strategies he has developed with his mother are not helpful outside his family context and he feels unable to influence others. He has learnt that regardless of his behaviour, his mother will eventually be there for him.

### ***Dynamic state***

Type 2 becomes looked after because his mother feels unable to deal with his behaviour but also because she fears his rejection. However, the child does not understand why he is taken into care. There has been no significant change in his relationship with his mother and he is not aware of any particular difficulties. He is not aware of his mother's mental state.

The intervention of the social worker is seen as intrusive and unwarranted. He does not feel that he or his mother needs any particular help. The child feels victimised and also believes that his mother is being unnecessarily punished. The care system is seen as an authoritarian institution and he is distrustful of social workers and carers. By creating disruption, Type 2 may be intending to 'get back' at the care system and by instigating placement ending, he may be intending to engineer a return home.

His experience with adults other than his mother is essentially based on school. There, he has been unsuccessful in imposing his communication style and has been unable to fit in. He has very limited social skills and he is not equipped for living in an unfamiliar environment. In addition, Type 2 does not feel the need to establish relationship with substitute carers because he expects to return home relatively quickly. He has always been totally dependent on his mother and nobody else. He expects that she will eventually arrange for everything to return to normal and for him to come home.

### ***Behavioural manifestations***

Type 2's behaviour in substitute care is similar to what he has always displayed at home with his mother. He has little regards for his carers or for other children placed with him. He finds it difficult to follow rules and to respect the boundaries set by his carers. He is unable to negotiate with others and he becomes angry and threatening when challenged. He can be violent with carers and with other children

and cause damage to property. He does appear to be aware of the consequences of his behaviour and rarely expresses any remorse.

He shows very little interest for any form of education and refuses to attend school. He develops an antagonistic attitude towards any representation of the social care system and refuses to cooperate with professionals or to take part in review meetings. He often goes missing and returns home to see his mother.

As the situation develops and there is little indication that a permanent home return will take place, Type 2 finds no way to channel his anger and frustration. He becomes increasingly aggressive with his substitute carers and with his mother; he also engages in self-harm and embarks on alcohol and substance misuse.

### ***The care experience***

Type 2's entry into care takes place in a very uncertain context. The placing authority is very much dependent on the child's mother. The child is not seen to be at risk and if the relationship between mother and child could be improved, there would be no reason to maintain the child in public care. Short-term placements are therefore initially arranged in order to assess the child's needs and to give his mother the opportunity to address her personal difficulties. No efforts are made to provide a long-term placement.

This succession of brief placements from the outset of his carer career does not indicate to the child that he is wanted or that carers are particularly concerned about him. It reinforces the belief that his mother is the only consistent presence in his life. It also limits his opportunities to learn and assimilate the rules and boundaries established within each substitute family or children's home.

Successive carers find it difficult to agree to an extension of the placement because of the difficult behaviour displayed by the child from the outset of the

placement. Not only he is very demanding but he also appears very ungrateful. The carers also experience difficulties in relating with the child's mother because of her lack of consistency and her inability to cooperate and to follow agreed procedures. For instance, she allows her son to return home for unplanned visits and she provides him with additional pocket money. Parental contact is seen in this context as undoing the work undertaken within the care placement. On the whole, the child's mother refuses or is unable to take any responsibility for the situation. The child is therefore confirmed in his view that his mother disagrees with his presence in public care and she remains his only source of support. The care system as a whole is therefore also confirmed as an unjust institution abusing its own authority.

The child's perception of the situation is influenced by his expectation that his mother loves him and wants him to live at home with her. Accepting the fact that his mother is unable to look after him would signify that she no longer loves him or that he is not worthy of her affection. The implication of such a situation would be too difficult to face: the child would suddenly lose the only source of support he ever had. As a result, the child would rather believe that his presence in care is the result of an injustice and he has therefore no reason to believe his successive carers and social workers who incite him to change his pattern of behaviour and alter the way he relates to his mother. The child is unaware of his mother's mental health problems and his lack of empathy hinders further his perception of the situation.

By the time Type 2 understands or acknowledges that his mother has not been truthful with him, he is in a desperate situation. He has experienced a large number of placements and has not established any meaningful relationship with his successive carers. More importantly, he has not learnt to relate efficiently to others because he has actively rejected those who, he believed, were trying to keep him away from his mother. His self-esteem is extremely low and he has lost any notion of secure base. He is left feeling isolated without the social skills that would allow



him to create new relationships with adults or with other young people. He also has to deal with the effects related to his drug and alcohol habits. He has a criminal record because of his violent behaviour and he has become totally disengaged from education.

### ***Implication for practice***

In the research sample, six of the most mobile young people fitted very closely with ideal type 2. Two of them had also been victims of sexual abuse and their cases therefore involved a number of additional variables that would also need to be taken into account when explaining their high mobility within the care system. All young people had experienced multiple moves and it was apparent that their life was still in turmoil at the point of leaving care. All of them had been self-harming and two of them had attempted to commit suicide.

One young person, who was not in the most mobile group, seemed to follow closely the patterns associated with Type 2 but there was some clear indication that the social intervention had benefited the young person and the situation had improved noticeably after less than two years. Unlike in the other cases, one social worker had been involved with the family throughout the child's care career. The involvement pre-dated the child's entry into care and it was apparent that the social worker had a good understanding of the whole situation. A pro-active approach was clearly displayed. This involved the early planning of an eventual return home. Although the return never actually took place, the process seemed to help the child to understand his mother's position. Regular meetings were arranged where targets were set for the child but also for his mother. After less than two years, it became apparent that although the child had achieved some of his targets (e.g. regular school attendance) his mother had been unable to stick to her part of the arrangement (e.g. she did not visit her child on the agreed dates). The tightly controlled situation helped the child understand the role his mother had been playing. When it became apparent to the child that a return home was totally

dependent on his mother and that it would be unlikely to take place, he became extremely distressed. His behaviour deteriorated and he reverted to displaying his anger and frustration through threats and violence as well as self-harm. However, after several months, a clear change in attitude took place and the child started investing emotionally with his carers. From then on, the child stayed in the same placement until he reached leaving care age.

The management of the most unsuccessful cases was much more passive and seemed to lack a sense of purpose. As a result, young people were free to impose their views on the care system and maintain a flawed understanding of the nature of the relationship with their mother. It is also possible that social workers and carers avoided confronting the children's mother in order to protect them from maternal rejection.

The difficult behaviour displayed by Type 2 within each care placement may distract carers and social workers from considering the wider picture. However, the key to long-term stability seems to be the clarification of the relationship between mother and child. At least three complementary approaches could be undertaken. Firstly, direct work could be done with the child's mother in order to make her understand how much influence she has on her own son. This is likely to be made difficult by her state of mind and her low self-esteem and also by the fact that she has low expectations about her own son; she believes that his behaviour is simply in line with that of his gender. This approach would be more likely to succeed if the child's mother engaged in a therapeutic process that would help her deal with her own mental health issues and her own history of abuse. Secondly, family work could be undertaken in order to help child and mother in developing a more efficient relationship. If this was successful, a return home could be envisaged. Thirdly, if the child's mother is unable or unwilling to accept her responsibilities, it is paramount to ensure that her son becomes aware of the role she plays at a very early stage. Regular meetings could be organised in order to ensure that misconceptions are stamped out before the child's negative attitude towards the

care system develops to a level that would become unmanageable. Such meetings should be aiming at establishing clearly the reasons why the child has become looked after and under which conditions an eventual home return could take place. It is acknowledged that both child and mother would need support at all stages of the process. It is also extremely likely that the child might initially feel rejected by his mother and this could lead to feelings of anger, frustration and even depression. However, by ensuring that parental contact is maintained, the child might gradually develop the understanding that some of the problems lay with his mother rather than with himself or social services. He might therefore become more accepting of his situation and develop meaningful relationships with his carers, which in turn will help improve his social skills.

### **Ideal type 3: System failure**

This third ideal type is not strictly comparable with the first two. It is defined by an initial succession of placement moves that is totally independent from the behaviour of young people and affect the way they perceive and react to being in public care. In this situation, young people show encouraging signs of adaptation to life in substitute care. They build up positive relationships with carers but they nonetheless have to move for reasons totally out of their control. They gradually change their attitude and reject new relationships and emotional investment with carers. They react against the whole care system and refuse to conform. Repeated system failure leads to a particularly disrupted long term care experience for young people who may otherwise have been settled.

This pattern of behaviour is very much in line with Barber and Delfabbro's (2004) findings in terms of psychosocial impairment: the authors found that in that regard, if instability did not seem to affect children during the first eight months, significant changes occurred afterwards and changes in behaviour became unacceptable or unmanageable by foster carers and therefore increasing the likelihood of further disruption.

**Table 6.3: Main characteristics of Ideal Type 3**

<b>Contextual factors: system failure</b>	
Placement related factors:	Inexperienced carers Difficulties with culture and ethnic background Abuse/maltreatment in placement Separation of siblings Repetitive use of short-term placements
Preparation to placement and matching up process:	No introduction process; children not prepared for move Very long process; children may doubt the actual commitment of the new carers
Education:	Change of school due to placement move No school placement agreed at time of placement Alternative education (non-inclusive, lead to social isolation)
Resource issues:	Lack of placement availability Lack of funding

	Delays in obtaining funding Cost-cutting policy
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### ***Child related factors***

It is presupposed that child C has had no particular attachment difficulties. He might have received appropriate parenting from his birth parents or he might have been received into care at a very early age and placed with foster carers who looked after him well. The beginning of his care career has been broadly positive and he has experienced a stable and happy initial placement. He has developed a positive attachment to his new carers. There is no evidence that Child C has had a particularly traumatic background and he seems to be trusting of adults. In essence, he is a well-adjusted child.

### ***Dynamic state***

Child C expects to stay with his carers and is probably unaware of the possibility of being moved to a different placement. At this early stage, he might have little understanding of the concept of public care.

His view of the care system gradually evolves and so does his perception of his own role within it. Each successive placement ending occurring for reasons independent of the child becomes more difficult to integrate to his theory of reality. Gradually, his environment becomes more and more unpredictable. In effect the care experience becomes a source of trauma in itself. Every time the child becomes emotionally close to a carer, this link is broken and he experiences rejection. The repetitive placement endings shatter the young person's basic assumptions. He lives in a constant fear of being separated and he is unable to envisage a positive future outcome. As a result, he needs to develop alternative theories of reality to bring some order to his experience. Two broad theories of reality can be devised. Firstly, the child can consider the care system in itself to be the cause of the problem. Carers and other professionals are seen as inherently

unable to provide for his needs. In this case, the child develops a complete distrust of the institution and of all those working within it. Secondly, the child can blame himself for the repeated rejections. However, because he cannot attribute the rejection to a particular behaviour or to a particular trait, the child is likely to use self-blame in a maladaptive way. The situation becomes similar to that of Child A, who attributes her experience of abuse and rejection to her persona.

In an effort to protect himself and to avoid further rejection, Child C refuses to become emotionally attached to his carers. As a result, he becomes more difficult to look after and is more likely to experience further placement interruption, thus confirming his initial assessment.

A child using self-blame is likely to express his anger and frustration in a way similar to Child A. He is likely to develop self-destructive conducts such as self-harm and alcohol and/or drug misuse. A child who blames the inadequacy of the care system is likely to develop aggressive and destructive behaviour and to become involved in delinquency and criminal activities. In both cases, the child cannot imagine a positive outcome to his care career and therefore takes little interest in the eventual consequences of his behaviour. In this context, instigating placement ending becomes a way of gaining some control and to restore a sense of predictability in his life.

### ***Implication for practice***

Ideal type 3 constitutes a catalogue of unfortunate incidents, malpractice and mismanagement that can be qualified as systemic. Each young person's eventual situation cannot be attributed to one single cause. Some interruption may be caused by a carer's illness or a change in their circumstances. It may also be caused by the need to reduce the cost of a placement. Some of those situations have been reported in the previous chapter (Chapter 5, Section on Finance and Facilities). The funding available to children's services is not unlimited and it is

understandable that it is not possible to have a constant number of placements available on stand-by. A number of generic measures can certainly be taken to limit the risk of placement interruption caused purely by systemic factors. These would include areas such as better selection, training and support for foster carers or increased levels of funding for respite carer when long-term carers experience specific difficulties. However, it is also understandable that some events can be totally unforeseen and some agreed plans will always need to be reviewed at very short notice. A number of incidents of malpractice or negligence can also be attributed to the difficulty of working with young people who have complex needs and to the high workload most social workers are under within children services. It is therefore tolerable – but regrettable – that on some occasions, placements will be interrupted for reasons totally independent of the children and from their needs.

The effects of such interruptions are many. Ideal type 3 highlights how these affect directly the children's well being, their ability to adapt to care and their future prospects after leaving care. It is also important to bear in mind that such situations are likely to affect other social actors within the care system. Recruiting and retaining social workers and foster carers has been a constant challenge for many local authorities for many years and has had a direct influence on the care provided to young people (Social Exclusion Unit, 2003; Harker, 2004). Some of the files studied contained letters and other recorded evidence indicating the level of frustration and disappointment felt by some foster carers. They felt part of a system that had let children down and they felt guilty by association. Informal conversations with social workers during the course of this and other research projects indicated that some of them also felt powerless and unable to support young people appropriately because of the lack of funding and the poor quality of the resources available. One social worker conveniently attributed the occurrence of placement breakdown purely to the poor quality of the care provided by foster carers. If this kind of attitude is representative of a large part of the professionals working with children looked after, then it goes a long way towards explaining staff

retention issues: social workers who believe that there is little they can do in terms of providing placement stability, are likely to experience little job satisfaction.

As well as influencing directly young people and professionals, the regular incidence of systemic placement interruption is likely to have long-term financial implications. As illustrated with ideal type 3, young people who have experienced several systemic failures are likely to become increasingly difficult to place. They will require specialised or residential placements, which are more costly than common foster placements. They will also require more social work time and they will be more likely to necessitate additional involvement from a drug worker, youth justice service or mental health services. On the whole, the financial savings made at an early stage of a child's care career can prove very costly in the long term. It is apparent that young people who are effectively displaced for reasons outside their control and understanding are likely to be deeply and adversely affected not only for the rest of their care career but also well into their adulthood.

It might be naive to expect that no placement should be interrupted for systemic reasons; it is nonetheless essential that no young person should experience a series of such failures. The inexorable nature of system failure should not lead to complacency and the overall care career of each individual child should be kept into perspective. It may be possible to attenuate the effects of occasional systemic placement ending by ensuring that young people understand why a placement is interrupted and by removing any indication that the incident could be related to their own behaviour or to their own persona. Young people should not be made to feel responsible for systemic failure. Nonetheless, if such incidents are repeated, all efforts to limit the negative effects of placement ending are likely to become vain. Young people's self esteem and/or trust in the care system are extremely likely to be so damaged that any possibility of further placement stability would become remote. On the whole, placements should not be seen in isolation. They should always be considered within the perspective of a whole care career. In this context, it appears essential to ensure that safeguards are in place to guarantee



that system failure does not occur successively to the same child. For instance, young people who have been victim of a system failure might be prioritised in terms of funding or access to appropriate placement. It also appear essential that clear timelines are established when a child is placed in emergency. For instance, a child may be placed with private carers following the unplanned interruption of his original placement. If a suitable long-term alternative cannot be found within weeks, the child should be given the opportunity to stay with the private carers, regardless of the cost. This would protect children from being uprooted unnecessarily after a few months once they have developed meaningful relationships with their carers.

The essential message emerging from ideal type 3 is that the mismanagement of young people's care career can result in severe trauma that can have long-term negative consequences similar to that of a child who would have experienced abuse prior to being looked after. Successive system failure can affect young people's whole outlook on life, their self-esteem and their broad perception of adult and carers.

## **Conclusion**

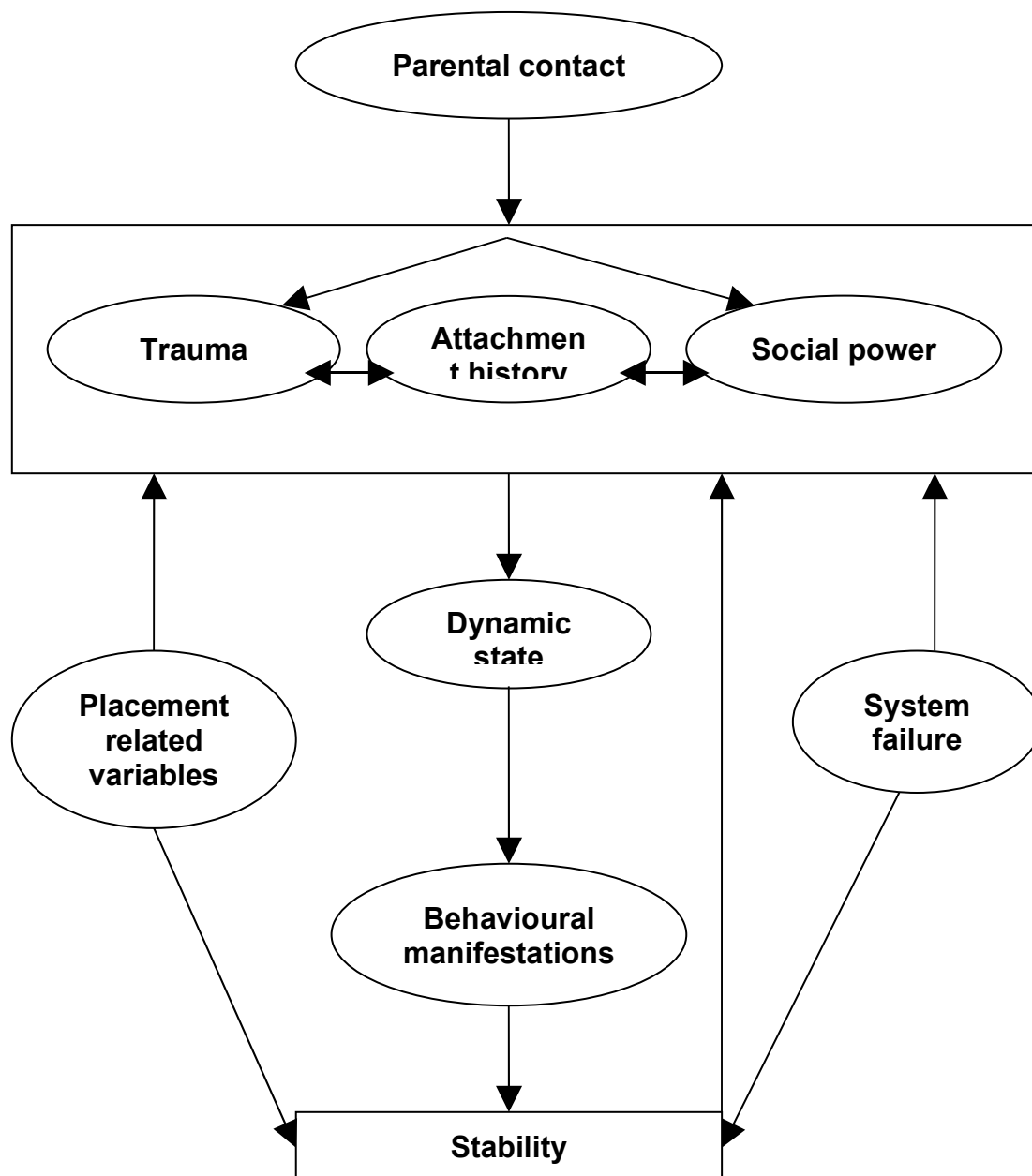
The three ideal types identified here are unlikely to be the only ones possible. They emerged from the analysis of the care careers of a relatively small sample and it is probable that a wider group of young people would reveal other ideal types of care careers. Particular patterns might be specific to young people from minority ethnic group for instance but the small number of such young people in the sample did not allow for their identification. Ideal types are not meant to constitute a totally accurate representation of reality and it would be unusual, but not impossible, to find young people fitting exactly the description of each type. Several young people presented a mixture of different types. For instance, one boy had been sexually abused by his uncle and had been brought up by his single mother. The development of his care carer hinged on the relationship with his mother (ideal type 2) who refused to acknowledge that her son had been abused by her own brother

(type 1) but who was also unable to deal with her own feelings of guilt. The psychological and emotional state of the child was particularly complex and his care career was a mixture of type 1 and 2.

On the whole, the ideal types have illustrated that placements can end earlier than planned or unexpectedly for a number of reasons. However, in the cases of young people who experience large numbers of successive placement endings, the causes of instability are likely to be eventually related to the way they react to the care system and to their exclusion from their birth family. The children's behaviour – in relation with the carers' expertise and ability to manage or to accept such behaviour – has a direct effect on the longevity of each placement. Young people are engaged in a dynamic process of adaptation to life in substitute care and more generally, to life after trauma. The care system's response to children's needs and expectations influences this process as well as the resulting strategies and defence mechanisms which in turn affect the outcome of each placement. By referring to different ideal types of carer careers, social workers and carers can identify the type of dynamic each young people are engaged in and they could therefore develop strategies in order to respond more appropriately to the young people's needs.

The analysis of the three ideal types has lead to a revision of the exploratory model presented in Chapter 3. Two findings seemed to be of particular relevance and had to be included in the model: the influence of system failure and the continued influence of parental contact. In the original model, the role of parental contact was limited to the development of inner working models of attachment that would influence the way young people go on to develop relationships throughout their life in care and thereafter. However, ideal type 1 and more particularly, ideal type 2 indicate that parents attitude during young people's care career have an influence on the way young people perceive the care system and adapt to life in substitute care. The model therefore needs to include the continued influence of parents on their child's dynamic state.

Figure 6.1: A causal model for placement ending



The second change to the model is made necessary in order to take into account the influence of repeated system failure on young people emotional and psychological development. Ideal type 3 shows that children can alter completely their perception of adults and of substitute care as well as of their own role within the care system. System failures cause placement endings directly and independently from children, but they also have an indirect influence by perturbing children's dynamic state and therefore producing further placement endings. For instance, a placement ending that is directly attributed to the child's difficult behaviour could also be attributed indirectly to the system failures that have affected the child's dynamic state and therefore created behavioural manifestation that carers are unable to deal with.

Finally, placement stability itself can affect young people's dynamic state and therefore become self-generating. Children who employ unproductive coping and defence mechanisms are more likely to experience placement endings, which in turn reinforce their negative behavioural manifestations and create further instability. However, several factors can increase the placement length for children who appear particularly difficult to care for because of their demanding behaviour. The absence of system failure for instance, or the carers' ability to deal with difficult behaviour as well as the availability of resources such as respite care can all contribute to maintain a placement that otherwise might end rather quickly. As young people are given the opportunity to experience stability, they may gradually change their dynamic state and develop strategies better adapted to life in substitute care.

## Chapter 9: Conclusion

This project has been about children looked after and about their movements within the care system. It has brought to light several important issues with regards to both research methods and actual findings in terms of placement stability.

The initial review of the literature pointed out that, if a large body of work was available, very few authors have utilized a holistic approach to placement stability: in other terms, they have not taken into account young people's whole care careers and the circumstances leading to their entry into care. As a consequence, a disproportionate emphasis has been placed on circumstantial causes of instability, to the detriment of young people's own characteristics and life experience.

The project has also emphasised the limits associated with official indicators and data collected by local authorities and central government. The information publicly available generally provides an inadequate and somewhat misleading picture of children's experience.

Looking at care career as a whole has revealed the dynamic nature of young people's adaptation to life in substitute care. Three main causes of long-term placement instability have been identified. Firstly, the occurrence of sexual abuse was identified as a strong cause of instability, when associated to specific circumstances. Victims of sexual abuse were unable to experience stability if they had experienced little support or even further rejection from their family following disclosure. Conversely, victims of sexual abuse were able to settle and adapt to substitute care when they had received sufficient support from their parents or carers and when their victim status had been fully acknowledged.

The second major cause of instability was related to dysfunctional maternal relationships. The instable nature of some young people's care career was essentially attributed to the disruptive influence of their mother. This was

particularly true where case management was weak and when social workers were unable or unwilling to take fuller responsibility for children's care. In some instances, children's legal status was seen as a hindrance to strong case management. Voluntary care arrangements could create a vacuum where none of the parents, carers or social workers was able to care appropriately for the child.

The third cause of instability revealed by the project is directly related to children and young people's experience of public care. The influence of case mismanagement and repeated systemic failure has been shown to have long-term effects on children and alter the way they adapt and relate to carers.

The concept of ideal type has proved a useful tool in exploring the dynamic nature of children's adaptation to life in substitute care. It allowed moving away from a somewhat limited model where placement stability is studied in isolation of children's long-term needs and experiences. By considering whole care careers, it has been possible to focus the research on children's needs rather than on contextual variables. In the research literature, such variables have often been shown to have opposite effects on placement stability, without providing the reader with causal explanations.

The model developed here reflects the dynamic nature of children's adjustment to life in substitute care. It places a strong emphasis on children's internal working models. In this context, the role of attachment, the response to abuse and neglect and to the lack of social power within a potential oppressing system, are all key elements to explain and understand how some children are more prone to instability than others.

In practice, the project's findings could be used by social work practitioners in two distinct ways. Firstly, a specific set of circumstances should alert practitioners to the risk of instability for some children and help them take action at an early stage. Secondly, the model could be used to review the cases of already particularly

mobile young people and help identify likely causes of instability. In such cases, the likelihood of unsupported or undisclosed sexual abuse should be considered and the impact of maternal relationship should be explored. Case management and systemic shortcomings should also be investigated.

The project has highlighted the need to consider each placement in the broad context of young people's lives. Children looked after are in a constant process of adaptation. Not only do they have to learn how to integrate and develop in a changing context, they often have to do so without the social skills and emotional stability associated with having been brought up in the stable environment of a loving and caring family. Most children in care have to mourn the actual or the symbolic loss of their parents. The time required for this process is often filled with further experiences of losses and changes, which many children are unable to deal with (Lanyado, 2003). In effect, young people who need the most stability are also those who experience the most disruption. This disruption is partly due to the difficult behaviour they display as they struggle to make sense of their lives away from home and following loss or trauma, but it is also due to factors totally outside their control. Regardless of the reasons leading to placement ending, successive disruptions affect young people's ability to deal with past and present trauma.

In this context, the definition of placement breakdown most widely employed (Parker, 1966; George, 1970; Millham et al. 1986; Berridge and Cleaver, 1987; Rowe, 1987 and Fitzgerald, 1990) does not seem appropriate. It seems reductive to employ the terms 'placement breakdown' to describe solely the termination of placements that were not anticipated in young people's care plan. Two reasons can be advanced against the use of this definition. Firstly, this concept does not take into account the source of the disruption. This may be caused by system failure, by the particularly difficult behaviour of a child or by a mixture of both. Secondly, it implies that other placement endings are somewhat less harmful for a child. Several of the cases studied indicated that the ending of placement can create major difficulties for children even if these have been planned long in

advance. From a child's point of view, the end of a contract or other arrangement does not necessarily indicate the natural ending of a placement. Some of the young people who had experienced the most disruption did not suffer only from unanticipated placement ending. They also had to cope with short term and interim placements.

On the whole, placement ending, whether planned or unplanned, can be considered a satisfactory outcome on two conditions only: either followed by a successful return home or by a successful long-lasting placement in substitute care. In either case, it is therefore not possible to establish the outcome of each placement ending until several months or years after the events. Outside those two situations, it would be difficult to argue that any kind of placement ending can be positive. In all cases, the end of a placement constitutes a failure. Even if a child feels relieved at the end of an unhappy episode, this ending indicates that the placement was not appropriate to his or her needs in the first place. Similarly, a child who actively instigated a placement ending is likely to reinforce his or her own theory of reality and confirm their expectations of rejection or their feelings of worthlessness. Most young people who have experienced unnecessary disruption are likely to develop some sense of personal failure. Children could also attribute the failure to the care system, therefore creating antagonistic feelings towards any potential substitute carers. On the whole, all placement endings are likely to result in feelings of rejection and lower self-esteem. In a professional context, it might be advisable to employ a neutral terminology such as placement move. Using loaded terminology such as breakdown or disruption is likely to influence the way children themselves perceive a placement ending. For instance, if a social worker referred to a *breakdown* in front of a child without providing more explanation, the child could feel blamed for the situation.

Although it appears that most placement endings have negative consequences in the long-term, these consequences can vary largely in their nature. Young people's behaviour may be affected in a similar way, but the underlying causes of such



behaviour may differ. For instance, when a young person shows signs of hostility towards substitutes carers, it may be useful to establish if this hostility is directed specifically towards the care system or if it is directed towards adults and carers in general. In the first case, the attitude might emerge from repeated system failure whilst in the latter, it might be the result of parental rejection. On the whole, it is probably unproductive to try and categorise placement endings without a good understanding of the individual circumstances leading to them. In this context, it could be argued that the government's most commonly used indicator with regard to placement stability represents a good choice. Effectively, indicator A1 of the Performance Assessment Framework does not take into consideration the causes or circumstances leading to placement ending: it only reports the percentage of children looked after at 31 March with three or more placements during the year. However, this figure is used essentially as an indicator of the opportunity young people have had to form stable attachment to their carers(s). This intention is undoubtedly open to criticisms. Munro (2001) argues that the focus on easily measurable quantitative aspects of services is in contrast to the children's concerns with qualitative issues. It has also been argued in Chapter 5 that this indicator reflects totally different realities. For instance, the research findings indicated that young people might not be excessively affected by short series of brief placements at an early stage of their care career at a time when it was clear that a long-term alternative was being sought. Conversely, three placement moves occurring towards the end of young person's care career is a sure sign that something has gone wrong. On the whole, there may be a need to review the purpose of the A1 PAF indicator. It might be more indicative to record periods of stability rather than number of interruptions. An absence of stability is easier to analyse than a succession of interruptions: if young people have not had any period of stability, there is a clear indication that they have not had the opportunity to form stable attachment. Admittedly, it could be argued that prolonged placements that do not fit the needs of a young person are a possibility and that it is not possible to assume that a long placement is always a positive alternative. Incidences of short-term placements that were extended because of the absence

of suitable long-term alternative were also described in Chapter 5. However, another official indicator might be more representative of the level of stability achieved by young people. The indicator PAF D35 is rarely reported; it represents the percentage of children who had been looked after continuously for at least 4 years and who were currently in a foster placement where they had spent at least 2 years. The problem with this indicator is that it only takes into account approximately one third of the whole looked after population. However, it does provide a real indication of stability. On the whole, using one single indicator is not satisfactory. It only provides a partial and reconstructed reflection of the individual experiences of young people. Rather than being used as a target or as a broad management tool, the A1 PAF indicator could be used to manage individual cases. For instance, the occurrence of three placement moves could prompt a review of cases. This could be the opportunity to find out if there is a cause for concern: Is the situation due to system failure or to a young person's particularly difficult behaviour? Should the case be prioritised in term of funding or access to specialised placement or mental health treatment? In short, a proactive attitude could be developed in order to understand the dynamic of each case and to set out safeguards before situations escalate out of control. Effectively, successive placement moves could become child protection issues.

Contact with birth parents, has been the source of much debate, particularly in the context of adoption and permanent family placements (Rushton et al. 1997, 1999; Ryburn, 1999). Although research to date has suggested that contact with birth relatives is a positive factor of stability, a number of factors also need to be taken into consideration. When comparing contact with birth parents in adoptive and foster placements, Neil et al. (2003) found that face-to-face contact was more straightforward in the adoptive families. Young children who had been adopted had less complex relationships with their birth relatives and easier relationships with their new parents. It is also recognized that in some ways it is less complicated to mourn the death of a loved one, than to cope with the ambivalence of knowing that a missed parent is alive and well and living a few miles away, but not wanting to

see their child (Lanyado, 2003). The identification of ideal type 2 (Dysfunctional maternal relationship) confirms the importance and the complexity of parental contact with children looked after. In such cases, a limitation of the contact between child and mother would be likely to increase the antagonistic attitude of the child towards social services. The young person would be confirmed in his belief that he had been forcibly removed from his mother's care against her will and without proper reasons. Allowing unrestricted and unsupervised contact would have a similar effect: the child's mother, by refusing to assume her own responsibility, would also reinforce the child's perception and blame social services. This very much confirms the views expressed by Bar-Nir and Schmid in the context of residential schools (1998). A constructive dialogue between parents and children can help both parties in taking some responsibility for their current situation. However, such contact needs to be actively supported. Effectively, in some cases, it is likely that unsupported contact can have negative consequences. This can reinforce the existing dysfunctional relationships, produce additional feelings of rejection or create further difficulties for children who feel disloyal towards their family and therefore reject substitute care.

The causal model developed as a result of the project is based on the premise that young people are in the dynamic process of adaptation to life after loss and trauma. In some cases, when young people suffered from further abuse from their carers or were the subject of repeated system failure, the care experience itself became a cause of trauma. However, very few young people from the sample seemed to benefit from any therapeutic support or counselling. It was particularly surprising to find that young people received very little support in dealing with the difficult and sometimes abusive relationships with their parents. Paradoxically, most of the work of this nature took place in the form of life-story books but this was concentrated on young people who had lost contact with their parents rather than on those who were struggling to make sense of the relationship with their parents. This lack of therapeutic support may be explained by the high mobility of the young people with the most acute needs. Effectively, those who need it the

most are also those who are likely to have the most difficulties in accessing mental health services because they move too often and miss out on any continuity in care.

The use of case files as the sole source of information imposed some limitations in a number of areas. The data about carers and residential units for instance was not sufficient to draw strong conclusion as to the importance of variables such as the experience of the carers or the staff/child ratio. One of the most noticeable weaknesses of the choice of methodology was the difficulty in estimating the involvement of young people and the related empowerment they may or may not benefit from. The children represented in the case files seemed to be involved in planning meetings and statutory reviews. They were asked to give their opinion and they seemed to be consulted about important decisions. Minutes from meetings indicated that children had been consulted, social workers recorded having discussed specific issues with their clients and consultation forms were completed, sometimes with young people's own handwriting and others with that of a carer or a social worker. However, it was not possible to estimate how much involvement young people really felt they had in taking important decisions. It seems that only the young people themselves could express their real feelings in this area. For instance, young people who have been asked to give an opinion in front of people they did not trust or did not know might feel unable to express themselves effectively. As a result, they might express an opinion that does not reflect their real feelings. Such a situation could go against the initial purpose of the consultation process and effectively create or increase feelings of powerlessness for young people. Unfortunately, the methodology employed for the project could not bring any information in this area.

It also became apparent during the data collection and analysis that an important variable had not been taken into consideration during the initial project design. Unless they are extremely young, most children are all likely to have developed a social understanding of the care system. They will all have a social representation

(Deschamps et al., 1977; Doise and Palmonari, 1986) of the purpose of this institution. This perception is likely to affect young people's response to being looked after. For instance, if young people see the care system as a punitive entity on a par with youth offending institutions, they might feel particularly confused when they become looked after, particularly if they do so following abuse and/or neglect. Effectively, these young people will think that they are going to be punished because they have been maltreated. This could contribute to the development of self-blame and low self-esteem. Furthermore, this early perception of the care system could influence the development of young people's social identity (Beauvois et al., 1999; Deschamps et al. 1999). Those who see the care system as an institution dealing with delinquents will tend to define themselves according to this perception. It would be interesting to evaluate how children and young people perceive the care system and also if this perception varies with age. Such evaluation could take place in a normal (non-looked after) population in order to get an understanding of young people's perception of the care system before they become looked after. However, it would also be interesting to find out if these perceptions vary once young people become looked after.

The initial review of the literature revealed an important and somewhat surprising finding. It appeared that contextual factors had more predictive value than child related factors. It also brought little clarity with regard to the influence of contact with birth family and the impact of abuse and neglect. The project provides a more balanced view of the situation. Effectively, it has been advanced that the reasons leading to placement ending can be placed on a continuum. Each individual placement ending can be caused by contextual factors alone (system failure), by child related factors or by a combination of both (child related factors are understood to include their personal history, which in turn influence their behaviour). However, placements ending occurring towards the end of young people's care careers are more likely to be caused by child related factors. This is essentially because a lack of continuity in the care provided disrupts young people in their process of adaptation to life in substitute care and to life after loss and

trauma. The difficulties in adapting are expressed through maladaptive defence strategies and coping mechanisms, which affect negatively young people's ability to relate to others.

## Appendices

### A - Individual face sheet

ITEMS	FORMAT
<b>Child's face sheet</b>	
Date of birth	1
Place of birth	1
Gender	Male/Female
Ethnic origin	2
Religion	2
Date first known to social services	1
Date family first known to social services	1
Date of admission into care	1
Legal status on admission	2
Other legal status	1; 2
Child protection register	1; 2
Total number of placements during care career	3
Total number of home returns	3
Number of foster placements	3
Number of adoptive placements	3
Number of residential placements	3
Number of other placements (state type)	3; 2
Number of social workers	3
Physical disability	4; 2
Hearing/sight impairment	4; 2
Communication impairment	4; 2
Learning difficulties	4; 2
<b>Main carer's parenting experience</b>	
Brought up by	2
Number of siblings	3
Has experienced some form of abuse	4
Number of children brought up	3
Number of children looked after	3
Experienced public care	4; 2
<b>Siblings</b>	
Overall number of siblings	3
Siblings date of birth	1
Number of step brothers/sisters	3
Number of siblings looked after	3
<b>Reasons for placement away from home: risks factors</b>	
Physical abuse	4; 5; 2
Sexual abuse	4; 5; 2
Social deprivation	4; 5; 2
Neglect	4; 5; 2
History of going missing	4; 5; 2

Delinquent behaviour	4; 5; 2
Self-harm	4; 5; 2
Substance misuse	4; 5; 2
Alcohol misuse	4; 5; 2
Suicide attempts	4; 5; 2
Prostitution	4; 5; 2
Special needs (not met)	4; 5; 2
Medical needs (not met)	4; 5; 2
<b>Reasons for placement away from home: parental control and relationship</b>	
School attendance	4; 5; 2
No respect of parental authority	4; 5; 2
Displayed violent behaviour towards carer(s)	4; 5; 2
Displayed violent behaviour towards sibling(s)	4; 5; 2
Displayed sexual behaviour towards carer(s)	4; 5; 2
Displayed sexual behaviour towards sibling(s)	4; 5; 2
Relationship difficulties with step parent/new partner	4; 5; 2
Other	4; 5; 2
<b>Reasons for placement away from home: Factors related to the main carer</b>	
Designation of the carer (i.e. birth mother/father)	2
Deceased	6; 5
Decision of justice	6; 5
Abandoned child	6; 5
Asked for child to be accommodated	6; 5
Whereabouts unknown	6; 5
Physically ill	6; 5
Physically ill and hospitalised	6; 5
Mentally ill	6; 5
Mentally ill and hospitalised	6; 5
Learning difficulties	4; 5; 2
In prison	6; 5
Emotional abuse of the child	4; 5; 2
Physical abuse of the child	4; 5; 2
Sexual abuse of child	4; 5; 2
Neglectful	4; 5; 2
Lack of parental skills	4; 5; 2
Homeless	6; 5
Inadequate housing, environment	4; 5; 2
Financial difficulties	4; 5; 2
Substance misuse	4; 5; 2
Alcoholism	4; 5; 2
Prostitution	4; 5; 2
Criminal activities	4; 5; 2
Relationship difficulties with partner	4; 5; 2
Domestic violence	4; 5; 2
<b>Reasons for placement away from home: Factors related to the second carer</b>	
Designation of the carer (i.e. birth mother/father or step carer)	2
Deceased	6; 5



Decision of justice	6; 5
Abandoned child	6; 5
Asked for child to be accommodated	6; 5
Whereabouts unknown	6; 5
Physically ill	6; 5
Physically ill and hospitalised	6; 5
Mentally ill	6; 5
Mentally ill and hospitalised	6; 5
Learning difficulties	4; 5; 2
In prison	6; 5
Emotional abuse of the child	4; 5; 2
Physical abuse of the child	4; 5; 2
Sexual abuse of child	4; 5; 2
Neglectful	4; 5; 2
Lack of parental skills	4; 5; 2
Homeless	6; 5
Inadequate housing, environment	4; 5; 2
Financial difficulties	4; 5; 2
Substance misuse	4; 5; 2
Alcoholism	4; 5; 2
Prostitution	4; 5; 2
Criminal activities	4; 5; 2
Relationship difficulties with partner	4; 5; 2
Domestic violence	4; 5; 2
<b>Family contact whilst looked after</b>	
Mother	2; 4
Father	2; 4
Stepmother / partner	2; 4
Stepfather / partner	2; 4
Grand mother (Maternal)	2; 4
Grand father (Maternal)	2; 4
Grand mother (Paternal)	2; 4
Grand father (Paternal)	2; 4
Siblings	2; 4
Other (family)	2; 4
Other (non related)	2; 4
<b>Specific steps taken regarding contact</b>	
Legal decision/court order	2
Main carer's request	2
Substitute carer's request	2
<b>Experience of continuity: hobbies, activities and special interest</b>	
Started before but interrupted when entering care	6; 2
Started before and carried on whilst in care	6; 2
Started and interrupted within the same placement	6; 2
Started whilst in care and carried on over two or more placements	6; 2
Started and interrupted with placement ending	6; 2
<b>Experience of continuity: School / education</b>	

School placements (before being in care)	3
School placements (in care)	3
School placements interrupted within school year (in care)	3
School placements interrupted due to change of accommodation	3
<b>Experience of continuity: relationships with friends and non relatives</b>	
Significant relationship(s) interrupted by first placement	6; 2
Significant relationships(s) started before entry into care and lasting over two or more placements	6; 2
Significant relationship(s) started within a placement and lasting (two or more placements)	6; 2
Significant relationship(s) started and interrupted within a placement	6; 2
<b>Relationships with professionals</b>	
Social workers	3; 2
Independent visitors	3; 2
Key workers	3; 2
Foster carers	3; 2
Guardian ad litem	3; 2
Solicitors	3; 2
Therapists /counsellors	3; 2
Medical doctors	3; 2
Youth workers	3; 2
Youth justice worker / probation officer	3; 2
Education welfare officer / education social worker	3; 2
Other	3; 2
<b>Geographic area</b>	
Placements out of county / city	3; 2
Placements away from home town	3; 2
Localities of residence	3; 2
Time spent away from hometown	3; 2
<b>Education: achievements</b>	
Child in age appropriate when entering care	6; 2
Child in age appropriate when leaving care	6; 2
Overall performances (SATs)	6; 2
Statement of special needs.	6; 2
Additional comments	2
<b>Factors related to performance / achievement</b>	
Learning difficulties	4; 2
Dyslexia	4; 2
Physical illness	4; 2
Expelled or suspended because of behaviour	3; 2
Social difficulties (i.e. excluded, bullied by peer group)	4; 2
Discipline problems	4; 2
Total time out of education (months)	3
Truancy / refuses education	4; 2

1: date

2: string / additional comments

3: actual figure

4: indicates use of following scale:

- |   |                                       |
|---|---------------------------------------|
| 0 | No evidence                           |
| 1 | Reader's concerns                     |
| 2 | Professional concerns                 |
| 3 | Evidence of occasional incidence      |
| 4 | Evidence of repeated incidence        |
| 5 | Evidence of intense/regular incidence |

5: History of incidence

6: yes / no / unsure

7: indicates use of following scale:

- |   |                        |
|---|------------------------|
| 0 | Parent deceased        |
| 1 | No contact             |
| 2 | Infrequent             |
| 3 | Regular but infrequent |
| 4 | Regular and frequent   |

## B - Individual placement sheet (residential)

ITEMS	FORMAT
<b>Placement characteristics</b>	
Placement number	3
Type of placement	8; 2
Date placement started	1
Date placement ended	1
Staff/child ratio	2; 2
Number of young people of same sex	3
Number of young people of opposite sex	3
Placement location	9
Pets and other animals	6
Bus route available	6
Aim of placement	10; 2
Number of successive key workers	3
Number of social workers	3
Contact with social worker	11; 2
Number of statutory reviews	3
Number of planning meetings	3
<b>Preparation to placement</b>	
Referral source	12; 2
Time gap between initial referral and actual placement (months)	3; 2
Length of time prior placement during which child knew where he/she was going (weeks)	3
Number of day visits to home prior to placement	3; 2
Number of overnight visits to home prior to placement	3; 2
Number of visits from carer(s) (key worker) to child prior to placement	3; 2
(Predicted) correspondence between placement and child's needs according to care plan	13; 2
Choice of placements available to the child	14; 2
Pressure on child to accept placement (from own family)	2
Pressure on child to accept placement (from social worker)	2
Pressure on child to accept placement (from residential workers)	2
<b>Contact with birth family</b>	
Distance (in miles)	3
Phone contact with parents (not separated)	7; 2
Phone contact with mother (separated)	7; 2
Phone contact with father (separated)	7; 2
Written contact with parents (not separated)	7; 2
Written contact with mother (separated)	7; 2
Written contact with Father (separated)	7; 2
Visits to parents (not separated)	7; 2
Visits to mother (separated)	7; 2
Visits to father (separated)	7; 2

Child's reaction to contact (in anticipation)	2
Child's reaction to contact (during contact)	2
Child's reaction to contact (after contact)	2
Contact with siblings (not living together)	7; 2
Contact with other members of the family	7; 2
<b>Quality of care experience / suitability of placement</b>	
Social contact (other than birth family)	2
Contact with other members of foster family	7; 2
Contact with peers outside home	7; 2
Culture / religion	15; 2
Went away on holiday with the home	6
Started hobby	6; 2
Carried on with hobby previously started	6; 2
<b>Causes of interruption</b>	
Planned (end of interim placement, return into family...)	6; 2
Child asked to move	6; 2
Child appeared unhappy...	6; 2
Child at risk (other children in the home, environment...)	6; 2
Child placing him/her self at risk (ran away, involved in alcohol, substance misuse...)	6; 2
Cultural, religious needs not met	6; 2
Birth family asked for child to be returned (with success)	6; 2
Birth family disapproved of placement	6; 2
Home asked for child to be removed because of his/her behaviour	6; 2
LA's change of policy (or financial problems...)	6; 2
Child presents a risk for other children in the home	6; 2
Child presents a risk for the staff	6; 2
Relationship breakdown between staff and child	6; 2
More suitable placement became available	6; 2
Placed for adoption	6; 2
No suitable education facilities in the area	6; 2
Professional concerns expressed regarding the quality of care received	6; 2
Other	2
<b>Parents reaction/attitude to placement</b>	
Parents involved in process of choosing placement	6; 2
Parents positive about placement (prior moving)	6; 2
Parents hostile to placement (prior moving)	6; 2
Parents positive about placement (during placement)	6; 2
Parents hostile to placement (during placement)	6; 2
Parents divided about placement	6; 2
Parents attitude to social services in general	16; 2
<b>Education</b>	
In education before placement began	6
Had to move from school when changing accommodation	6
Change of accommodation coincided with change of school	6
Receives tuition at home	6; 2

Receives tuition outside home	6; 2
Excluded from education (number of time during placement)	3; 2
Behaviour at school	17; 2
Reluctant to go to school	4; 2
Transport to school	18; 2
<b>Social interaction</b>	
Engaged in anti-social behaviour with other children looked after	4; 2
Difficulties in making friends	4; 2
Was friendly and outgoing in social life	4; 2
Attention seeking with other young people	4; 2
Was able to make close friendship ties	4; 2
Seemed lonely, tended to avoid social interaction	4; 2
Signs of being excluded and/or bullied	4; 2
Signs of bullying others	4; 2
Tended to be argumentative and challenging	4; 2
Gets on better with adults than young people his/her own age	4; 2
Socialises with young people from school	4; 2
Adaptation to care: general	
Expressed resistance to being in care	4; 2
Expressed desire to return to natural parents	4; 2
Expressed desire to return to a previous carer	4; 2
Felt at home in setting	4; 2
<b>Adaptation to care: relationship with carer</b>	
Showed positive attachment to key worker	4; 2
Showed hostility towards key worker	4; 2
Was easy to discipline	4; 2
Was resistant to adult supervision	4; 2
Used physical violence against carer(s)	4; 2
Attention seeking	4; 2
<b>Adaptation to care: feelings, emotions and behaviour control</b>	
Shows difficulties in controlling behavioural impulses	4; 2
Shows signs of depression	4; 2
Shows low tolerance for frustration and desires	4; 2
Temper tantrums	4; 2
Shows signs of worries	4; 2
Lies a lot	4; 2
<b>Anti social behaviour</b>	
Episodes of running away	4; 2
Substance misuse	4; 2
Alcohol misuse	4; 2
Self harm	4; 2
Engaged in stealing	4; 2
Engaged in destruction of property	4; 2
Engaged in inappropriate sexual activity	4; 2
Used physical violence against members of the public	4; 2
Used physical violence against other young people	4; 2

Number of Police offences	3; 2
<b>Symptomatic behaviour</b>	
Problems with wetting	4; 2
Problems with soiling	4; 2
Personal hygiene	4; 2
Eating disorder	4; 2
Sleeping disorder	4; 2
Other	2
<b>Evaluation of immediate outcome of placement</b>	
Child's perspective	2
Birth family's perspective	2
Carer's perspective	2
Services' perspective	2

- 1: date
- 2: string / additional comments
- 3: actual figure
- 4: indicates use of following scale:
  - 0 No evidence
  - 1 Reader's concerns
  - 2 Professional concerns
  - 3 Evidence of occasional incidence
  - 4 Evidence of repeated incidence
  - 5 Evidence of intense/regular incidence
- 5: History of incidence
- 6: yes / no / unsure
- 7: indicates use of following scale:
  - 0 Parent deceased /not applicable
  - 1 No contact
  - 2 Infrequent
  - 3 Regular but infrequent
  - 4 Regular and frequent
- 8: Children's home; residential school;
- 9: rural, semi rural, urban
- 10: interim; emergency; long-term; task centred; assessment; custodial; respite
- 11: Weekly or more; once a fortnight; once every three weeks; once a month; less than once a month
- 12: Emergency duty team; Field social worker; self-referral; previous carer; other
- 13: Not appropriate; Unsure; Appropriate; Positive expectations;
- 14: Unsure; no other placement available; one other placement available; two or more placements available
- 15: Needs met; needs partially met; needs not met
- 16: No contact with parents; Parents hostile to social services; Ambivalent; positive but uncooperative; positive and cooperative
- 17: Not applicable; serious disciplinary problems; some disciplinary problems; no disciplinary problems; positive attitude

18: Not applicable; public transport/walked; escorted by staff; taxi/volunteer service



## C - Individual placement sheet (fostering and adoption)

ITEMS	FORMAT
<b>Placement characteristics</b>	
Placement number	3
Type of placement	8; 2
Date placement started	1
Date placement ended	1
Number of adults in the household (other than carers)	3
Placement location	9
Pets and other animals	6
Bus route available	6
Aim of placement	10; 2
Number of social workers	3
Contact with social worker	11; 2
Number of statutory reviews	3
Number of planning meetings	3
<b>Preparation to placement</b>	
Referral source	12; 2
Time gap between initial referral and actual placement (months)	3
Length of time prior placement during which child knew where he/she was going (weeks)	3
Number of day visits to home prior to placement	3; 2
Number of overnight visits to home prior to placement	3; 2
Number of visits from carer(s) (key worker) to child prior to placement	3; 2
(Predicted) correspondence between placement and child's needs according to care plan	13; 2
Choice of placements available to the child	14; 2
Pressure on child to accept placement (from own family)	2
Pressure on child to accept placement (from social worker)	2
Pressure on child to accept placement (from residential workers)	2
<b>Foster father</b>	
Present?	6
Marital status	19
Age (when placement started)	3
Profession	2
Source of income (other than fostering)	6
Religion	2
Ethnic origin	2
Experience as a foster carer (years)	3
Experience in related fields (nursing, residential care, teaching...)	6
Number of own children brought up	3
Relevant qualification	6
<b>Foster mother</b>	

Present?	6
Marital status	19
Age (when placement started)	3
Profession	2
Source of income (other than fostering)	6
Religion	2
Ethnic origin	2
Experience as a foster carer (years)	3
Experience in related fields (nursing, residential care, teaching...)	6
Number of own children brought up	3
Relevant qualification	6
<b>Other children cared for</b>	
Natural children	20
Other foster children	20
Other adopted children	20
Siblings of child fostered	20
Children with special needs	20
Total number of children cared for	3
<b>Relationships with other children in the household</b>	
Relationship with natural children	2
Relationship with other foster children	2
Relationship with other adopted children	2
Relationship with siblings	2
<b>Contact with birth family</b>	
Distance (in miles)	3
Phone contact with parents (not separated)	7; 2
Phone contact with mother (separated)	7; 2
Phone contact with father (separated)	7; 2
Written contact with parents (not separated)	7; 2
Written contact with mother (separated)	7; 2
Written contact with Father (separated)	7; 2
Visits to parents (not separated)	7; 2
Visits to mother (separated)	7; 2
Visits to father (separated)	7; 2
Child's reaction to contact (in anticipation)	2
Child's reaction to contact (during contact)	2
Child's reaction to contact (after contact)	2
Contact with siblings (not living together)	7; 2
Contact with other members of the family	7; 2
<b>Quality of care experience / suitability of placement</b>	
Social contact (other than birth family)	2; 21
Contact with other members of foster family	7; 2
Contact with peers outside home	7; 2
Culture / religion	15; 2
Went away on holiday with the carers	6
Started hobby	6; 2
Carried on with hobby previously started	6; 2

<b>Causes of interruption</b>	
Planned (end of interim placement, return into family...)	6; 2
Child asked to move	6; 2
Child appeared unhappy...	6; 2
Child at risk (other children in the home, environment...)	6; 2
Child placing him/her self at risk (ran away, involved in alcohol, substance misuse...)	6; 2
Cultural, religious needs not met	6; 2
Birth family asked for child to be returned (with success)	6; 2
Birth family disapproved of placement	6; 2
Home asked for child to be removed because of his/her behaviour	6; 2
LA's change of policy (or financial problems...)	6; 2
Child presents a risk for other children in the home	6; 2
Child presents a risk for the staff	6; 2
Relationship breakdown between staff and child	6; 2
More suitable placement became available	6; 2
Placed for adoption	6; 2
No suitable education facilities in the area	6; 2
Professional concerns expressed regarding the quality of care received	6; 2
Other	2
<b>Parents reaction/attitude to placement</b>	
Parents involved in process of choosing placement	6; 2
Parents positive about placement (prior moving)	6; 2
Parents hostile to placement (prior moving)	6; 2
Parents positive about placement (during placement)	6; 2
Parents hostile to placement (during placement)	6; 2
Parents divided about placement	6; 2
Parents attitude to social services in general	16; 2
<b>Education</b>	
In education before placement began	6
Had to move from school when changing accommodation	6
Change of accommodation coincided with change of school	6
Receives tuition at home	6; 2
Receives tuition outside home	6; 2
Excluded from education (number of time during placement)	3
Behaviour at school	17; 2
Reluctant to go to school	4; 2
Transport to school	18; 2
<b>Social interaction</b>	
Engaged in anti-social behaviour with other children looked after	4; 2
Difficulties in making friends	4; 2
Was friendly and outgoing in social life	4; 2
Attention seeking with other young people	4; 2
Was able to make close friendship ties	4; 2
Seemed lonely, tended to avoid social interaction	4; 2
Signs of being excluded and/or bullied	4; 2

Signs of bullying others	4; 2
Tended to be argumentative and challenging	4; 2
Gets on better with adults than young people his/her own age	4; 2
Socialises with young people from school	4; 2
<b>Adaptation to care: general</b>	
Expressed resistance to being in care	4; 2
Expressed desire to return to natural parents	4; 2
Expressed desire to return to a precious carer	4; 2
Felt at home in setting	4; 2
<b>Adaptation to care: relationship with carer</b>	
Showed positive attachment to key worker	4; 2
Showed hostility towards key worker	4; 2
Was easy to discipline	4; 2
Was resistant to adult supervision	4; 2
Used physical violence against carer(s)	4; 2
Obedient	4; 2
Attention seeking	4; 2
<b>Adaptation to care: feelings, emotions and behaviour control</b>	
Shows difficulties in controlling behavioural impulses	4; 2
Shows signs of depression	4; 2
Shows low tolerance for frustration and desires	4; 2
Temper tantrums	4; 2
Shows signs of worries	4; 2
Lies a lot	4; 2
<b>Anti social behaviour</b>	
Episodes of running away	4; 2
Substance misuse	4; 2
Alcohol misuse	4; 2
Self harm	4; 2
Engaged in stealing	4; 2
Engaged in destruction of property	4; 2
Engaged in inappropriate sexual activity	4; 2
Used physical violence against members of the public	4; 2
Used physical violence against other young people	4; 2
Number of Police offences	3; 2
<b>Symptomatic behaviour</b>	
Problems with wetting	4; 2
Problems with soiling	4; 2
Personal hygiene	4; 2
Eating disorder	4; 2
Sleeping disorder	4; 2
Other	2
<b>Evaluation of immediate outcome of placement</b>	
Child's perspective	2
Birth family's perspective	2
Carer's perspective	2
Services' perspective	2

- 1: date
- 2: string / additional comments
- 3: actual figure
- 4: indicates use of following scale:
  - 0 No evidence
  - 1 Reader's concerns
  - 2 Professional concerns
  - 3 Evidence of occasional incidence
  - 4 Evidence of repeated incidence
  - 5 Evidence of intense/regular incidence
- 5: History of incidence
- 6: yes / no / unsure
- 7: indicates use of following scale:
  - 0 Parent deceased /not applicable
  - 1 No contact
  - 2 Infrequent
  - 3 Regular but infrequent
  - 4 Regular and frequent
- 8: Foster care; foster care with relatives; adoptive placement
- 9: rural, semi rural, urban
- 10: interim; emergency; long-term; task centred; assessment; respite
- 11: Weekly or more; once a fortnight; once every three weeks; once a month; less than once a month
- 12: Emergency duty team; Field social worker; self-referral; previous carer; other
- 13: Not appropriate; Unsure; Appropriate; Positive expectations;
- 14: Unsure; no other placement available; one other placement available; two or more placements available
- 15: Needs met; needs partially met; needs not met
- 16: No contact with parents; Parents hostile to social services; Ambivalent; positive but uncooperative; positive and cooperative
- 17: Not applicable; serious disciplinary problems; some disciplinary problems; no disciplinary problems; positive attitude
- 18: Not applicable; public transport/walked; escorted by staff; taxi/volunteer service
- 19: Single/divorced; married/lives with partner
- 20: Number and age at beginning of placement
- 21: No evidence, some evidence, regular occurrence

## D – Tests of difference for two sample designs (non-parametric)

Mann-Witney tests used to determine if there was a significant difference between average placement length and behaviour leading to being looked after (see table 5.9 p.112 for frequency of occurrence within sample).

### **Mann-Whitney tests used to determine any significant differences between average placement length and type of behaviour leading to being looked after.**

Behaviour leading to being looked after	Mann-Whitney U
Going missing	U=80.00 , N <sub>1</sub> =32, N <sub>2</sub> =9 , $p=0.055$ , two tailed
Low school attendance	U=73.00, N <sub>1</sub> =34, N <sub>2</sub> =9, $p=0.016$ , two tailed
No respect for parental authority	U=34.00, N <sub>1</sub> =37, N <sub>2</sub> =6, $p=0.057$ , two tailed
Delinquent behaviour	U=46.00, N <sub>1</sub> =39, N <sub>2</sub> =4 , $p=0.196$ , two tailed
Alcohol misuse	U=11.00 , N <sub>1</sub> =40, N <sub>2</sub> =3, $p=0.13$ , two tailed
Violent behaviour toward main carer	U=35.00, N <sub>1</sub> =41, N <sub>2</sub> =2, $p=0.747$ , two tailed
Inappropriate sexual behaviour with sibling	U=39.00, N <sub>1</sub> =41, N <sub>2</sub> =2, $p=0.93$ , two tailed

Mann-Witney tests used to determine if there was a significant difference between average placement length and circumstances leading to being looked after (see table 5.10 p.114 for frequency of occurrence within sample).

### **Mann-Whitney tests used to determine any significant differences between average placement length and circumstances leading to being looked after.**

Circumstances leading to being looked after	Mann-Whitney U
Carer's mental health	U=118, N <sub>1</sub> =32, N <sub>2</sub> =11, $p=0.11$ , two tailed
Carer misusing drugs/alcohol	U=102.00, N <sub>1</sub> =36, N <sub>2</sub> =7, $p=0.448$ , two tailed
Relationship difficulties with step-parent/new partner	U=88.00, N <sub>1</sub> =37, N <sub>2</sub> =6, $p=0.44$ , two tailed
Domestic violence	U=82.00, N <sub>1</sub> =38, N <sub>2</sub> =5, $p=0.646$ , two tailed
Carer abandoned child/whereabouts unknown	U=21.50, N <sub>1</sub> =38, N <sub>2</sub> =5, $p<0.001$ , two tailed
Carer involved in criminal activities	U=87.00, N <sub>1</sub> =38, N <sub>2</sub> =5, $p=0.783$ , two tailed
Relationship difficulties between carer and partner	U=70.00, N <sub>1</sub> =39, N <sub>2</sub> =4, $p=0.762$ , two tailed
Hardship, low income	U=57.00, N <sub>1</sub> =40, N <sub>2</sub> =3, $p=0.911$ , two tailed
Carer involved in prostitution	U=26.00, N <sub>1</sub> =41, N <sub>2</sub> =2, $p=0.434$ , two tailed
Severe housing difficulties/homeless	U=26.00, N <sub>1</sub> =41, N <sub>2</sub> =2, $p=0.434$ , two tailed
Carer in prison	U=5.00 , N <sub>1</sub> =42, N <sub>2</sub> =1, $p=0.279$ , two tailed
Main carer deceased	U=15.00, N <sub>1</sub> =42, N <sub>2</sub> =1, $p=0.744$ , two tailed

## Bibliography

- Acheson, D. (1998), *Independent Inquiry in Health*, Stationery Office.
- Aldgate, Jane et al. (1993), Social Work and the Education of Children in Foster Care, *Adoption and Fostering*, 17, 3, pp.25-35.
- Aldgate, Jane and Bradley, M. (1999), *Supporting Families Through Short-Term Fostering*, London: The Stationary Office.
- Ainsworth, M.D., Blehar, M.C., Waters, E. and Wall, S. (1978), *Patterns of Attachment*, New Jersey, Erlbaum.
- Aron, R. (1970), *Main Currents in Sociological Thought II*, New York: Anchor Books.
- Audit Commission (1994), *Seen But Not Heard: Co-ordinating Child health and Social Services for Children in Need*, HMSO.
- A Voice for the Child in Care and The Children's society (1987), *It's My Life: Battling with the Care System*, London: Children's Society.
- Bald et al. (1995), *A book of my Own*, Who Cares? Trust.
- Barber, J.G and Delfabbro, P.H, (2004), *Children in Foster Care*, London: Routledge
- Bar-Nir, Dorit and Hillel Schmid (1998), Psychological Treatment and Relations Between Children in Residential Boarding Schools and their Parents, *Child and Family Social Work*, 3, p247-257.
- Barth, R., Crea, T., John, K., Thoburn, J. & Quinton, D. (2005), Beyond attachment theory and therapy, *Child and Family Social Work*, 10, 257–268.
- Batty, Daphne et al. (1991), *Sexually Abused Children: Making Their Placements Work*, London: British Agencies for Adoption & Fostering.
- Bebbington, Andrew, and John Miles (1989), The Background of Children Who Enter Local Authority Care, *British Journal of Social Work*, Vol. 19, No 5, pp 349-368.
- Beck, A. (2006), Users' views of looked after children's mental health services, *Adoption and Fostering Journal*, 30(2), pp.53-63.

- Beek, M. and Schofield, G., (2004), *Providing a Secure Base in Long-term Foster Care*, London: BAAF.
- Benedict, Mary I. and Roger B. White (1991), Factors Associated With Foster Care Length of Stay *Child Welfare*, Vol.70, No.1, January-February, pp.45-58.
- Beauvois, J.L. et al., (1999), *La Construction Sociale de la Personne*, Grenoble: Presses Universitaires de Grenoble.
- Berridge, D. and Cleaver, H. (1987), *Foster Home Breakdown*, Oxford: Basil Blackwell Inc.
- Berridge, D. et al. (1996), *Hello - Is Anybody Listening? The Education of Young People in Residential Care*, University of Luton.
- Berridge, D. and Brodie, I. (1998), *Children's Homes Revisited*, London: Jessica Kingsley Publishers Ltd.
- Berridge, D. (2000), *Placement Stability*, Quality Protects Research Briefing No 2. London: Department of Health.
- Berridge, D. (2007), *Theory and explanation in child welfare: education and looked-after children*, *Child & Family Social Work* 12 (1).
- Berry, Marianne and Richard P. Barth (1989), Behaviour Problems of Children Adopted when Older, *Children and Youth Services Review*, 11, pp. 221-238.
- Berry, Marianne and Richard P. Barth (1990), A Study of Disrupted Adoptive Placements of Adolescents, *Child Welfare*, Vol.69, No.3, May-June, pp.216-225.
- Biehal, Nina, Jasmine Clayden, Mike Stein, Jim Wade (1995), *Moving On: Young People and Leaving Care Schemes*, London: HMSO.
- Blower, Aileen et al. (2004), Mental Health of 'Looked After' Children: A Needs Assessment, *Clinical Child Psychology and Psychiatry*, Vol. 9(1), pp.117-129.
- Borland, M et al. (1991), Placement Outcome for Children with Special Needs, *Adoption and Fostering*, 15, pp. 18-28.
- Borland, M et al. (1998), *Education and Care Away from Home*, Scottish Council for Research in Education.
- Bowlby, John (1953), *Child Care and the Growth of Love*, Harmondsworth: Penguin.



- Bowlby, John (1969), *Attachment and Loss, Vol.1, Attachment*, New York: Basic Books.
- Bowlby, John (1979), *The Making and Breaking of Affectional Bonds*, London: Tavistock.
- Bowlby, John (1980), *Attachment and loss: Vol.3. Loss; sadness and depression*, New York: Basic Books.
- Bowlby, John (1988), *A Secure Base: Parent-Child attachment and Healthy Human development*, New-York: Basic Books.
- Brandon, Marian (1996), Attachment in Child Protection Assessment: implications for Helping, in Howe, David (Ed.), *Attachment and Loss in Child and Family Social Work*, Hants: Ashgate Publishing Ltd., pp18-35.
- Brearley, Paul, Ed (1982), *Leaving Residential Care*, London: Tavistock Publications.
- Broad, B. (1998), *Young People Leaving Care*, London: Jessica Kingsley Publishers.
- Brodie, I, Berridge, D and Beckett, W. (1997), The health of Children Looked After by Local Authorities, *British Journal of Nursing*, 6, 7, 386-391.
- Browne, Angela and David Finkelhor (1986), Initial and Long Term Effects: a Review of the Research, in Finkelhor, David, *A Sourcebook on Child Sexual Abuse*, London: Sage, pp 143-179.
- Browne, D. and Moloney, A. (2002), 'Contact Irregular': a qualitative analysis of the Impact of Visiting Patterns of Natural Parents on Foster Placements, *Child and Family Social Work*, 7, pp. 35-45.
- Buchanan, Ann (1993), Life Under the Children Act 1989, *Adoption and Fostering*, 17, 3, pp.35-38.
- Buchanan, Ann (1995), Young People's view on Being Looked After in Out-Of-Home Care Under the Children Act 1989, *Children and Youth Services Review*, vol17, nos 5-6. pp. 681-696.
- Buchanan, Ann (1997), The Dolphin Project: The Impact of the Children Act, in Cloke, Christopher and Murray Davies (Ed) (1997), *Participation and Empowerment in Child Protection*, Chichester: Wiley and NSPCC, pp120-139.
- Burch, Marion (1991), A Foster Carer's View, Batty, Daphne (et al.), *Sexually Abused Children: Making Their Placements Work*, London: British Agencies for Adoption & Fostering, pp 98-109.

- Butler, I., Payne, H. (1997), *The Health of Children Looked After by The Local Authority, Adoption and Fostering*, vol. 21, No. 2, pp.28-35.
- Butler, Sandra and Marian Charles (1999), The Past, the Present, but Never the Future: Thematic Representation of Fostering Disruption, *Child and Family Social Work*, No.4, pp.9-19.
- Cashmore, J. and Paxman, M. (2006) Predicting After-Care Outcomes: The Importance Of 'Felt' Security, *Child & Family Social Work* 11 (3) , 232–241
- Chambers, H., Howell, S., Madge, N., Olle, H. (2002), *Healthy Care: Building an Evidence Base for Promoting the Health and Well-being of Looked After Children and Young People*, London: National Children Bureau.
- Chambers, H (2005), *Healthy Care Programme Handbook*, London: NCB.
- Cheesborough, S. (2002), *The Educational Attainments of People who have been in Care: Findings from the 1970 British Cohort study*, London School of Economics.
- Cheung, S.Y. and Heath, A. (1994), After Care: the Education and Education of Adults who have been in Care and at Home, *Oxford Review of Education*, 20, 3, pp.317-327.
- Cleaver, H. (2000), *Fostering Family Contact: A Study of Children Parents and Foster Carers*, London: The Stationary Office.
- Cliffe, David and David Berridge (1991), *Closing Children's Homes*, London: National Children's Bureau.
- Cloke, Christopher and Murray Davies (Eds) (1997), *Participation and Empowerment in Child Protection*, Chichester: Wiley and NSPCC.
- Conte, R. Jon and John R. Schuerman (1988), The Effects of Sexual Abuse on Children, A Multidimensional View in Wyatt, Gail Elizabeth and Gloria Johnson Powell (Eds), *Lasting Effects of Child sexual Abuse*, London: Sage, pp157-170.
- Corlyon, J. and McGuire, C. (1997), *Young Parents in Public Care: pregnancy and parenthood among young people looked after by local authorities*. NCB
- Coser, L. (1977), *Masters of Sociological Thought: Ideas in Historical and Social Context*, Second Edition. NY: Harcourt Brace and Jovanovitch

- Crittenden, P.M. (1994), Peering into the black box: An exploratory treatise on the development of self in young children. In P.M. Cicchetti & S. Toth (Eds.), *Rochester symposium on developmental psychology, Vol. 5. The self and its disorders* (pp. 79–148).
- Dance, Cherilyn et al. (2002), Emotional Abuse in Early Childhood: Relationships with Progress in Subsequent Family Placements, *Journal of Child Psychology and Psychiatry*, 43:3, pp. 395-407.
- Davies, Murray and John Dotchin (1997), Improving Quality Through Participation: an Approach to Measuring Children's Expectations and Perceptions of Services, in Cloke, Christopher and Murray Davies (Eds), *Participation and Empowerment in Child Protection*, Chichester: Wiley and NSPCC, pp248-264.
- Denzin, Norman K. and Yvonna S. Lincoln Eds.(1998), *Collecting and Interpreting Qualitative Materials*, Thousand Oaks: Sage.
- Deschamps, J.C. (1977), *L'attribution et la Categorisation Sociale*, Berne: Peter Lang.
- Deschamps, J.C. et al. (1999), *L'identite Sociale: la Construction de l'Individu dans les Relations Entre Groupes*, Grenoble: Presses Universitaires de Grenoble.
- Devon County Council Social Services Department, Research and Training Section (1982), *Fostering in South Devon: A Study of Terminations of Placements in 1980-81*.
- Department for Education and Employment/ Department of Health (2000), *Guidance on the Education of Children in Public Care*, HMSO.
- Department for Education and Skills (2003a), *Every Child Matters*, London: HMSO.
- Department for Education and Skills (2003b), *Statistics of Education Outcome Indicators for Looked after Children Twelve months to 30 September 2003 England*, London: HMSO.
- Department for Education and Skills (2003c), *Building a Culture of Participation: Involving Children and Young People in Policy, Service Planning, Delivery and Evaluation*, London: DfES.
- Department for Education and Skills (2004 a), *Statistics of Education: Children Looked After by Local Authorities Year Ending 31 March 2003 (Vol.1)*, London: DfES.

- Department for Education and Skills (2004 b), *Statistics of Education: Children Looked After by Local Authorities Year Ending 31 March 2003 (Vol.2)*, London: DfES.
- Department for Education and Skills (2005a), *Statistics of Education: Children Looked After in England 2003-2004*, London: DfES.
- Department for Education and Skills (2005b), *Outcome Indicators for Looked After Children, Twelve Months to 30 September 2004 England*, London: DfES.
- Department for Education and Skills (2005c) *Qualitative Study: The Placement Stability Of Looked After Children*, London: DfES
- Department for Schools, Children and Families (2007), *Children looked after in England (including adoption and care leavers) year ending 31 March 2007*, London: DFSCF (<http://www.dcsf.gov.uk/rsgateway/DB/SFR/>)
- Department Of Health (1991), *The Children Act 1989; Guidance and Regulations Volume 4 Residential care*, London: HMSO.
- Department Of Health (1997a), *When Leaving Care is Leaving Home: the Inspection of Leaving Care*, London: HMSO.
- Department of Health (1997 b) *Substance Misuse and Young People: The social services response*.
- Department Of Health (1998), *Someone Else's Children; Inspections of Planning and Decision Making for Children Looked After and Safety of Children Looked After*, London: HMSO.
- Department Of Health (1999a), *The Quality Protects Programme: Transforming Children's Services*, Local Authority Circular (LAC 98,28).
- Department Of Health (1999b), *The Government's Objectives for Children's Social Services*, London: HMSO.
- Department Of Health (1999c), *Social services Performance in 1998-1999: the personal Social Services Assessment Framework*, London: Department of Health.
- Department Of Health (2000a), *Data Protection Act1998; Guidance to Social Services*, London: The Stationary Office Books.
- Department Of Health (2000b), *The children Act Report 1995-1999*, London: The Stationary Office Books.

- Department Of Health (2003), *Outcome Indicators for looked after Children, Year Ending 30 September 2002*, HMSO.
- Dimigen, G et al. (1999), Psychiatric Disorder Among Children at Time of Entering Local Authority Care: Questionnaire Survey, *British Medical Journal*, 319, 7211, 675.
- Divine, Clare and Ian Tate (1991), An Introductory Training Course for Foster Carers, in Batty, Daphne (et al.), *Sexually Abused Children: Making Their Placements Work*, London: British Agencies for Adoption & Fostering, pp 80-88.
- Doise, W. et al. (1986), *L'Etude des Representations Sociales*, Neuchatel: Delachaux & Niestle.
- Edwards, Rosalind (1993), An Education in Interviewing: Placing the Researcher and the Research, in Renzetti, Claire M. and Lee, Raymond M. (Eds), *Researching Sensitive Topics*, Newbury Park: Sage, pp.181-196.
- Epstein, S. (1980), The Self-Concept: A Review and the Proposal of an Integrated Theory of Personality', in E. Staub, *Personality: Basic Issues and Current Research*, Englewood Cliffs, NJ: Prentice-Hall.
- Evans, R. (2000), *The Education and Progress of Children in Public Care*, PhD Thesis, University of Warwick, Institute of Education.
- Fahlberg, Vera (1994), *A Child's Journey Trough Placement*, London: British Agencies For Adoption & Fostering.
- Fanshel, David, Stephen J. Finch and John F. Grundy (1990), *Foster Children in a Lifecourse Perspective*, New York: Columbia University Press.
- Farmer, E., Moyers, S. and Lipscombe, J. (2004), *Fostering Adolescents*, London: Jessica Kingsley.
- Farmer, E. and Pollock, S. (1998), *Sexually Abused and Abusing Children in Substitute Care*, Chichester: Wiley.
- Fielding, N.G. and Fielding, J.L. (1986), *Linking Data: The Articulation of Qualitative and Quantitative Methods in Social Research*, Beverly Hills, CA: Sage.
- Finkelhor, David Ed. (1986), *A Sourcebook on Child Sexual Abuse*, London: Sage.
- Finkelhor, David and, Browne, S. (1986), Initial and Long-Term Effects: a Conceptual Framework, in Finkelhor, D. Ed., *A Sourcebook on Child Sexual Abuse*, London: Sage.

- Finkelhor, David (1988), The Trauma of Sexual Abuse; Two Models, in Wyatt, Gail Elizabeth and Gloria Johnson Powell (Eds), *Lasting Effects of Child sexual Abuse*, London: Sage, pp 61-82.
- Fisher, Mike, Peter Marsh, David Philips with Eric Sainsbury (1986), *In and out of Care: the Experiences of Children, Parents and Social Workers*, London: B.T. Batsford Ltd. in association with BAAF.
- Fitzgerald, John (1983, 1990), *Understanding Disruption*, London: British Agencies for Adoption & Fostering.
- Fitzgerald, John (1991), Working with Children Who Have Been Sexually Abused, in Batty, Daphne *et al.*, *Sexually Abused Children: Making Their Placements Work*, London: British Agencies for Adoption & Fostering, pp 37-49.
- Fletcher, B. (1993), *Not Just a name*, Who Cares? Trust and national Consumer Council.
- Ford, T., Vostanis, P., Meltzer, H. and Goodman, R. (2007), Psychiatric Disorder Among British Children Looked After By Local Authorities: Comparison With Children Living In Private Households, *British Journal of Psychiatry*, 190(4), pp 319 - 325.
- Francis, J. (2000) Investing in Children's Future, Enhancing Arrangements of 'Looked After' Children, *Child and Family Social Work*, 24, 3, pp.241-260.
- Fratter, J. (1996), *Adoption With Contact*, London: BAAF.
- Fratter, J., Rowe, J., Sapsford, D., and Thoburn, J. (1991), *Permanent Family Placement: a Decade of Experience*, London: BAAF.
- Friedrich, N. William (1988), Behaviour Problems in Sexually Abused Children: An adaptational Perspective, in Wyatt, Gail Elizabeth and Gloria Johnson Powell (Eds), *Lasting Effects of Child sexual Abuse*, London: Sage, pp171-191.
- Friedrich, N. William (1995), Managing Disorders of Self-Regulation in Sexually Abused Boys, in Mic Hunter (Ed), *Child Survivors and Perpetrators of Sexual Abuse; Treatments Innovations*, Thousands Oaks: Sage Publications, pp.3-23.
- Frith, Uta (1989), *Autism: Explaining the Enigma*, Oxford: Blackwell.
- Gaensbauer, T.J., D, Mrazek and R.J. Harmon (1980), Emotional Expression in Abused and/or Neglected Infants, in Frude, Neil (Ed.), *Psychological*

- Approaches to Child Abuse*, Manchester: Batsford Academic and Educational Ltd., pp120-135.
- Galdston, Richard (1979), Disorders of Early Parenthood: Neglect, Depravation Exploitation and Abuse of Little Children, in Noshpitz, Joseph D., (Ed) *Basic Handbook in Child Psychiatry*, Vol.2. *Disturbances in Development*. New York: Basic Books.
- George, V. (1970), *Foster Care; Theory and Practice*, London: Routledge and Kegan Paul.
- Glaser, B.G. and Strauss, A.L. (1967), *The Discovery of Grounded Theory: Strategies for Qualitative Research*, Chicago: Aldine.
- Goodwin, Jean M. (1988), Obstacles to Policymaking About Incest, in Wyatt, Gail Elizabeth and Gloria Johnson Powell (Eds), *Lasting Effects of Child sexual Abuse*, London: Sage, pp21-37.
- Golding et al. (2006), *Thinking Psychologically About Children Who Are Looked After And Adopted; Space For Reflexion*, Chichester: Wiley
- Green, J. (1998). The concept of attachment disorder. In J. Green & B. Jacobs (Eds.), *In Patient Child Psychiatry*. London: Routledge.
- Harris, P.M. and Scanlan, D.E. (1995), *Children Act 1989 – a Procedural Handbook*, London: Butterworths.
- Harker, Rachael et al. (2004a), *Taking Care of Education: an Evaluation of the Education of Looked After Children*, London: NCB.
- Hevey, Denise and Helen Kenward (1989), The Effects of Child Sexual Abuse, in Wendy Stainton Rogers, Denise Hevey and Elizabeth Ash (Ed.s), *Child Abuse and Neglect: Facing the Challenge*, London: B.T. Batsford Ltd, pp.210-218.
- Herzberger, Sharon D. (1993), The Cyclical Pattern of Child Abuse, in Renzetti, Claire M. and Lee, Raymond M. (Eds), *Researching Sensitive Topics*, Newbury Park: Sage, pp.33-51.
- Hill, Malcom (1997), Participatory Research With Children, *Child and Family Social Work*, 2, pp171-183.
- Hinings, Diana (1996), Maintaining Relationships Between Parents and Children Who Are Living Apart, in Howe, David (Ed.) *Attachment and Loss in Child and Family Social Work*, Hants: Ashgate Publishing Ltd. pp101-113.

- Hodges, G., Steele, M., Hillman, S., Henderson, K. and Kaniuk, J. (2003), Changes in Attachment Representations in the First Year of Adoptive Placements: Narratives of Maltreated Children, *Clinical Child Psychology and Psychiatry*, Vol.8 (3), pp. 351\_367.
- Holmes, J. (1993), *John Bowlby and attachment theory*, London: Routledge.
- Hopkins, J. (2000). Overcoming a child's resistance to late adoption: How one new attachment can facilitate another, *Journal of Child Psychotherapy*, 26(3), pp.335–347.
- Howe, D. (1995), *Attachment Theory for Social Work Practice*, London, Macmillan.
- Howe, D. (Ed.) (1996), *Attachment and Loss in Child and Family Social Work*, Hants: Ashgate Publishing Ltd.
- Howe, D. (2005), *Child Abuse and Neglect: Attachment, Development and Intervention*, New York: Palgrave. Macmillan
- Howe, David, Brandon, M., Hinings, D. and Schofield, G. (1999), *Attachment Theory, Child Maltreatment and Family Support: a Practice and Assessment Model*, London: Macmillan.
- Howe, D. and Fearnley, S. (1999), Disorders of attachment and attachment therapy, *Adoption and Fostering Journal*, 23(2), pp19-30.
- Howe, D. and Fearnley, S. (2003), Disorders of Attachment in Adopted and Fostered Children: Recognition and Treatment, *Clinical Child Psychology and Psychiatry*, 8(3), pp.369-387.
- Hurley, J.C. and Underwood, M.K. (2002), Children's Understanding of their Research Rights: Information, Assent, Confidentiality, and Stopping Participation, *Child Development*, 73, pp. 132-143.
- Jackson, Sonia (1987), *The Education of Children in Care*, Bristol Papers in Applied Studies No.1, University of Bristol.
- Jackson, Sonia and Martin, P.Y. (1998), *Surviving the Care System: Education and Resilience*, *Journal of Adolescence*, 21, pp.569-583.
- Jackson, Sonia and Nigel Thomas (1999), *What Works In Creating Stability For Looked After Children?*, Barking: Barnardos.
- Jackson, S. et al. (2000), *The health needs and health care of school aged children looked after by local authorities*, University of Wales, Swansea
- Jackson, Sonia and Sachdev (2001) *Better Education, Better Future*, Barnardo's



- Jackson, Sonia et al (2002), *The Costs and Benefits of Educating Children in Care*, Institute of Education Cohort Studies Working Paper 4, Institute of Education.
- Janoff-Bulman, Ronnie (1985), The Aftermath of Victimization: Rebuilding Shattered Assumptions, in C.R. Figley (Ed), *Trauma and its Wake: the Study and Treatment of Post Traumatic Stress Disorder*, New-York: Brunner/Mazel, pp15-35.
- Jaspers, K. (1963), *General Psychopathology*, Chicago: The University of Chicago Press.
- Jones, D.P.H. et al (1987), *Understanding Child Abuse*, 2nd edn, Basingstoke: Macmillan Education.
- Jones, Jocelyn (1993), Child Abuse: Developing a Framework for Understanding Power Relationships in Practice in H. Ferguson, R. Gilligan and R. Torode (Ed.s), *Surviving Childhood Adversity: Issues for Policy and Practice*, Dublin: Social Studies Press, pp. 76-89.
- Jones, Jocelyn (1994), Towards an Understanding of Power Relationships in Institutional Abuse, *Early Child Development and Care*, Vol. 100, pp. 69-76.
- Jones, Jocelyn (1995), Institutional Abuse: Understanding Domination from the Inside Looking Out, *Early Child Development and Care*, Vol.113, pp. 85-92.
- Jones, Jocelyn, and Jenny Myers (1997), The future Detection and Prevention of Institutional Abuse: Giving Children a Chance to Participate in Research, *Early child Development and Care*, Vol. 133, pp. 115-125.
- Kahan, Barbara (1979), *Growing up in Care; Ten People Talking*, Oxford: Basil Blackwell.
- Kempe, C. Henry, F.N. Silverman, B.F. Steele, W. Droegemueller and H.K. Silver (1962), 'The Battered-Child Syndrome', *Journal of the American Medical Association*, July 7.
- Kenward, Helen and Denise Hevey (1989), The Effects of Physical Abuse and Neglect, in Wendy Stainton Rogers, Denise Hevey and Elizabeth Ash (Ed.s), *Child Abuse and Neglect: Facing the Challenge*, London: B.T. Batsford Ltd, pp.203-209.
- Kirk, Jerome and Marc L. Miller (1986), *Reliability and Validity in Qualitative Research*, Newbury Park: Sage.

- Kirkwood, A. (1993), *The Leicestershire Inquiry 1992*, Leicestershire County Council.
- Krueger, Richard A. (1998), *Developing Questions for Focus Groups*, Thousand Oaks: Sage.
- Kufeldt, K. et al. (2000) *Looking After Children in Canada*, University of New Brunswick.
- Kusumakar, Vivek (1991), Managing Sexually Abused Children in Substitute Families: Common Dilemmas in Practice, in Batty, Daphne *et al.*, *Sexually Abused Children: Making Their Placements Work*, London: British Agencies for Adoption & Fostering, pp 110-126.
- Lanyado, M. (2001), Daring to try again: The Hope and Pain of Forming New Attachments, *Therapeutic Communities*, 22(1), 5–18.
- Lanyado, M. (2002), Creating transitions in the lives of children suffering from 'multiple traumatic loss'. In L. Caldwell (Ed.), *The elusive child* (pp. 93–112). London: Karnac.
- Lanyado, Monica (2003), The Emotional Task of Moving from Fostering to Adoption: Transitions, Attachment, Separation and Loss, *Clinical Child Psychology and Psychiatry*, Vol. 8(3), pp.337–349.
- Lee, Sharice A. (1995), *The Survivor's Guide*, Thousand Oaks: Sage.
- Levy, A. and B. Kahan (1991), *The Pindown Experience and The Protection of Children: the report of the Staffordshire Child Care Enquiry*, Stafford: Staffordshire County Council.
- Livesley, WJ. (Ed) (1995) *The DSM-IV Personality Disorders*, New-York: Guilford Press.
- Livesley, WJ. (Ed) (2001), *Handbook of Personality Disorders: Theory, Research, and Treatment*, New-York: Guilford Press.
- Livingstone Smith, S. and Howard, J.A. (1994), The Impact of Previous Sexual Abuse on Children's Adjustment in Adoptive Placement, *Social Work*, 39 (5), pp.491-501.
- Lynes, D. and Godard, J. (1995), *The Views From the Front: the User View of Child Care in Norfolk*, Norfolk In-Care Group, Norfolk County Council.
- Martin, P.Y. and Jackson, S. (2002), Educational Success for Children in Public Care: Advice From a Group of High Achievers, *Child and Family Social Work*, 7,2 , pp.121-130.

- Macaskill, Catherine (1991), *Adopting or Fostering a Sexually Abused Child*, London: B.T. Batsford Ltd.
- Mann, Pamela (1984), *Children in Care Revisited*, London: B.T. Batsford Ltd.
- McCallum, I. and Demie, F. (2001), Social Class, Ethnicity and Educational Performance, *Educational research*, 43, 2, pp. 147-159.
- McCann, J. et al (1996), Prevalence of Psychiatric Disorders in Young People in the Care System, *British Medical Journal*, 313, 7071, 1529-1530
- McCracken, Grant (1988), *The Long Interview*, Newbury Park: Sage.
- McLeod, A. (2007) Whose Agenda? Issues Of Power And Relationship When Listening To Looked-After Young People, *Child & Family Social Work* ,12 (3) , pp278–286
- Meltzer, H. et al. (2004), *The mental Health of Young People Looked After by Local Authorities in England*, Office for National Statistics.
- Miles, Mathew B. and A. Michael Huberman (1994), *Qualitative Data Analysis*, Thousand Oaks: Sage.
- Miller, S.M. (1963), *Max Weber, Selections From His Work*, New-York: T.Y. Crowell
- Millham, Spencer et al.(1986), *Lost in Care: the Problems of Maintaining Links Between Children in Care and Their Families*, Hants: Gower.
- Monaghan, M. and Broad B. (2003), *Talking Sense: Messages from Young People Facing Exclusion About Their Health and Well Being*, The Children's Society.
- Mrazeck, Patricia Beezley (1981), The Nature of Incest: A Review of Contributing Factors, in P.B. Mrazeck and C.H. Kempe (ed), *Sexually Abused Children and Their Families*, Oxford: Pergamon Press, pp 97-107.
- Munro, Eileen (2001), Empowering Looked after Children, *Child & Family Social Work*, 6, pp.129-137.
- Neil, E., Beek, M. and Schofield, G. (2003) Thinking About and Managing Contact in Permanent Placements: The Differences and Similarities Between Adoptive Parents and Foster Carers, *Clinical Child Psychology and Psychiatry*, Vol.8(3), pp.401-418.

- Newman, Cathy (1989), *Young Runaways...Findings from Britain's First safe House*, London: The Children's Society.
- Packman, Jean et al. (1986), *Who Needs Care? Social Work Decisions About Children*, Basil Blackwell.
- Page, Raissa and G.A. Clark (Eds), (1977), *Who Cares: Young People in Care Speak Out*, London: Children's Bureau.
- Palmer, S. (1990), Group Treatment of Foster Children To Reduce Separation Conflicts Associated With Placement Breakdown, *Child Welfare*, Vol.69, No.3, May-June, pp.227-238.
- Palmer, S. (1996), Placement Stability and Inclusive Practice in Foster Care: an Empirical Study, *Children and Youth Services Review*, Vol.18, No.7, pp.589-601.
- Pecora, P.J. et al. (2006) Assessing The Educational Achievements Of Adults Who Were Formerly Placed In Family Foster Care, *Child & Family Social Work* 11 (3)
- Poynor, M and Welbury J (2004), The Dental Health of Looked After Children, *Adoption and Fostering*, vol.28, no.1 (Spring), pp.86-88.
- Pardeck, John T.(1984), Multiple Placement of Children in Foster Family Care: An Empirical Analysis, *Social work*, Vol.29, No.6, November-December, pp.506-509.
- Parker, R.A. (1966), *Decision in Child Care: A study of Prediction in Fostering*, London: George Allen and Unwin Ltd.
- Parker, R. et al., (1991), *Looking After Children: Assessing Outcomes in Childcare*, London: HMSO.
- Payne, Sue (1983), *Long Term Placement for the Black Child in Care*, Norwich: Social Work Monograph.
- Penzerro, Rose Mary and Laura Lein (1995), Burning Their Bridges: Disordered Attachment and Foster Care Discharge, *Child Welfare*, Vol.74, No. 2, March-April, pp.351-356.
- Quinton, D., Rushton, A., Dance, C., & Mayes, D. (1997), Contact Between Children Placed Away from Home and their Birth Parents; Research Issues and Evidence. *Clinical Child Psychology and Psychiatry*, Vol. 2, pp. 393–413.

- Quinton, D, Selwyn, J., Rushton, A. and Dance, S. (1999), Contact Between Children Placed Away from Home and their Birth Parents: Ryburn's Reanalysis' Analysed, *Clinical Child Psychology and Psychiatry*, Vol.4 (4), pp. 519-531.
- Renzetti, Claire M. and Lee, Raymond M. (Eds)(1993), *Researching Sensitive Topics*, Newbury Park: Sage.
- Renzetti, Claire M. and Lee, Raymond M.(1993), 'The Problems of Researching Sensitive Topics', in Renzetti, Claire M. and Lee, Raymond M. (Eds), *Researching Sensitive Topics*, Newbury Park: Sage, pp.3-13.
- Richards, L., Wood, N. and Ruiz-Calzada, L. (2006), The mental health needs of looked after children in a local authority permanent placement team and the value of the Goodman SDQ , *Adoption & Fostering Journal*, 30(2) pp. 43-52.
- Richardson, J. and Joughin C. (2000), *The Mental Health Needs of Looked After Children*. Gaskell.
- Rowe, Jane (1987), Fostering Outcomes: Interpreting Breakdown Rates, *Adoption and Fostering*, Vol.11, No.1, pp.32-34.
- Rowe, Jane, Marion Hundleby and Louise Garnett (1989), *Child Care Now: a Study of Placement Pattern*, London: British agencies for Adoption & Fostering.
- Rushton, A. (2004), A Scoping and Scanning Review of Research on the Adoption of Children Placed from Public Care, *Clinical Child Psychology and Psychiatry*, Vol. 9(1), pp.89-106.
- Rushton, A., Treseder, J., and Quinton, D. (1995), An Eight Year Prospective Study of Older Boys Placed in Permanent Substitute Families: A Research Note, *Journal of Child Psychology and Psychiatry*, 36, pp. 687-695.
- Rushton, A., Mayes, D., Dance, C. and Quinton, D. (2003), Parenting Late-Placed Children: The Development of New Relationships and the Challenge of Behavioural Problems, *Clinical Child Psychology and Psychiatry*, Vol.8 (3), pp. 389-400.
- Ryburn, M. (1999). Contact Between Children Placed Away From Home and their Birth Parents: A Reanalysis of the Evidence in Relation to Permanent Placements. *Clinical Child Psychology and Psychiatry*, 4(4), pp. 505–518.
- Sallnas, M., Vinnerlujung, B. and Westermarck, P.K. (2004), Breakdown of Teenage Placements in Swedish Foster and Residential Care, *Child and Family Social Work*, Vol.19, no2, pp.141-152.

- Sanford, Linda T. (1991), *Strong at the Broken Places*, London; Virago Press.
- Saunders, L. and Broad, B. (1997), *The Health Needs of Young People Leaving Care*, De Monfort University.
- Schofield, G., Beek, M., Sargent, K. and Thoburn, J. (2000), *Growing Up in Foster Care*, London: BAAF.
- Scutt, Nicky (1997), Child Advocacy-Getting the child's Voice Heard, in Cloke, Christopher and Murray Davies (Eds), *Participation and Empowerment in Child Protection*, Chichester: Wiley and NSPCC, pp232-247.
- Secretary of State for Social Services (Rt.Hon Lord Justice Butler-Sloss) (1988), *Report in the Inquiry Into Child Abuse in Cleveland 1987*, London: HMSO.
- Sellick, C., Thoburn, J. (1996), *What Works in Family Placement?* Barkingside: Barnardo's.
- Sellick, C., Thoburn, J. and Philpot, T. (2004), *What Works in Adoption and Foster Care?* Barkingside: Barnardo's.
- Shaw, C. (1998), *Remember my Messages?*, Who care? Trust.
- Sieber, Joan E.(1992), *Planning Ethically Responsible Research: a Guide for Students and Internal Review Boards*, Newbury Park: Sage.
- Sieber, Joan E.(1993), The Ethics and Politics of Sensitive Research, in Renzetti, Claire M. and Lee, Raymond M. (Eds), *Researching Sensitive Topics*, Newbury Park: Sage, pp.14-26.
- Sieber, J.E., and Stanley, B.(1988), Ethical and Professional Dimensions of Socially Sensitive Research, *American Psychologist*, 43, pp.49-55.
- Sinclair, I. (2005), *Fostering Now: Messages from Research*, London: Jessica Kingsley Publishers.
- Sinclair, I., Baker, C., Wilson, K. and Gibbs, I. (2005a), *Foster Children: Where They Go and How They Get On*, London: Jessica Kingsley Publishers.
- Sinclair, I., Wilson, K. and Gibbs, I. (2005b), *Foster Placements: Why They Succeed and Why They Fail*, London: Jessica Kingsley Publishers.
- Sinclair, R., Garnett, L. and Berridge, D. (1995), *Social Work and Assessment with Adolescents*, London: NCB.

- Skuse T. and Ward, H. (2002), *Looking After Children: Using Data as Management Information. Report from the First Year of Data Collection*. Loughborough University.
- Skuse, T. and Ward, H., (2003) *Listening to Children's Views of Care and Accommodation*, Report to the Department of Health, Loughborough: Centre for Child and Family Research , University of Loughborough
- Smith, David (ed) (2004), *Social work and evidence-based practice*, London: Jessica Kingsley Publishers.
- Social Exclusion Unit (2002), *Report on The Education of Children in Care: Children and Young people's Questionnaire*, Social Exclusion Unit.
- Social Exclusion Unit (2003), *A Better Education for Children in Care*, Social Exclusion Unit.
- Stanley, N. (2007), Young People's And Carers' Perspectives On The Mental Health Needs Of Looked-After Adolescents, *Child & Family Social Work* 12 (3) , pp258–267.
- Steele, Brandt F., and Helen Alexander (1981), Long-Term Effects Of Sexual Abuse in Childhood, in P.B. Mrasek and C.H. Kempe (Ed), *Sexually Abused Children and their Families*, Oxford: Pergamon Press, pp 223-234.
- Stein, M., Rees, G and Frost, N. (1994), *Running - the Risk: Young People on the Streets of Britain Today*, Children's Society.
- Strauss, A.L. and Corbin, J (1990), *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, Newbury Park CA: Sage.
- Summit, Roland (1988), Hidden Victims, Hidden Pain, in Wyatt, Gail Elizabeth and Gloria Johnson Powell, eds. (1988), *Lasting Effects of Child sexual Abuse*, London: Sage, pp 39-60.
- Summit, Roland (1983), The Child Sexual Abuse Accomodation Syndrome, *Child Abuse and Neglect*, Vol. 7, pp. 177-193.
- Schwartz, M. A. and Wiggins O. P. (1987) Diagnosis And Ideal Types: A Contribution To Psychiatric Classification, *Comprehensive Psychiatry*, vol. 28, no4, pp. 277-291.
- Sykes, J., Sinclair, I., Gibbs, I and Wilson, K. (2002), Kinship Care Versus Stranger Foster Care: How Do They Compare?, *Adoption and Fostering*, vol.26, no2, pp.38-48.

- Taber, Merlin A. and Kathleen Proch (1987), Placement Stability for Adolescents in Foster Care: Findings From a Program Experiment, *Child Welfare*, Vol.66, No.5, September-October, pp.433-445.
- Taylor, C. (2004) 'Social Work and Looked After Children' in D. Smith (ed), *Social work and evidence-based practice*, London: Jessica Kingsley Publishers.
- Trasler, Gordon (1960), *In Place of Parents*, London: Routledge and Kegan Paul.
- Triseliotis, J.(1980), Growing Up in Foster and After, in J.Triseliotis ed, *New Development in Foster Care and Adoption*, London: Routledge and Kegan Paul.
- Triseliotis, J. et al (1995), *Teenagers and the Social Work Services*, London: HMSO.
- Utting, William (1991), *Children in the Public care: a Study of Foster Care*, London: HMSO.
- Vacha, E.F. and McLaughlin, T. (1992), The Social Structural, Family, School and Personal Characteristics of 'At-risk' Students: Policy Recommendations for School Personnel, *Journal of Education*, 174, 3, pp.9-25.
- Voice for the Child in Care (1998), *Shout to Be heard: Stories from Young People in Care About Getting Heard and Using Advocates*, London: Voice for the Child in Care.
- Ward, Harriet (ed) (1995), *Looking After Children: Research Into Practice*, London: HMSO.
- Ward, Harriet and Tricia Skuse (2001), Performance targets and Stability of Placement for Children Looked after Away from Home, *Children & Society*, Vol.15, pp. 333-346.
- Waters, E., and Cummings, E.M. (2000), A Secure base From Which to Explore Close Relationships, *Child Development (Special Millennium Issue)*, 7, pp. 164-172.
- Weber, Max (1962), *Basic Concepts in Sociology by Max Weber*, New York: The Citadel Press.
- Westcott, Helen L. (1991), *Institutional Abuse of Children-From research to policy: a Review*. London: National Society for the Prevention of Cruelty to Children.
- Who Cares? Trust (2004), *Who Cares? About Sport. The Participation in Sport of Young People in Care*, London: The Trust.



- Williams, J., Jackson, S. and Maddocks, S. (2001), Case-Control Study of the Health of Those Looked After by Local Authorities, *Archives of Disease in Childhood*, vol. 85, no 4, pp.280-285.
- Williamson, Howard and Ian Butler (1997), No One Ever Listens To Us: Interviewing Children and Young People, in Cloke, Christopher and Murray Davies (Eds), *Participation and Empowerment in Child Protection*, Chichester: Wiley and NSPCC, pp61-79.
- Wilson, Chris (1997), Issues for Children in Local Authorities Accommodation, in Cloke, Christopher and Murray Davies (Eds), *Participation and Empowerment in Child Protection*, Chichester: Wiley and NSPCC, pp140-153.
- Wilson, K., Sinclair, I., Taylor, C., Pithouse, A. and Sellick, C. (2004), *Fostering Success: An Exploration of the Research Literature in Foster Care*, Knowledge Review 5, London: Social Care Institute for Excellence
- Wyatt, Gail Elizabeth and Gloria Johnson Powell, (Eds) (1988), *Lasting Effects of Child sexual Abuse*, London: Sage.
- Wyatt, Gail Elizabeth and M.R. Mickey (1988), The Support By Parents and Others as it Mediates the Effects of Child Sexual Abuse: An Exploratory study, in Wyatt, Gail Elizabeth and Gloria Johnson Powell, (Eds), *Lasting Effects of Child sexual Abuse*, London: Sage, pp 211-226.

