
THE PURSUIT OF PERMANENCE: A STUDY OF THE ENGLISH CARE SYSTEM

Introduction

This study was carried out in 13 councils in England. It examined three questions:

- What kinds of children are looked after?
- How and why do they move into, out of and within the care system?
- How far do their chances of stability and well-being depend on a) their own characteristics and b) the particular placements, social work teams or councils they happen to have?

The assumption of the researchers was that movement within the care system, while never desirable in itself, might sometimes be necessary in order to achieve a permanent placement where the child was happy. **The underlying aim was to understand what enabled such permanence to be achieved.**

Method

The researchers collected data from the council IT systems on all children looked after at any point in an agreed year (n=7399). This sample closely reflected the national picture. There were further data from social workers on those looked after in the last six months of the year (n=4647, response rate 71%) and their team leaders (n=114, response rate 66%) and on foster households (n=1585) and residential units (n=315) used during the year.

The analysis first described the children, their careers and movements, and their outcomes. It then related differences in stability and outcome to differences in the children, their placements, and the teams and councils that served them. Telephone interviews with 54 managers provided a managerial context and case studies with 95 children illustrated, deepened and tested the conclusions.

Results: Groups of Children

The care careers and placements of children varied with their age and age at entry, reasons for entry, behaviour and family characteristics. In these respects there were major differences between the different groups: *Young entrants* (under the age of 11), *Adolescent graduates* (first admitted under the age of 11 but now older than this and still looked after), *Abused adolescents* and other *Adolescent entrants*. *Children seeking asylum* and children looked after because they were *disabled* also formed distinctive groups.

These groups of children differed in their chances of achieving a permanent 'family placement' and in the way they were likely to find it. The young entrants were divided between those who were adopted, those who went home and those who stayed on in the care system. Adolescent graduates and the small group of severely disabled children were largely dependent on the care system for whatever stability they were going to achieve. Abused adolescents and adolescent entrants could go home or remain in the care system but in either case their chances of achieving a long-term stable family placement were less good than those of others. Those seeking asylum could not go home but in most cases they entered the care system too late to look to it for a 'home'.

Results: Types of Permanence

All the councils believed that children should ideally be looked after at home and they made every effort to ensure that this happened. Just under half of those who started to be looked after away from home left the care system within a year of arrival. Two thirds (63%) of those doing so went home. These returns were not always successful: more than half of those looked after over the age of 11 had experienced at least one attempt to return them home.

The case studies illustrated some good practice in assessing for these attempts at rehabilitation but there was also statistical evidence that social workers could underestimate the risks posed by substance abuse and domestic violence in families and the child's own challenging behaviour.

The second main option for looking after children outside the care system was adoption. In reality this was restricted to those young entrants in the sample who were first looked after under the age of five and also looked after at some point in the census year. Nine percent of this particular group (OR children looked after under age 5??) were adopted in the study census year as against 23 out of the other 4500 (0.5%) (who are the other 4500 – all rest under 5?).

The likelihood of return home and adoption varied by council and social work team in ways not fully explained by the characteristics of the children. So too did the kinds of placement (e.g. residential care or kin care) and legal provisions. Some social work teams, for example, seemed to make particularly heavy use of care by relatives and friends. Similarly some councils returned relatively high proportions of children home and these councils also tended to have relatively high proportions of children with 'failed returns'. The study identified a number of strategies that enabled councils to influence the decisions they take over adoption, return home or placement.

Among those who had been looked after for a year or more the chance of leaving within the next year was low (around 5% for children aged between 11 and 15). Really long-term placements were effectively only available to children who entered care under the age of 11. Just over a quarter of the adolescent graduates who were over 17 had placements that had lasted for five years or more but a third had placements that had lasted for less than a year.

The children in this long-stay group who were not permanently placed posed a challenge to their councils. Many adolescent entrants could not go home, could not settle in care, and were not in placements meant to help them with their behaviour. Many severely disabled teenagers were in residential accommodation seemingly without the chance to experience foster care in the holidays.

Results: Movement and outcomes

The significance of moves within the care system had to be assessed against the background given above. In the first two years of a child's care career most placements were meant to end (e.g. they are for assessment). After that, around six out of ten placements had the long-term purposes of 'care and upbringing' or 'with a view to adoption'. Strategies for reducing movement therefore have to take account of the different stages in the child's care career. They may also have to accept that some moves are inevitable or even desirable. There was evidence that frequent movement in the early stages of a child's career, while no doubt undesirable in itself, was nevertheless compatible with the achievement of a long-term placement in the long run.

The study looked at outcomes in terms of both long-term stability and well-being. Well-being was strongly related to age, age at entry, experience of failed return, and, above all and after allowing for these influences, to the study's measures of quality of placement. In cases where the placement is meant to last the chance that it will do so reflects the child's age, behaviour, and acceptance of care and, if the child is over 11, the quality of the placement. With children under the age of 11 placements that are not high quality last as long as those that are. Perhaps for this reason, some younger children stay in placements where they are acutely unhappy.

The children's outcomes were also related to the kinds of placements used. Placements with family and friends were rated by staff as being of lower quality than others but as nevertheless having more satisfactory outcomes from the point of view of both the social workers and the child's well-being. Councils making more use of such placements were as successful with them as others, a finding that suggested that this kind of placement could be used more frequently. Out-of-authority residential placements were also seen as being of higher quality. For a variety of reasons councils were

reluctant to use such placements, which may nevertheless, the study suggests, sometimes have advantages.

Crucially the children's *well-being* did not vary by council and varied only marginally by social work team. In this respect all seemed to depend on the characteristics of the child, the quality of the placement and the interaction between placement and child. Councils did not appear to use some of the 'levers' that might have been available to them for influencing quality of placement. For example, it was apparent that social workers can make reasonable judgements of the quality of the placements they have used but that this information is not necessarily used by those making future ones. By contrast much effort was put into reorganizing the organisation of children's services that almost certainly had very little impact on the quality of placement at all.

Finally the study reported rather mixed results on the usefulness of performance indicators to measure movement. On the positive side professionals felt that movement should be reduced and the indicators focused minds on this issue in a helpful way. Less positively they did not feel that the indicators were helpful in making individual decisions. The indicators were not strongly related to overall judgements of the quality of departments or to other indicators – both results that would be expected if they tapped some dimension of 'organisational excellence'. League tables produced by the indicators also changed substantially if account was taken of inaccuracies in the data or the different characteristics of the children in different authorities.

Implications for policy and practice

Overall the picture was mixed. There was much evidence of good practice but also of severe limitations on the extent to which permanence was satisfactorily achieved. The requirements of different stages of the child's career, the length of time available within the care system and the needs of different groups meant that in most placements permanence was not the aim of the placement. Where it was the aim, it was difficult for councils to control the movement of 'difficult' adolescents. Many of those in the system had experienced failed attempts at rehabilitation, adoption was only available to a small minority, and long-term placements within the system were not achieved by most. High quality placements seemed essential to the child's well-being but it was clearly hard for councils to ensure that this quality

was achieved. Councils have strategies for influencing decisions; they have much less control over the quality of the work that ensues.

These findings face councils with the need to develop philosophies appropriate to the very different groups of children within the care system. Within this context they are able to influence the plans that are made for individual children whether these are for adoption, return home or particular kinds of care. So they need to pay attention to the evidence on the relative merits of adoption, care by friends and family and so on. Finally, they need to develop ways of influencing the quality of placements, which seems crucial in enabling these plans to be put into good effect.

Councils may wish to consider:

- Ensuring that their provisions match the variety of children they look after.
- Ensuring that children are not returned home without a clear, agreed and realistic plan for dealing with major problems.
- Increasing the use of adoption (the study outlined ways in which this might be done).
- Increasing the use of care by family and friends, while taking steps to counter its known difficulties (a policy that is likely to depend heavily on the co-operation of social work teams).
- Providing permanent options for 'adolescent graduates' and considering whether in some cases this includes the option of remaining in placements where they are settled after the age of 18.
- Developing placements which can help adolescents with their behaviour – a need expressed strongly by some team leaders in the study.
- Developing strategies for dealing with intended movement (the study outlined some measures that might help to this end).
- Putting the greatest possible emphasis on quality of placements both in commissioning and in quality assurance.

Central authorities such as Ofsted may similarly need to focus on the quality of placements rather than on performance indicators which are of interest but dubious accuracy and validity.

Further details of the study together with more detailed suggestions for policy and practice are given in the book cited below.

Sinclair I., Baker C., Lee J. Gibbs, I, 2007, *The Pursuit of Permanence: A Study of the English Care System*, London: Jessica Kingsley. Publication Date: December 10th 2007
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Additional Information

All DCSF Research Briefs and Research Reports can also be accessed at www.dcsf.gov.uk/research/

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