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Placement stability

Providing stability and continuity for looked after children is essential for their personal development and achievement.

THE IMPORTANCE OF STABILITY

Most of us value some stability and predictability in our lives. Experiences such as divorce and moving house are major stressors, which can jeopardise our physical and psychological health; while we seldom admit to our loved ones the times we are relieved to return from holiday to familiar surroundings and routines. We require an element of continuity to cope as individuals and for social life to be possible. But many looked after children – around 60,000 in England and Wales in 1999 – will have had little stability in their lives. Their ages vary and many are teenagers. Two-thirds live in foster placements. Some will have been rejected or mistreated by their parents; some will have moved out of their home to live with relatives or in unfamiliar foster or residential homes; and some will have had periods out of education and changed schools. Coping with multiple change is especially stressful. Regrettably, the care system these children enter does not always compensate by providing the necessary degree of stability and continuity.

This research briefing concentrates on the Quality Protects programme objective ‘To ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood’, with the more specific sub-objective ‘To reduce the number of changes of main carer for children looked after’. These are interpreted, for brevity, as placement stability. This QP Research Briefing sets out the nature of the problem of placement instability and summarises research evidence that identifies the contributory factors. It also suggests what managers and practitioners can do to tackle the problem. However, as with most social care research, findings from studies can give only general indicators to managers and practitioners and should be used to support rather than to replace professional expertise and careful, individual assessments.

ATTACHMENT

The importance of placement stability is often understood in relation to attachment theory. In short, this maintains that, in order for infants to develop emotionally, they require a close and consistent relationship with an adult (usually a parent in British culture), who provides protection, care and comfort. If the quality of caregiving is inadequate, emotional damage can result. Children can come to see themselves as less likeable and others as untrustworthy. In extreme cases, which will apply to many looked after

sub-objective 1.1: to ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood
 objective 1.1: to reduce the number of changes of main carer for children looked after

children, they may feel helpless, angry and out of control. Anti-social behaviour often results. Having missed out on early nurturing experiences (with parents), an opportunity may nevertheless arise later to form an attachment relationship with a foster carer, residential worker or adoptive parent. Therapeutic communities are often organised along these lines. However, this relationship needs to be consistent and dependable.

THE SCALE OF THE PROBLEM

Although little research has focused specifically on the subject of placement instability and its effects, the government has set the target of reducing the number of children looked after who have three or more placements in one year to no more than 16 per cent in all authorities by the year 2001. Though we should be sceptical of accuracy, the most recent statistics show that this varies between authorities from 3 per cent to 44 per cent. Furthermore, of all children looked after continuously for more than four years, almost half have been in the same foster placement for at least two years or placed for adoption (another performance indicator). This reportedly ranged from under 30 per cent to over 70 per cent. Local authority statistical returns report some improvement in placement stability since the Quality Protects programme began.

YOUNG PEOPLE'S PERCEPTIONS

Surprisingly perhaps, placement change does not emerge as a major feature in children's own accounts of their care experiences. They may, of course, come to expect change and even rejection as normal. However, though there are questions over the representativeness of consumer studies, one large survey of young people's opinions found that two in five of those looked after for over two years had experienced more than six placements, and a quarter of those with over five years' care history had witnessed ten or more moves.

TWENTY YEARS OF RESEARCH

Placement instability emerges as a significant problem in several of the Department of Health research overviews. The first, in the mid-1980s, concluded: 'The instability of "in care" placements is hammered home to the reader of these research studies by the depressing similarity of their findings'. Six years later, the second overview repeated this general message but differentiated its effects. Placement breakdowns were particularly serious where long-term care was planned; in contrast, young people and parents' perceptions of the contribution of short-term care were often positive. More recently, research with adolescents demonstrated the discontinuity in their lives both prior to and after, as well as during, public care. Worryingly, half of placement changes, including moves back home, were unplanned. Outcomes for adolescents leaving care have been linked to previous placement stability, with those young people who have had the least upheaval making the best adjustment to adult life and responsibilities concerning employment, housing, financial management and social relationships.

The overview of research with adolescents emphasised that changing placements is not necessarily harmful, although too frequent changes are obviously to be avoided and assessment and decision making need to be improved. A similar approach is taken by what is still probably the most authoritative research on the placement process - by Jane Rowe and colleagues in **Child Care Now**. This study focused on over 2,000 children entering care within a 12-month period and followed their progress for up to two years. Encouragingly, half of all entrants had no moves. Adolescents aged between 14 and 17 were most prone to changes with the greatest number of moves being experienced by teenagers who entered care as offenders. Approximately 55 per cent of 14-17 year-old offenders had at least three placements, compared with just over half this rate for non-offenders. A key related issue, therefore, is how to manage challenging behaviour.

promoting stability in different care settings

RETURN HOME

One detailed study focused on the return of children of all ages separated from their families and produced check-lists for practitioners to use in different circumstances. This reminded us that the majority of children and adolescents who are separated return home: three-fifths within six months and nearly nine in every ten within five years. It is not a natural and straightforward process - reunion can be as stressful as separation for children and parents alike. Yet it appeared to work for 70 per cent who remained at home successfully. The researchers concluded that, as return eventually is the norm, social workers should maintain, wherever possible, a positive relationship with the child's family. In all cases, the strengths, weaknesses and the risk and protective factors within families and the children themselves need to be carefully evaluated.

FOSTER CARE

Studies have generally found that foster placements involving older children are more prone to breakdown than for those who are younger. Linked to this, young people posing behavioural problems are more difficult to foster. In fostering adolescents, key issues identified have been carers' attitudes to family contact and the degree of young people's autonomy. Disabled children who are fostered have been found to do at least as well as those without physical or learning impairments. Attitudes to providing planned short-breaks - 'respite care' - as a form of family support (to date, mostly for disabled children) are generally positive, although there has been little detailed evaluation of this in the UK. Currently, fostering outcomes are similar for boys and girls.

It is generally accepted good practice for children to be placed with families that reflect the same ethnicity, culture, language and religion. Colour is not the overriding factor: for example, seeking to place an African child in an Asian household because a 'black' family is needed will, in itself,

achieve little. Research has shown that some white families can successfully care for children from minority ethnic groups. But, in such placements, extra challenges are posed and carers need to be alert to issues of identity, continuity with the child's own culture, their experiences of racism and personal care needs and preferences. Effective, targeted recruitment campaigns should make 'transracial' placements unnecessary in most circumstances.

Foster placements with relatives - 'kinship care'- have generally been shown to be more stable than those with unrelated carers. In addition, professional fostering approaches in which carers are paid a fee, receive more extensive training and support and, generally, are treated more as part of the professional team have demonstrated greater stability than more traditional patterns. Continued structured contact between most children and birth parents is also considered to be beneficial. Similarly, relationships with siblings are important to young people and, in general, brothers and sisters should be kept together unless there is firm evidence to the contrary. Social workers and carers will need to be alert when the latter have their own children similar in age to a foster child as rivalry and jealousy may emerge. Pre-placement preparation is significant for children, parents and carers and can promote stability.

Studies have shown that carers providing greatest stability are felt to:

- enjoy being with children
- be family-centred (although family life can take different forms)
- be flexible but firm
- be emotionally resilient
- communicate openly and honestly
- be amenable to outside support.

In turn, foster carers feel arrangements work best when social workers are:

- well-informed
- reliable
- accessible
- develop a relationship of trust.

RESIDENTIAL CARE

Though serving relatively small numbers, residential homes are an important service in most authorities, particularly regarding teenagers. Children's homes nowadays tend to be short-term environments, which young people pass through en route elsewhere. The average stay is less than two months. Current residents have much shorter care careers compared with past groups and, consequently, have experienced fewer moves overall, although short-term instability is often present.

Providing stability in residential homes is complex because adolescents frequently arrive as unplanned emergencies. Group dynamics and young people's turbulent pasts add further dimensions to the problem. But young people and/or their parents often recognise the need for a period away from

home and can prefer good residential care to foster care. Moving young people from their immediate locality can help break links with delinquent networks, which is why private homes, sometimes in rural areas, may provide greater stability. Some distance does not automatically jeopardise family relationships if contact is carefully managed.

Research concludes that residential homes work best when

- they are small
- the head of home is clear about what she or he is doing
- staff agree about objectives and their philosophy of care
- young people can be convinced about what is right and wrong.

Other forms of residence demonstrate greater stability for young people.

Long-stay secure treatment units can achieve positive results for very difficult adolescents but being locked-up is obviously a last resort.

Residential special schools are another model that often provide stability in educational and care careers, and research suggests that such placements are also popular with the adolescents themselves.

what helps

In addition to the points already mentioned, there are several things that practitioners can do to avoid the risk of placement instability or to minimise its effects when movement has to occur. Not all have been evaluated but they would be generally accepted as good practice.

MANAGERS

- Systems should be in place to monitor the number of placement moves children are experiencing. Some young people may be witnessing excessive movement without professionals being aware of it - for example, when there is a change in social worker.
- Widening placement choice by increased recruitment and retention of carers, in line with other Quality Protects objectives, will ensure that there is greater likelihood of children's individual needs being met, carers finding their task rewarding and, as a consequence, fewer breakdowns.
- Departments need clear policies about the situation of kinship carers/relative foster carers, whose position is often unclear and who tend to be under-used, despite their success.
- Targeted recruitment will be needed for families from minority ethnic groups and culturally appropriate assessment and support provided.
- Agencies more often should adopt a 'permanency planning' perspective in their approach to children's welfare. Importantly, 'permanency' might include home and birth parents, not just long-term fostering or adoption. 'Permanency' should also be applied to continuity in relationships, not just where someone physically lives.

what helps

- Research, as quoted above, has shown that the problem of placement instability is greatest for older children and those posing behavioural problems. Training on behaviour management will benefit foster carers and residential staff by helping them to feel more confident. In addition, arrangements should be in place to provide specialist support from other professional services, including child and adolescent mental health, clinical psychology, educational psychology and youth offending teams.
- Managers should re-examine the need for children to change placements for administrative reasons, such as rigid time-limits set in foster or residential care. Services should be organised primarily to meet children's rather than carers' needs and greater flexibility may make this more likely to happen. For example, most residential care provides a temporary type of home; if it is to be used as a more permanent option, managers may need to consider new approaches.
- Similarly, staffing patterns may add instability to children's lives even if the children remain in the same place. Measures should be adopted to minimise transfer or turnover in social workers. Staffing rotas in residential settings must balance staff leisure needs with young people's need for continuity. Keyworker systems enable some consistency in the residential experience.

FRONT-LINE STAFF

There are also valuable steps that practitioners can take.

- Most importantly perhaps, work with children and their families should be based on detailed, individual assessment of circumstances and needs. This must incorporate ethnicity, culture, language and religion. The more that children are placed in appropriate environments with carers equipped to support them, the fewer placements will fail.
- Young people's views about where they want to live should be considered carefully. Planning and preparation for placements need to proceed cautiously, involving children, carers and any other young people already living in the placement.
- For adolescents especially, a form of shared care may be appropriate - involving living in different settings at different times but as part of an overall structured plan.
- Though it does not provide automatic results, support for carers in their complex duties, from social work and other professionals, will be welcomed. On top of everything else, they should not experience bureaucratic inefficiency over matters such as payments.
- Return home for young people is a complicated process. Early days of return are crucial in determining success and social work support should be on hand. We often fail to recognise that many looked after

what helps

children belong to stepfamilies and some of the problems they manifest are common with others in this situation.

- Providing continuity in relationships is also important for young people and, consistent with the care plan, most will benefit from ongoing relationships with parents, siblings, other relations and former carers.
- Social workers should aim to provide continuity in children's education and not just in care placements. Apart from the educational benefits and paving the way for further training and work opportunities, children can broaden their friendship networks at school and benefit from the support of their teachers.
- Changing school, especially outside normal transfer, can be highly stressful and should be avoided wherever possible. Social workers will often need to play a part in ensuring regular attendance at school and preventing exclusions.

KEY RESOURCES

RESEARCH

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For a fully referenced version of this Briefing visit the **research in practice** website: www.rip.org.uk

