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What Works in Promoting Good Outcomes for Looked After Children and Young People?
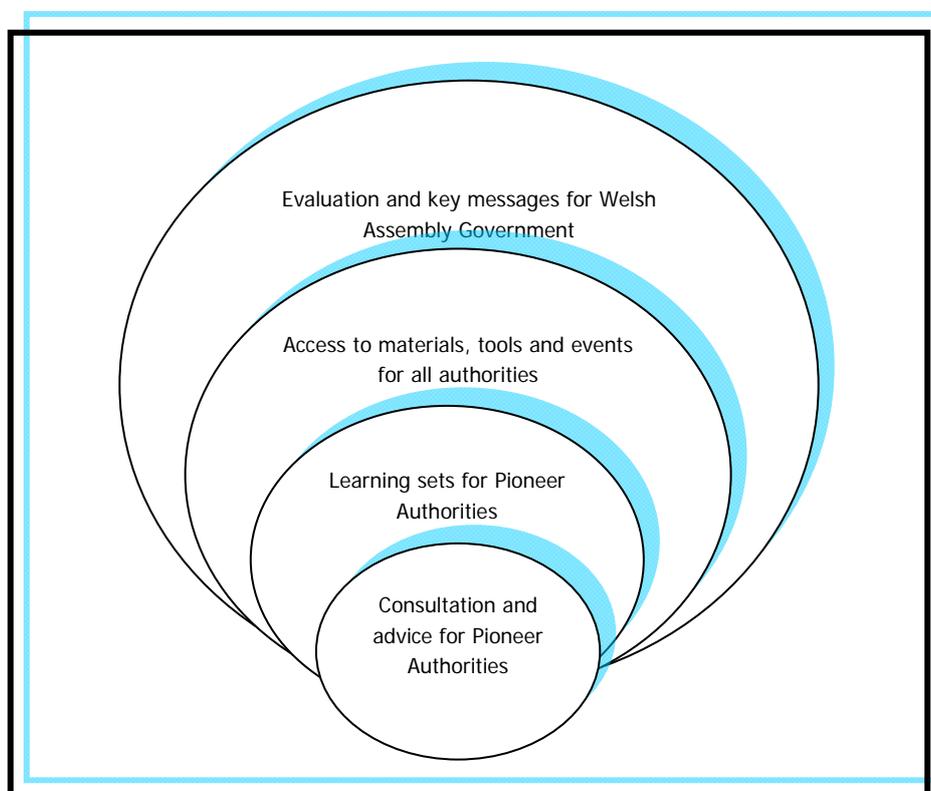

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What Works in Promoting Good Outcomes for Looked After Children and Young People?

Introduction

This paper has been prepared to support the commissioning of children in need services in Wales as part of the Better Outcomes for Children in Need Programme sponsored by the Social Services Improvement Agency (SSIA). The over-arching aim of the Programme is to achieve more cost effective and improved matching of services for children in need through effective strategic commissioning, focussing on areas such as:

- The overall distribution of resources and services across family support and substitute care.

- The targeting of services towards effective points and methods of intervention that meet the needs of children and young people at risk of entering the care system.

- Improved quality of placement and other services for looked after children and young people, leading to improved outcomes.

The Programme will be undertaken between January 2007 and March 2008, and comprises a series of four complementary activities co-ordinated by the Institute of Public Care (IPC) at Oxford Brookes University. These activities are outlined in the diagram below:

Evaluation and key messages for Welsh Assembly Government

Access to materials, tools and events for all authorities

Learning sets for Pioneer Authorities

Consultation and advice for Pioneer Authorities

This is one of a series of four background papers produced by IPC in January 2007 to inform the national programme. The full set of background papers is as follows:

- The Role of Commissioning in Improving Services to Children in Need.

- National Trends in Children in Need Services.

- What Works in Promoting Good Outcomes for Children in Need in the Community?

- What Works in Promoting Good Outcomes for Looked After Children and Young People?

These papers will be further developed during 2007-08, with the addition of guides and tools, including on topics such as managing the market, commissioning information sets, and developing and monitoring contracts. They will also be complemented by a series of case studies outlining the progress of approaches that are being applied and tested during the course of 2007 by five Pioneer Authorities in Wales.

The process, or cycle, of commissioning children in need services is explored in detail in the first paper in this series: 'The role of commissioning in reconfiguring and improving services to children in need'. This document is concerned with helping commissioners to gain an understanding of what works in meeting the needs of a sub-population of 'children in need': children and young people who are looked after. This understanding is helpful in steering commissioning processes (for example, it can inform the kinds of questions required to be answered in the development of a commissioning strategy, or to check existing services against 'best practice'). It is also valuable in ensuring that any subsequent re-shaping of services is based on available evidence of what works, and why. The knowledge base in this field is ever-growing, and therefore, this paper merely provides a summary of what is known about best practice relating to the provision of services for looked after children and young people at the date of publication.

The paper first explores the ways in which looked after children and young people are particularly vulnerable to a range of poor outcomes, even compared to other vulnerable children or children in need. It then goes on to outline key messages from research and good practice about the following:

- Designing services to meet the needs of looked after children and young people.

- Promoting a range of good quality placements.

- Improving individual outcomes for looked after children and young people.

The particular needs and vulnerabilities of looked-after children and young people

Few children or young people choose to become looked after. A high percentage enter the care system as a result of abuse or neglect, but even these children and young people usually continue to love their families and want to remain with them. Whilst many remain in the care system only for brief periods, a considerable number spend a significant proportion of their childhood in care[1]. The available research has identified that looked after children and young people are at greatly increased risk of a range of poor outcomes, many of which are inter-dependent. There is also some research which begins to identify resilience factors linked with better outcomes for young people in care, and after care[2]. Since the introduction of the Children Act 1989, UK-wide policy for looked-after children has concentrated on increasing the stability and quality of placements offered to them, and improving educational, health and other outcomes for individual children to enhance their life chances. The key outcomes, which can be linked to the Assembly's Seven Core Outcomes for all children and young people, and which should be priority areas for commissioners, are explored below:

- **Attachment outcomes:** Children and young people entering care are likely to have been abused or neglected. Their experiences are also likely to have included one or more of the following: domestic violence, substance misusing parent(s), poverty, homelessness, the loss of a parent, or inadequate parenting. Attachment experiences with carers may have been disturbed, and these experiences can underpin the subsequent limited or conflictual pattern of connections that many children and young people make with care staff and substitute carers[3]. Research has identified that children and young people who go on to experience high levels of placement instability within the care system are likely to be those who already displayed multiple problem behaviours prior to becoming looked after. Challenging and aggressive behaviour is a key reason for placement breakdown, but placements can also cease for other reasons unrelated to the child or young person, for example: rivalry difficulties between foster children and the family's own children; contact with the birth family, and events within the foster family[4 5]. Children who do not have significant behaviour problems on entering care are particularly vulnerable to 'internalising behaviour' if their placement breaks down, for example being withdrawn and isolated[6]. There has been some evidence of a decrease in the rate of placement breakdown over time, with studies in the 1960s finding placement breakdown rates of 60%; whereas more recent studies have reported rates of around 27%[7]. However, improving placement stability continues to be a key Children First objective contributing to safeguarding and promoting the child's welfare and development[8]. Stein and others have identified that young people who experience stable placements providing good quality care are more likely to succeed educationally, be in work, settle in and manage their accommodation after leaving care, feel better about themselves, and achieve satisfactory social integration in adulthood than young people who have experienced further movement and disruption during their time in care[9].

- **Educational outcomes:** Recent research has identified that looked-after children and young people are several times more likely to have a statement of special educational needs, to be excluded from school, and to leave school with no qualifications compared with children in the general population[10]. The recent 'Costs and Outcomes' research (2007) identified that children and young people in residential care are far more likely to have educational problems compared with those in foster care, almost the same proportion as those in EBD schools (41% compared with 49%)[11]. Difficulties related to education may have been present prior to the child or young person becoming looked after. However, research and all-Wales performance indicators combined also seem to show that educational outcomes are poor for children in

care, even when compared to other children with similar backgrounds and problems[12]. Although national performance figures published in November 2006 show a slight improvement in the number of looked after children experiencing undisrupted schooling and achieving good GCSEs, there is still plenty of room for further improvement. There is also considerable variation in the performance of individual councils in Wales in relation to these outcome indicators. For example, the percentage of young people leaving care at 16+ with at least 2 GCSEs at grade A-G or GNVQ varied from 80% to 9%, with the all-Wales average of 42% for 2005-06[13].[1] However, some children and young people in care do have positive experiences in school and achieve educational success. Research seems to show that these children and young people are more likely to be female, and experience placement stability within a foster care setting where the carer is committed to helping and supporting the young person in their studies[14]. There is also some evidence that young people who have had several placements can achieve educational success if they remain in the same school[15].

- **Physical health outcomes:** Children and young people who are looked after have the same core health needs as other young people, but their backgrounds and experiences are likely to make them particularly vulnerable to poorer health outcomes. Having become looked after, they sometimes experience a number of placement and school moves which can also mean that health issues, including routine medical health checks and health promotion initiatives, are overlooked. It is estimated that a quarter of young women leaving care are pregnant or have a child within 18-24 months of leaving care[16]. Teenagers who become parents are known to experience greater educational, health, social and economic difficulties than young people who are not parents, and their children may be exposed to the consequences of greater social deprivation and disadvantage. These outcomes have been demonstrated to be more adverse for looked after children who become parents, because they are more likely than others to be unemployed, have more mental health problems, be expected to be independent, and to have little social or economic support[17].

- **Mental health outcomes:** Children and young people who have experienced disrupted childhoods and inconsistent or broken attachments with their parents and families are very likely to have mental health problems, and often struggle to make attachments with carers[18]. The 2004 survey of the mental health of children looked-after in Wales (and similar surveys in England and Scotland) found that prevalence rates for mental disorders were significantly higher for looked after children than for children in the general population, and that the prevalence tends to increase for children and young people in residential care[19]. The effects of separation from birth families on entry into care can also contribute to or accentuate mental health problems[20]. The impact of mental health difficulties on both the child and carer(s) and their family or community including school, can be significant. In recent studies, the looked after child's mental health difficulties were described as a source of significant burden for almost 50% of a sample of carers and to school classes[21]. The Welsh Assembly Government has recently proposed changes to the regulations and guidance for looked after children, emphasising the need for all local commissioners to meet the holistic needs of LAC through strengthened commissioning, and for the child's 'home' Local Health Board to remain responsible for purchasing any secondary care provision, including mental health provision, agreed as part of an out of area placement[22].

- **Sexual or physical abuse:** A study looking at the incidence of abuse of looked after children compared with the general population of children identified that children in foster care were seven to eight times, and in residential care six times more likely to be physically or sexually abused. Looked after children and

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young people were found to be vulnerable to abuse not only from foster or residential carers, but also from members of their natural families during access visits, from other children in the care setting, and to involvement in prostitution[23].

- **Involvement in crime and substance misuse:** Rose at al (2006) found that looked after children and young people are three times more likely to be cautioned or convicted of an offence than others[24]. Care leavers are fifty times more likely to go to prison and eighty-eight times more likely to be involved in drug use than people who have not been looked after by local authorities[25].

- **Social exclusion:** Looked after children are more likely to lose contact with their families and communities of origin, and become socially excluded through unemployment and poverty[26]. Care leavers are sixty times more likely to be homeless than children who have not been 'looked after'[27].

Resilience in looked-after children

Resilience has been defined as 'normal development under difficult conditions'[28] or 'the quality that enables some young people to find fulfilment in their lives despite their disadvantaged backgrounds, the problems or adversity they may have undergone, or the pressures they may experience'[29]. Research shows that shifting attention away from a focus purely on problems, towards a focus on developmental strengths of looked after children and young people enables them to better cope with adversity. Professionals can play an important role by supporting caring relationships, ensuring that school is a positive experience, and promoting the self-esteem of these children and young people. Gilligan has identified that children in the care system are likely to be more resilient to adverse circumstances if they have the following[30]:

- Supportive relationships with at least one adult.

- Supportive relationships with siblings and grandparents.

- A committed adult other than a parent who takes a strong interest in the young person and serves as a long-term mentor and role model.

- A capacity to develop and reflect on a coherent story about what has happened and is happening to them.

- Talents and interests.

- Positive experiences in school.

- Positive friendships.

- A capacity to think ahead and plan in their lives.

The research has gone on to suggest ways in which key workers, such as social workers, carers, or teachers can promote resilience in looked-after children and young people, including[31]:

- Ensuring that these key individuals have an understanding of the impact of attachment and resilience factors on children's development, and thus commit themselves to being the child's champion, acting as good parents would, ensuring the child feels cherished and secure, and making a point of celebrating the child's achievements.

- Good quality direct work and case coordination, to enable looked after children and young people to manage loss and change.

- Attention to strengthening the role of and tasks associated with corporate parenting.

Designing services to meet the needs of looked after children and young people: key themes

The enduring themes from research and best practice about services to meet the needs of looked after children are as follows:

- **Choice of placement is a fundamental safeguard for looked after children**.

- **Local placements are generally best.** Research has identified that local placements generally produce better outcomes for looked after children, whether they are provided by local authority or voluntary/private sector[32]. Except where the need is for a very specialist placement, or there is an obvious reason to place a child a long distance from home, it is normally much better to place children within or close to their local community. The better outcomes achieved by children placed locally may be the result of a combination of factors, such as: proximity to family and friends; greater scope for good co-ordination of services at a local level; better contact between child and social worker, and ease of supervision.

- **Where possible, kinship care should be explored first.** These placements are popular both with young people and the relatives and family friends who provide it, and can be more stable and longer lasting than the alternatives where adequate levels of support are provided[33].

- **Foster care is usually preferable to residential care.** Whilst some children will need residential care, many looked after children, and particularly younger children, should and can be looked after in foster placements, or placed for adoption. In order to place sufficiently large numbers of looked after children in foster care, including those who are traditionally harder to place, some authorities have developed salaried or treatment foster care models, supported by a range of support or 'wrap around' services.

- **There is a continuing role for good quality residential care services.** Some children and young people are likely to continue to need residential placements at some time, for example due to their high level needs, challenging behaviour, or personal preference.

- **Good matching processes are associated with better outcomes for looked after children and young people.** Ideally, research suggests that these processes should include attention to the characteristics of foster parents or key carers, so that care givers and children can be beneficially matched in order to avoid unnecessary discord, friction, confrontation, and placement breakdown. Preparing a carer for placement by providing as complete a picture of the child as possible, including aspects of the child's background, personality and likely needs have also been shown to be important

factors in determining placement stability. Informed choices and careful assessment can help to prevent a child's sense of rejection and a carer's feeling of failure[34] [35].

- **Good care planning and case management / tracking is fundamental to improved outcomes for looked after children and young people**, in that it facilitates an appropriate response of services and decision making processes to the individual needs of each child or young person, and avoids drift. This includes regular contact for the child or young person with a trusted key worker (usually a social worker) , and effective co-working with other key professionals and carers[36]. Recent research highlights the ongoing need for better quality decision making by social workers, and champions a blurring of the lines between the care system and community-based care to ensure that young people in particular can return home after brief spells in care (via adolescent support teams or other services such as treatment foster care)[37].

- **Better outcomes are achieved for looked after children where there is access to responsive support services designed to increase resilience and reduce problems.** Examples include: education support and mental health support services. Iwaniec argues that a shift in focus is required from these services, away from a deficit-oriented approach towards one which promotes an increase in child capacity ('not just fixing what is broken, but nurturing what is best')[38].

Promoting a range of good quality placements

Choice of placement is a vital factor in meeting the assessed needs of children and young people. A good range of quality placements is therefore essential to providing looked after children with real choices and to increase their resilience. Key messages from research and best practice about the range of quality placements are explored below:

Family Placements

For the majority of children in care, a family placement is most suitable as it provides a family model of everyday life and an opportunity to build warm relationships with the foster family which can last for a long time after leaving care. Often, these placements can enable children and young people to remain close to home. A full range of family placement options might include: short or long term foster placements; adoptive placements; mainstream or specialist placements; and those provided in-house, by the independent sector, or by friends and family (the latter commonly referred to as kinship care).

Foster care: general findings

As at 31 March 2006, 78% of children looked after by local authorities in Wales were in foster placements[39] compared to 77% at March 2005. At the end of March 2006, there were 47 fostering services in Wales, with 23 of these provided by local authorities and 24 by the independent sector, a growth of almost 50% since 2005. There is no proven relationship between the size of provider and the cost of fostering services. Equally, there is only limited and mainly anecdotal evidence of a link between higher cost placements and improved outcomes[40.] However, there is growing evidence that good outcomes are linked to certain quality factors and that some of these quality factors do drive up service costs, for example: good quality matching services; better foster carer support; payment and training; and access to 'wrap around' services[41]. Recent findings indicate that

comprehensive packages of care including wrap around provision have been provided more frequently alongside agency placements than those provided in-house by the local authority[42].

A key difference between in-house and independent foster care in recent years has been the independent sector's ability to recruit and retain carers. Evidence suggests that the following can have a positive impact on an organisation's ability to recruit and retain carers successfully:

- Targeted recruitment schemes (for particular types of carer).

- Improved initial responses to potential carers (efficient and business-like) to maximise the proportion of 'firm' applications. Some agencies have developed 'business centres' in prominent locations, including late opening hours, or have commissioned other organisations to improve recruitment practice.

- Clear, honest information during the recruitment process.

- Local advertising and in particular word of mouth approaches to recruitment (national campaigns are probably less cost-effective). Examples include one-off introduction payments to existing carers.

- Higher levels of financial or other rewards or payments, including loyalty payments and certificates.

- Involvement of existing carers in recruitment and retention work, for example in speaking to prospective foster carers, producing marketing materials.

- Providing carers with development opportunities, for example encouragement and training to become family group conference organisers, or advocates for fostered children.

- Improved support for carers (for example peer mentors, access to respite care, access to out of hours advice, and support from specialist advisers regarding particular child issues, such as behaviour).

- Carers being treated with respect and 'as part of the team' by professionals[43].

Research carried out in 2003 by The Fostering Network Wales on behalf of the Welsh Assembly Government[44] identified the following strengths and weaknesses of recruitment practice within local authorities across Wales:

- Overall there were more foster carers in Wales in 2003 than in the previous year, although recruitment was found to be variable and frequently limited by the availability of social workers to undertake assessments.

- Six local authority family placement teams had a specific person to deal with the recruitment of foster carers. In fourteen authorities, recruitment was dealt with by staff across the family placement team. Only two family placement teams worked with the authority's marketing department to undertake improved recruitment.

- The movement of foster carers between local authorities was greater than the movement of foster carers from local authorities to independent fostering providers except where a new independent fostering provider was setting up in business.

- Local authorities had de-registered a significant number of foster carers in the last few years. However, many authorities still had some foster carers who they would prefer not to use or who were restricted in the children to whom they could provide a placement.

The same research identified the following in relation to the retention of foster carers:

- The main factor affecting retention of foster carers was support (to themselves, their family members and to the child in placement). Out of hours support and support around allegations appeared particularly limited.

- The majority of foster carers believed that fostering allowances left them out of pocket.

- Allowances and fees varied enormously, and between local authorities and agencies, rather than relating to the actual costs of work being done by the foster carer.

- The quality of supervision and support varied greatly: both factors related strongly to the retention of foster carers.

- The methods and degree of involvement of foster carers in policy and practice decision-making varied; where foster carers were involved in a foster care forum, retention and general satisfaction appeared higher.

- In general, foster carers received minimal written information about terms and conditions (including policies, procedures, standards and finance).

- Insurance for foster carers needed clarification by many local authorities.

- Around 10% of people still fostering had had an allegation of abuse made against them (this is in addition to the unknown number that have either been de-registered or chosen to resign after allegations). Support received by foster carers during and after allegations of abuse was generally inadequate and not in line with the national Minimum Standards (2003), although there were some examples of excellent support.

A number of national initiatives have been introduced recently by the Welsh Assembly Government. An all-Wales advice and help line for foster carers and their families, 'Fosterline Wales', has been launched by The Fostering Network Wales, sponsored by the Assembly. The service will provide information and confidential advice on a range of issues for carers. The Welsh Assembly Government has also recently issued a consultation paper designed to develop the basis for national minimum allowances for foster carers, and good practice guidance for structuring payment systems[45].

Use of Kinship care

Kinship care placements are popular both with young people and the relatives and family friends who provide it, and there is evidence that this type of placement could be used effectively for more children, as research shows that placements with family and friends are less likely to break down compared to 'stranger care'[46]. In one study, 72% of placements with family and friends were still stable after two years of care compared to 55% of those with unrelated foster carers[47]. Other advantages reported by young people include maintaining links

with family, siblings and friends, keeping hold of racial and cultural heritage, and not being looked after by 'strangers'. Disadvantages can include: financial hardship (between two fifths and one third of children placed with kinship carers live in poverty); the carers are often older (the majority are grandparents and / or over 50 years old); they receive less in the way of services compared to those available to other looked after children; and they may also face particular difficulties over contact with birth parents. All of these strengths and weaknesses should be addressed within the care planning process[48] [49].

There is significant variation in Western child-welfare systems in the use of kinship care. Figures as high as 75% (in New Zealand) and 90% (in Poland) have been reported, but for most countries between 10 and 30% is the norm. Given the potential that kinship care has, it is somewhat surprising that the UK is at the lower end of this spectrum with kinship care accounting for approximately 10% of looked after placements[50]. The Care Standards Inspectorate for Wales recently reported that twelve of the local authority fostering services in Wales (48%) approve and use families and friends as carers. In most services, kinship carers received the same training and support as other carers, including financial support, and the take up of training was low. Although the research seems to suggest that support for kinship care and carers should be tailored to their particular needs, only one service had a specific project to support family/friend carers[51].

In addition to placements for looked after children, family and friends carers can also provide an 'alternative to care' placement for a child or young person, for example, through applying for a Residence Order and with the support of local family support services, including financial assistance where appropriate. Prospective kinship foster carers' attitudes to and enthusiasm for moving to Residence Order arrangements are reported in recent research to be influenced by three main factors in particular[52]:

- Their prior relationship with social services. In cases where there had previously been responsive supportive services to the kinship carers, and a level of trust and respect, this resulted in kinship carers trusting that the statutory services would not advocate a change to the Order that would be disadvantageous or compromising.

- Clarity of the rationale for the change, including the advantages and disadvantages for them, in particular financial.

- Fear of being left to resolve contentious issues with the birth parents without the support of social services.

Temporary / Short Term Foster Care: Innovative Examples

Temporary foster care is the most commonly used type of foster care. About 80% of admissions into temporary foster care are with parental agreement and these placements are less likely to break down compared with longer term permanent placements. Temporary foster care may be used in an emergency and also while the needs of the child are being assessed. Shared care, a series of short break placements with the same foster carers, offers a series of short planned breaks, often but not solely for children with disabilities and their families.

There is increasing interest in other short-term innovative foster care models, including 'Support Foster Care', which is based on a Canadian model where foster carers work with the child and their family. International research seems to show that appropriate parental involvement within looked after placements is associated with better outcomes for the child or young person.[53] In the United Kingdom, support foster care schemes have been developed to work with young people at risk of becoming accommodated and their families to provide flexible breaks and prevent long-term family breakdown. Support foster care schemes aim to alleviate some of the difficulties of traditional foster placements, through providing[54]:

- Support to families in crisis.

- Placements that are time limited and agreed.

- A wide variety of placement options from occasional day care to regular weekends.

- A tailor-made service for each family.

Bradford Support Care[55] provides a part-time flexible fostering service. This service aims to prevent long-term family breakdown by offering families support from part-time foster carers for planned, time-limited periods. The placements are used to create a breathing space for families when they are experiencing difficulties, and offer realistic alternatives to full time foster and residential care. Placements range from day care, particularly for those excluded from school, to regular overnights, weekend or holiday breaks.

Specialist or Professional Foster Care Schemes

Some local authorities have developed professional foster carer schemes, whereby the carers' full-time employment becomes the care of the young person. These schemes may be provided in-house or through the independent sector and generally aim to provide placement and other services for young people considered 'difficult to place' because of their behaviour or because of a number of previous placement breakdowns. They are also sometimes developed to reduce the pressure for out-of-area placements and as a direct alternative to residential care.

The City of York Council[56] were concerned about the number of children placed in foster homes or residential accommodation outside of the city and have managed, within a year, to decrease the number of such placements from 100 to 27. They recruited more professional foster families within the city and paid allowances even when they did not have children placed with them. It has also opened up the route to adoption for children who cannot be returned to their parents. These initiatives have reduced the need for out-of-city care and educational placements to the lowest in the history of the authority.

Wiltshire County Council[57] have five foster carers who are approved as 'Contract Carers,' who receive a contract fee over and above the basic fostering allowance, in recognition of their particular skills and availability. These carers are approved specifically for short notice/emergency out of hour's short-term placements only, usually placements for teenagers with complex needs. The carers must have at least 5 years experience as foster carers and proven experience of direct work with young people. In January 2005, Wiltshire also entered into a contract with an independent fostering agency for the provision of a Solo Fostering Scheme,

to provide up to thirty planned placements for single children with complex needs, including some severely disabled children.

Treatment foster care is a very specific form of intensive or specialist fostering, which emphasises a clinical approach to interventions for young people with very challenging behaviour who are self-harming and/or are at risk of custody. Children are referred to treatment foster care programmes in order to address their serious levels of emotional, behavioural and medical problems. There are particular features which make treatment foster care distinct from traditional foster care[58]:

- An above-average level of support, training and remuneration of carers.

- Often a teenage user group with challenging behaviour.

- A coordinated method of working that aims to address behaviours in the home, school, and community.

- Clinical staff, including psychiatrists, available to support the placement.

- A specified length of stay.

The Maudsley Hospital[59] was one of the pioneers of treatment foster care programmes, and was funded by the DfES to pilot and evaluate this approach which has been effective in the USA for looked after children aged 11-16 years. The programme works directly against known risk factors and builds resilience and is designed to reduce rejection from adults and peers. It provides a wraparound multi-level programme for young people in a single placement over a 9-12 month period with a daily behavioural management programme based on social learning theory. Foster carers receive tailored training and support, and there is also a clinical team to work with the young person and the family of origin. Evaluations undertaken to date have indicated increased placement and educational stability for young people coming onto the programme for whom more conventional approaches would not offer an effective solution.

North Yorkshire[60] is one of the nineteen councils piloting treatment foster care. Prior to the pilot, the Council had already been running a specialist fostering scheme involving full time, fee-paid foster carers. However, treatment foster care is reported to have addressed some of the weaknesses of their specialist scheme in that it provides carers with training, clinical input, and directional support. The Rosta (Residential Outreach Support Therapy Adolescents) Project[61] in Liverpool has provided treatment foster care since 1998 as part of a wider service for young people with complex mental health needs. It is a therapeutic fostering service with intensive multi-disciplinary wraparound support for looked after children, who are aged 12-17 years and have complex needs. The young people involved in treatment foster care have a long history of difficulties and rapid intervention is required in order to break the cycle of failure. An inter-agency, multi-disciplinary team provides therapeutic foster care with intensive support and clinical supervision, individual and family therapy, systemic consultation, individual and group-based day programme, educational re-integration, psychiatric consultation and a 24 hour support worker service. The service has been successful in significantly increasing placement stability, reintegrating young people to education, and increasing their educational attainment.

Residential Care

Despite the relative success of foster care, there is a continuing role for good quality residential care services, and the proportion of children and young people placed in residential care in Wales has remained at 6% of all looked after children and young people over the last two years[62]. There is a considerable range of residential accommodation, including[63]:

- Residential children's homes.

- Residential educational placements.

- Residential homes for disabled children – research has consistently shown that disabled children are over-represented in residential care, remain in residential placements longer than their non-disabled peers, and account for a significant proportion of local authority spending on residential care.

- Youth justice provision – including secure training centres, young offender institutions and local authority secure children's homes.

Whilst professionals often seek to limit placements in residential settings, some children and young people express a preference for a residential rather than a foster care placement, particularly those children who have experienced a number of failed foster placements. The needs of children and young people who have traditionally been placed in out of county or other expensive residential placements are usually complex, but mostly involve very challenging behaviour, learning disability, or physical disability.

The 2006 study of residential care carried out for the Welsh Assembly Government identified the following factors associated with successful residential homes and better outcomes for looked after children and young people[64]:

- Good quality leadership, including a manager who feels in control and supported.

- A clear strategy to make the home as child-oriented as possible.

- Interventions with individual children and young people which are evidence-based and designed specifically to meet their needs.

- The manager leads a staff team committed to implementing these plans.

- The home is either small, or good practice is not prevented by the larger size of the establishment.

The same research identified that these factors should manifest themselves at a practice level in the children and young people's daily lives through:

- Appropriate contact with family members.

- Involvement of children and young people and as appropriate, parents, in decisions about their lives.

- Children being treated with respect.

- Children having the same access to education, health, employment and leisure as their peers.

- Children having access to any specialist services they require.

- A reduction in the aspects of behaviour that are known to be poor indicators for a child's development.

- Children being supported on leaving the home both in practical skills and in coping with potential loneliness and insecurity.

A recent 'costs and outcomes' study of 45 children's homes in England identified that the most significant factor associated with better staff morale, better behaved residents, and a number of positive outcomes relating to resident wellbeing is the extent to which the children's home manager demonstrates good leadership, in particular through the development and implementation of strategies for dealing with behaviour and education[65]. The researchers found that clear strategies were more likely to exist where managers had a clear, sanctioned management role and a relatively high degree of autonomy; and also that the independent sector homes in the study tended to perform better than local authority ones. Higher costs of provision and staff to child ratios were found to be unconnected with better outcomes for residents[66].

There is growing interest in a social pedagogic approach to residential care provision, in which learning, care, health and general wellbeing are seen as inseparable. The role of the social pedagogue is central, as a key person to support the child's overall development. Although uncommon in the United Kingdom, the concept and approach is used widely elsewhere in Europe, and the National Centre for Excellence in Residential Care based at NCB has been funded to test and develop similar models in England. One of the key issues for the development of such an approach will be how to train and recruit pedagogues. Recruitment and retention of residential staff in the United Kingdom **remains problematic generally**, as illustrated in the 2006 research by the National Children's Bureau[67] of Residential Care across the United Kingdom which found that:

- The residential child care sector continues to experience difficulties with staff recruitment and retention.

- There are high levels of staff turnover and sickness.

- Despite this, levels of job satisfaction and morale are generally good, despite the challenges of the job; although the numbers reporting low morale is still significant and a cause for concern.

- Children are very aware of poor morale, and low morale has a definite negative impact on the care the children receive.

- Being able to work as a team is a significant factor affecting people's experience of the job. Support, including from managers and senior managers, is also a very important source of workers' satisfaction levels, as is being able to observe the progress of the young people themselves.

- Many staff consider that there are not enough resources to do the job adequately and to meet the children's needs.

- A majority of staff would like to be more involved in the therapeutic or treatment aspects of the job, including family work and aftercare.

Bristol's Collaborative Service (BCS)[68] is a locally based, multi-professional project which provides 'wraparound' support in community and residential settings. The aims of the project are to improve outcomes and increase life chances for children and young people by:

- Enabling children and young people to stay in stable living and educational situations, close to their local communities.

- Enabling children and young people with high levels of need to grow up with fewer emotional, behavioural and educational difficulties.

- Reducing the number of joint-funded out of authority placements, and ensuring more effective use of placement budgets.

- Increasing the level of expertise of staff and carers across all agencies in working with children and young people with complex and challenging behaviour.

BCS provides a purpose-built residential unit for four young people aged 10-14. The unit and its staff are supported by a multi-professional community team, which also supports six children and young people in community settings (at home, in foster care or other residential placements). Children and young people at BCS experience: a therapeutic environment; a structured behaviour management programme to address each child's needs; educational input; structured activities; therapeutic input, and work with their birth family. Admission to the service is via a tight referral criteria, operated by a multi-agency referral panel, made up of representatives from education, health and social services. BCS carries out holistic assessments and delivers individually tailored packages that wrap around the young person, their families and carers, with the assessment, planning and review processes coordinated by a lead professional from the community and the residential team. Young people and their families identify outcomes that would represent beneficial change for them, and progress and outcomes are measured using assessment tools at three, six, nine and twelve months.

Improving outcomes for individual looked after children and young people

Although a significant factor, good quality planning for and matching of looked after children and young people with a suitable placement will not in itself ensure good outcomes. A range of other factors have been identified as significant, including those explored below:

A corporate commitment to improving the outcomes for looked after children[69]. Councillors and senior officers across councils need both to understand their responsibilities as corporate parents, and give their commitment to exercising these responsibilities. High-performing councils make the welfare and wellbeing of looked after children and young people an explicit priority, including attention to the following[70]:

- A council corporate strategy which gives high priority to corporate parenting.

- A lead within the council who has responsibility for corporate parenting.

- A resourced corporate parenting group with high status within the council, which has a clear remit and includes representatives from a range of council agencies as well as mechanisms for looked after children and young people to discuss the service with members of the group.

- A corporate parenting strategy, which has been shared with partner agencies and specifies priorities, objectives and targets and addresses the range of factors which might impact on the quality of life and wellbeing of looked after children and young people.

Some local authorities offer a 'pledge' for children in care, setting out what all children in their care will receive, including for example:

- A choice, made with their social worker, of high quality placements.

- 24/7 support from their social worker or an out of hours contact.

- A minimum entitlement to sport and leisure activities.

- Twice yearly health assessments for under 5's and annual health assessments and twice yearly dental check ups for older children.

- An independent advocate.

- The choice of when to leave care, up to the age of 18.

- The right to have their voice heard and influence the work of the local authority through participation in a 'Children in Care Council'.

Denbighshire and Caerphilly[71] councils have both adopted a corporate parenting statement which informs their work and relationships with looked after children and care leavers. Several Welsh councils including Torfaen and Swansea produce corporate parenting packs for all their councillors.

'If this were my child… A councillor's guide to being a good corporate parent' was jointly published in February 2005 by the Welsh Assembly Government, Welsh Local Government Association, DfES, and the Local Government Information Unit. It is intended as a straightforward guide to responsibilities for elected members.

The Children in Public Care Unit (CiPCU)[72] has a corporate parenting project which follows on from previous CiPCU work to develop resource materials for councillors, corporate parenting groups, and senior officers. The overall aim of the project as been to provide accessible, effective information and resource materials, to ensure that all those with corporate parenting responsibilities are well-informed. Specific attention has been paid to key components of effective corporate parenting including: governance arrangements, engaging multi-agency partners, involvement of looked after children and young people, self audit, and service planning.

Helping young people define their own outcomes

For looked after children and young people, having some control over their lives is often extremely important. Working with young people in an inclusive, child friendly way to develop goals or define their own outcomes can help promote a sense of what the future might hold and how to reach it[73]. Example approaches include[74]:

- Involving children in discussions about their needs and their future.

- Helping them to contribute to care plans and reviews, ensuring their wishes are always considered and where possible addressed.

- Giving clear information, making sure that young people know about:

  - the reasons for their entering into and remaining in care;

  - their rights while they are in care; and

  - future plans, and how they can influence these.

- Trying to regard young people as a resource (rather than a problem) in the process of seeking solutions in their lives.

- Encouraging young people to make choices, state preferences and define outcomes for themselves, and respecting these choices and preferences.

Voices from Care Cymru[75] is a user group of young people who are, or have been looked after in Wales. The Group organises conferences and other consultative events with looked after children and young people, for example about the Children First programme.

The Royal Borough of Kingston upon Thames[76] has developed a website to enable looked-after children to contribute to their local authority looked-after children review forms and to email their social workers.

Rhondda Cynon Taf County Borough Council[77] has recently launched a 'Jigsaw Pack,' a unique interactive planner aimed at young people aged 16-21, who are currently looked after or who have recently left care. Each Jigsaw comprises activities that are designed to encourage discussion and stimulate thought, to enable the young person to begin the process of planning both long term targets and short term goals.

Improving Placement Stability

A recent (2005) study[78] showed that there are no simple solutions for improving the stability of looked after children. However, the study did identify the following four critical factors that are likely together to have a significant positive impact:

- Effective diversion from care and early intervention.

- Strong case tracking, and case planning to avoid drift and achieve permanence.

- Increased placement choice, leading to improved matching.

- Evidence-based and multi-disciplinary support to placements.

Foster placement factors associated with improved stability include: higher levels of carer allowances or 'fees', and good quality training and support79. Support which is perceived as encouraging and accepting or 'autonomy-supportive' is likely to enhance psychological well-being and feelings of control, whereas support perceived as controlling or coercive may undermine feelings of competency or efficacy. However, studies have also shown that the characteristics of carers are also significant. Berridge suggests that foster carers more likely to provide stable placements:

- Enjoy being with children.

- Are flexible but firm.

- Are emotionally resilient.

- Communicate openly and honestly.

- Are amenable to outside support[80].

Research evidence also highlights the importance of children and young people having a stable, trusting relationship with their social worker – high turnover in social work staff can reduce the opportunity for the young person to build relationships of trust with their social workers[81].

Improving Educational Outcomes

The educational attainment of children in care has improved gradually in recent years, and is likely to be further supported by the new statutory requirement for local authorities to promote the educational achievement of looked after children[82]. However, recent research still demonstrates that, for some children, educational outcomes have hardly changed at all and that significant concerns remain, including[83] [84]:

- Children in care often being required to move schools on change of placement, sometimes because the cost of transport to and from their new placement is too high.

- Exclusions from school.

- Ongoing poor attainment at key stages, and low numbers accessing higher education.

- Failing to receive full-time education (particularly children and young people in residential settings).

The literature suggests the following factors are likely to lead to improved educational outcomes for looked-after children in a range of settings[85]:

- Encouragement from carers, key workers, and the presence of other children who can model academic involvement and success. Young people themselves have suggested that people should stop 'making assumptions' about their ability and motivation to do well in school because of their care status[86].

- An ability to remain in the same school after placement move(s).

- The presence of 'educational supports' (for example: someone to attend school events, peer support, access to local library or other resources, information on educational rights and entitlements).

- Contact with an educational psychologist – which may also help to reduce the likelihood of placement breakdown.

In The London Borough of Ealing[87], 12% of care leavers have recently gone on to higher education and there is also a low offending rate for looked after children generally. A local Corporate Parent Committee works in partnership with a large dedicated education team for looked after children, including an education coordinator and four teachers. The Committee scrutinises aspects of performance relating to outcomes for looked after children, and the strategic approach proposed by executives on a quarterly basis, and usually six to eight LAC also attend the corporate parenting group. The Borough also offers a dedicated one-stop shop provision that provides social work, youth work and education from a single point and an outreach team to target the LAC who are not in education, employment or training. They also provide a mentoring scheme; a grant of £5,500 a year for each student to cover tuition and living costs; and a laptop computer for each young person when they start university.

Slough Borough Council[88] ensure that looked after children are given priority in school admissions, even in oversubscribed schools. The looked after children education service (LACES) is an established service which monitors the attendance of all children and young people in Slough and works in partnership to respond immediately to first day absences. Between 2000-2005, there were no permanent exclusions of looked after children and young people in Slough's schools. The schools are proud of this statistic, and work hard with the partnership to maintain it.

The Education of Children in Public Care Team (ECPC)[89] in Buckinghamshire is jointly funded by education and social care, and comprises four part time teachers and two social workers. Prior to the establishment of the ECPC team the educational experiences and outcomes for young people in Buckinghamshire's care were poor, with only 33% of care leavers (year ending March 2002) achieving any GCSE grades. By the year ending March 2005 this figure had risen to 66%, indicative of a sustained and substantial improvement over the intervening years.

The Frank Buttle Trust has developed an approach to improving education for looked after children with a consortium of partners including Leeds Children's Services Authority. In June 2006 the Trust launched a quality mark for care leavers in education in England. It has awarded six higher education providers, including Leeds University, a quality mark for showing that their commitment to care leavers is embedded in their policies by working closely with councils to identify needs. 31 of Leeds looked after children are now at university,

including 10 who started in 2006. In 2005 14% of the council's looked after children obtained five or more A-C grade GCSEs. The quality mark is currently being rolled out in Wales[90].

Improving Health Outcomes

Research has identified the following key factors in promoting improved health and wellbeing for looked after children and young people[91] [92]:

- Fewer changes in placement and more stable placements.

- Improved recording and assessment of a child's health history, current health and wellbeing, including improved mental health screening.

- Tailored health-related interventions.

The health concerns for looked after children are usually multi-faceted, incorporating physical, mental, and sexual health issues. Often poor diet and habits such as smoking, drinking or drug use are present or established before entering the care system. The process of relying on annual health and dental checks and assessments for children in the care of the local authority has been shown to be unsatisfactory in many cases, and has led some local authorities to develop specialist provision to meet the health needs of their looked after children[93]. Research has also identified that many young people, and in particular marginalised groups such as those in care, find school-based sex and relationship counselling inadequate, and have stated a preference for good quality, consistent information from more 'youth centred' services.

Access to tailored support services for mental health problems has been identified as a significant factor in improving mental health, but also a range of other outcomes for looked after children including in particular placement stability. This support may include individual or family therapies to help the child cope with attachment difficulties, recover from bereavement, trauma and loss, and turn around problem behaviours. The most successful treatments for young people with complex presentations of conduct disorder seem to have the following characteristics: early intervention; structured and intensive; addressing the multiple contexts for problem behaviour (i.e. home, school, and community)[94]. Recent research undertaken in England has identified that sexually abused girls experience substantial benefits from participating in either group treatment programmes or one-to-one psychotherapy, although the latter tends to be significantly more expensive. Girls suffering from post-traumatic stress disorder as a result of sexual abuse may benefit in particular from one-to-one psychotherapy[95]. However, mental health services need not always be provided directly by specialists: directed and supervised support may be provided by a range of people, including carers, social workers, teachers, and others. Support for carers to help them understand, cope with, and respond positively to problematic child behaviour has been highlighted in particular. The research literature has identified a need to further understand the impact of new services, including the impact of specialist foster care such as Treatment Foster Care, on mental health outcomes[96].

The Children First Health Team in Cardiff[97] was established to promote the healthy development of individual children looked after by the local authority, and provide children looked after with better health outcomes. The team comprises a medical adviser, associate specialist, two specialist nurses and administrative support, and

is funded by the Children First Initiative. The team offers health care and annual assessments by 'nurse-led questionnaires' to young people between the ages of 11 and 18 years who are looked after in Cardiff's residential units, some foster placements, and those who have now moved onto the Independent Living Support Team. Since the project's inception in 2000, there has been a significant improvement reported in health outcomes for children looked after, in particular for young people living in residential units.

Bradford[98] provides structured training to residential and foster carers, as well as social workers, to promote an understanding of the sexual health needs of children in care, and to build the confidence of carers to talk about sexual health issues with young people. In addition, there is a dedicated leaving care nurse who works with young people aged 16 to 17 who are moving on to independent living, giving sexual health advice and facilitating a parenting group. Between 1998 and 2004, Bradford's teenage pregnancy rates among looked after young people fell by 23%.

Sheffield Support Service for Looked After Children[99] aims to improve the mental health of local looked after children (aged 0-16 years). The service works on a referral basis, prioritising children and young people who have unmet mental health needs; pose a risk to themselves; have educational difficulties and who have experienced a number of moves within the care system. Interventions are child-centred, and include direct therapeutic work, art or play therapy, educational advice and liaison. Support to foster carers or residential social workers is an important area of the work and is reported to be a significant factor in preventing placement breakdown.

Conclusion

There are no simple solutions for children and young people who are looked after. Needs are complex and services should be tailored to the individual. Nonetheless, some clear messages emerge, such as the need to look more carefully at the potential for and support of kinship carers, to maximise the range of local family placements, or to look beyond the 'placement' alone and secure timely access to a range of support services to secure the best outcomes for looked after children and young people. Other messages include the crucial importance of effective assessment, matching and planning processes undertaken by staff within the local authority and supported by an overall corporate commitment to looked after children. The challenge for commissioners is to apply what is known about the diversity and effectiveness of a range of interventions to the local situation, in order to identify where improvements could be made either by the local authority alone or in partnership with other key agencies. However, commissioners must also go beyond this to engage social work staff and managers in understanding their key role in securing better outcomes for looked after children through dogged attention to assessment, matching, planning and reviewing processes and through good key working with the children and young people themselves.

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