

LSCB CONTACT DETAILS

Felicity Schofield

Independent Chair

Helen Chrystal

Business Manager

01480 373582

Helen.Chrystal@cambridgeshire.gov.uk

Carol Wells

Training & Practice Development Manager

01480 373566

Carol.Wells@cambridgeshire.gov.uk

Joanne Little

Senior Administrator

01480 373758

Joanne.Little@cambridgeshire.gov.uk

7 The Meadows, Meadow Lane, St Ives, Cambs PE27 4LG

Fax: **01480 376377**

www.cambslscb.org.uk

design: out of the bleu 01767 687287

Cambridgeshire



C A M B R I D G E S H I R E
L O C A L S A F E G U A R D I N G
C H I L D R E N B O A R D

PLACEMENT STABILITY

RESEARCH HANDBOOK
TO INFORM PRACTICE

Author: Amanda Harrison

www.cambslscb.org.uk

CONTENTS

INTRODUCTION AND FOREWORD	3
WHY USE RESEARCH TO INFORM OUR PRACTICE?	4
WHY IS PLACEMENT STABILITY SO IMPORTANT?	5
WHAT DO WE MEAN BY PLACEMENT STABILITY ?	6
A WORKING DEFINITION OF PLACEMENT STABILITY	7
PART 1: THE CHALLENGES WHICH MAY DE-STABILISE PLACEMENTS	
1. The Cycle of Abuse & Neglect & The Impact on Attachment	8
2. The Very Experience of Being 'In Care'	9
3. Difficulties Surrounding Partnership Working With Birth Families	11
4. The Challenges Involved in Care Planning	12
5. What do Young People and Carers Think?	14
PART 2: APPROACHES WHICH MAY IMPROVE PLACEMENT STABILITY	
1. Multi-Dimensional Treatment Foster Care	16
2. Early Interventions:	18
• Family Group Conferencing	18
• Fostering & Adoption Psychology Services	18
• Concurrent Planning/Fostering	19
3. Partnership Working with Birth Families-Challenging the Myths	20
4. Responding More Effectively to the Needs of Carers	22
5. Enhanced Participation of Young People	23
CONCLUSIONS	24
BIBLIOGRAPHY	25
FURTHER READING & OTHER ARTICLES	26
ACKNOWLEDGEMENTS	27

INTRODUCTION

In 2008 the LSCB Area Safeguarding Children Committee's identified areas of practice that had been highlighted locally as issues. *Best practice in working with looked after children* was identified by Cambridge ASCC and Amanda Harrison took on the challenge of reviewing existing research and identifying good practice. The culmination of her work is presented in this handbook, based on similar lines to the successful 'Child Neglect, Research Handbook to Inform Practice' already issued by the LSCB.

This handbook has the benefit of practice knowledge underpinned by an evidence base. Any professional, manager or volunteer who works directly or indirectly with looked after children and young people will find this handbook useful. It presents a summary of relevant research and key points to challenge practice.

Carol Wells
LSCB Training and Practice
Development Manager

FOREWORD

The invitation from Cambridgeshire LSCB to review research surrounding good practice with looked after children, seemed a worthwhile opportunity and very relevant to my day to day practice.

Having worked with looked after children in Cambridgeshire for the past 6 years, I have come to recognize how important stable placements are in securing positive outcomes for young people, yet I have also seen a number which have unfortunately broken down. This prompted me to explore the concept of 'placement stability' further, and I realised the sheer amount of research which exists, is simply overwhelming and not easily accessible for busy frontline practitioners.

I therefore hope that this handbook goes some way in summarising key points, is experienced as user friendly and provides some helpful practice considerations when working with looked after children and young people.

Amanda Harrison
Social Worker
Looked After Children's Team
Cambridge City & South Cambs Area Team

WHY USE RESEARCH TO INFORM PRACTICE?

The idea of using research to inform our practice is not new, but with the pressure of workloads, time constraints, and ever changing ICT systems, it becomes a challenge for practitioners to take advantage of the huge body of research available to them.

Despite this, the value of using research to inform practice should not be underestimated. It not only enables practitioners to evidence the basis of their decision making, but ensures practice evolves, deepens and challenges, in the pursuit of ongoing best practice and improved outcomes for families, children and young people.

The aim of this handbook is to provide practitioners with research extracts translated into helpful practice considerations, which may assist them in securing more stable placements for the young people they work with.

WHY IS **PLACEMENT STABILITY** SO IMPORTANT?

The research regarding children and young people in care highlight that placement instability is a national dilemma. For the year ending March 2009, almost 6.5% of children in care in Cambridgeshire had experienced three or more placements. This equates to around 29 children out of a total of 449*. In 2007/8 (the latest available data), nationally the figure was 11.8%, around 6,800 children.

When you consider these numbers in context, for some children this was appropriate as they may have come into care in an emergency, moved to a bridging placement, and then into either a long term placement or an adoptive placement.

However for others this would represent at least two placement moves which may or may not have been planned. Research highlights that the experience associated with a placement breakdown has a significant impact on the future stability of any further placement for that child.

KEY POINTS:

'...volatile placement histories contribute negatively to both internalizing and externalizing behaviour (and are therefore) associated with both immediate and long term negative outcomes for the child.' (Newton at al, 2000)

Reducing the number of unnecessary placement moves is therefore a priority as stable and nurturing placements are thought to directly influence the child's ability to recover from the abusive and neglectful experiences which they have previously had. (Harden, 2004, in Price at al, 2008)

The figures also suggest that many placements remained stable during 2008/9, with 61% of Cambridgeshire children either placed for adoption or having been in their placement for more than 2 1/2 years.

*Figures correct as of September 2009 and obtained from CYPs Management Information Team.

WHAT DO WE MEAN BY PLACEMENT STABILITY?

The vast array of literature available tends to focus on placement instability rather than explore the factors which may improve the stability of placements. In addition there are many different types of placements and while some studies differentiate, others do not. I have looked at research regarding the following types of placements:

- Adoptive Placements
- Foster Placements
- Residential Placements
- Kinship placements
- Semi-Independent Placements

Although some common themes have emerged from the research, there are specific considerations for each type of placement which might be helpful in promoting placement stability.

There are also a number of different terms used to describe placement instability which makes it difficult to track the research as definitions vary from study to study (Oosterman et al, 2007; Unrau, 2007). Frequent definitions include: instability, disruption, dissolution, breakdown and placement changes.

KEY POINTS:

It's important to remember that **any** placement move '...is a complex phenomenon that is difficult to conceptualise and a challenge to study.' (Unrau, 2007) The impact therefore on the child must be significant and not underestimated.

WORKING DEFINITION OF PLACEMENT STABILITY

For the purpose of this handbook, we will take a more positive frame of reference and consider what a stable placement might look like. The research available provides little guidance so a working definition may be more helpful.

If we take a child centred approach, it could be the ability of the placement to meet the **child's holistic needs**, present and future. In straightforward terms, **'Where a young person is able to feel secure and safe and supported in achieving their dreams.'** (Niki Clemo)

However a child's holistic needs will be changeable and potentially increasingly complex. Therefore a **responsive network** will be important, one which can **adapt**, drawing in differing support at relevant points (Oosterman et al, 2007).

The idea of placement stability being somewhat reliant on a **responsive network** is vital. This network should include **all parties** involved with the child; family carers, education, health, social care etc. More importantly however, this network will require a **framework of support** if it is to respond intuitively to the child. The **expectations** and desired **outcomes** of the placement must be clearly defined, especially to the child.

So a working definition of placement stability could be viewed as...

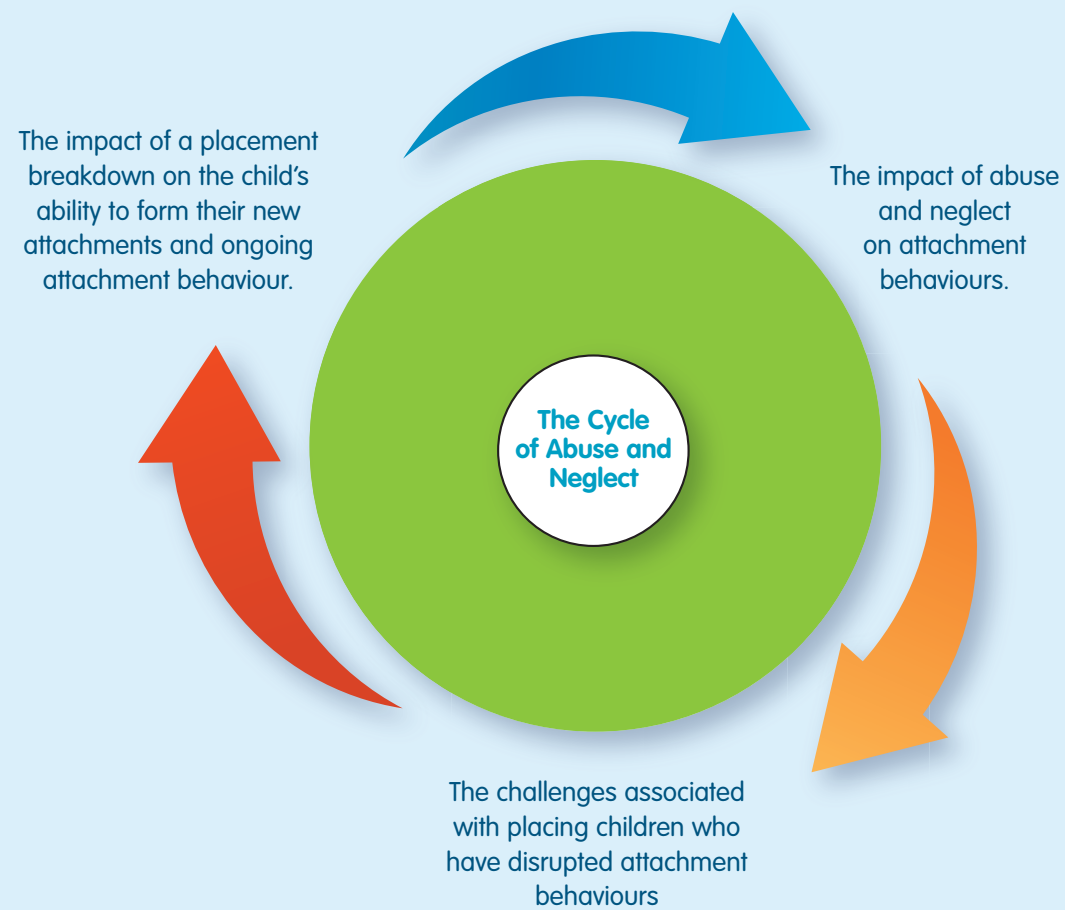
an environment which provides ongoing highly skilled assessment of the child's needs, consistent yet responsive care approaches, underpinned by a strong support framework whereby all parties work jointly to promote the stability of the placement, which in turn supports the child in achieving their full potential.

PART 1: THE CHALLENGES WHICH MAY DE-STABILISE PLACEMENTS

1. The Cycle of Abuse & Neglect & The Impact on Attachment

The neglectful and abusive experiences which children are subjected to before they come into care have been found to have a significant impact on their future placement stability. A number of studies have analysed the correlation between placement breakdown and predictors such as type of abuse and importantly the age of the child when they first came into care. What seems to be the most overwhelming factor is the child's attachment behaviour as a result of their early childhood experiences. (Newton at al, 2000)

Children who had experienced rejection from their birth parents were more likely to suffer a placement breakdown especially within the first year of becoming looked after. This figure was substantially higher for older children and their care environment was often as chaotic and unstable as their home environment. This group of young people were also more likely to have a disrupted leaving care experience suggesting that their difficulties for the work may carry on into adulthood. (Oosterman at al, 2007)



2. The Very Experience of Being in Care

The experience of being in care is for many children a major source of unrest and could be considered as a factor which may contribute to placement instability. Older children can have a fragmented understanding of their care experience, possibly spending a number of years within a neglectful or abusive environment, they then come into care and there is an expectation that their lives from now on will automatically be 'better'.

Emanuel (2002) uses the phrase '*triple deprivation*' to describe an experience which some children may face and this is an interesting concept which may help us to further explore placement instability.

The first layer of deprivation is external influences out of the child's control, either abusive or neglectful care, or possibly the death of a parent for example.

The second layer is the impact that this experience has on the child's inner world, most significantly their attachment as discussed earlier. Henry, (1974) describes this as their *crippling defence* which prevents the child from easily overcoming their previous traumatic experience.



The concept of triple deprivation was originally described by Sutton (1991)

Emanuel introduces a third layer of deprivation which refers to the organisational response, whereby professionals become overwhelmed and paralysed with the child's situation and the conflicting emotional demands. Emmanuel suggests this has the potential to obscure critical thinking and reflection, which impacts on the process of care planning, thus exposing the child to another layer of deprivation and increased risk of placement instability.

Emmanuel's ideas relate to the emotional and psychological impact of working within this arena, but the idea that looked after young people are further disadvantaged by the nature of the care system has been widely reported within other studies (Richardson and Lelliot, 2003; Care Matters, 2007).

Butler and Charles (1999) offer another rationale explaining why the experience of being looked after has the potential to undermine the stability of a child's placement. They suggest that looked after children have to battle with the paradoxical nature of being in care. On the one hand there is a strong message that the *superior* option for children is for them to remain in the care of the birth family. This idea is underpinned by the Children Act 1989 and preventative approaches attempt to secure this outcome for children. This implies that local authority care is therefore *inferior* in some way.

From the child's perspective, the need for them to be in care highlights the *inferior* care provided by their birth family and for them this is often a distressing daily battle. Practitioners attempt to lessen the distress by highlighting the benefits of local authority care. Inadvertently we infer that being looked after is *superior* and children begin to recognize the practical advantages of local authority care, yet are unable to identify with the emotional security which it could provide.

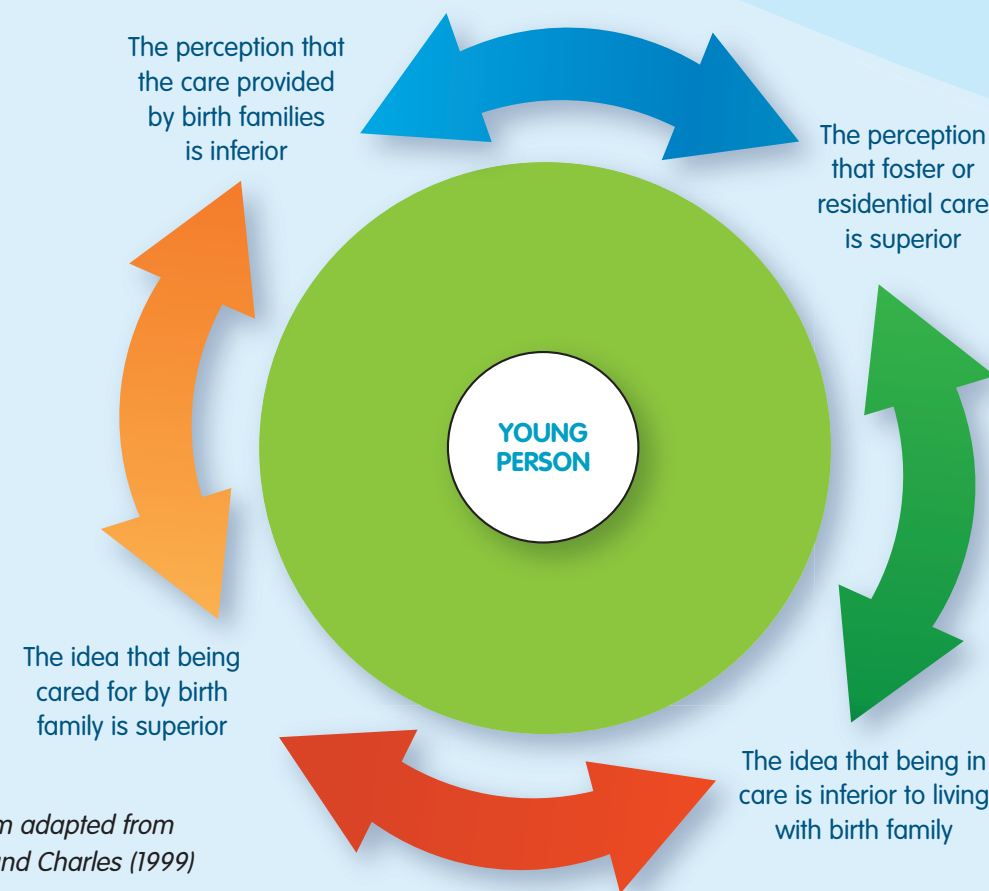


Diagram adapted from Butler and Charles (1999)

The diagram highlights the emotional and psychological turmoil which looked after children can face and it is important to consider the impact this has on the child's attachment. The child's sense of self is undermined by the need to be in care and the subtle yet powerful inference that substitute care is inferior reinforces the child's negative self image. What results is perpetual instability of the inner world increasing further the potential for placement instability. Looked after children may experience high levels of insecurity and anxiety. (Triseliotis, 2002)

KEY POINTS:

It is important to recognize that there are immense challenges in securing placement stability and for some children it may not **always** be possible. The experiences which some children have had prior to entering the care system can be so grave, that outcomes may be limited and practitioners can feel disillusioned.

For some children, the cyclical nature of *needing* to be looked after, and the experience of *being* looked after may have an impact on their future placement stability.

3. Difficulties Surrounding Working With Birth Families

Studies report that ongoing involvement with birth families is a contributing factor in placement instability. Foster carers often state that birth family contact presents extreme difficulties as the child's behaviour before and or after the contact, becomes more challenging and difficult to manage (Jones and Morrisette, 1999, in Brown and Bednar, 2006). The children often direct negative behaviour towards their carers after a family contact and education and peer relationships may also be affected.

Other studies report that it is the relationship between birth families and foster families which has the greatest impact on the stability of a placement and interestingly the way they view each other appears to be a risk factor for placement instability (Terling-Watt, 2001, in Brown and Bednar, 2006)

Kinship placements are particularly vulnerable to the challenges which birth parents may evoke and studies highlight that kinship care represents a unique opportunity for the child to remain within their family of origin, yet the impact on relationships within the wider family can be huge (Farmer and Moyers, 2007). The sometimes fraught relationships between family members can have an impact on placement stability, and also raises questions about the child's exposure to further harm. Broad (2004) suggests kinship care requires specialist social work intervention in order to maximise the positive outcomes for children and young people.

Another potentially complicating factor is the working relationship between birth parents and social worker. Each party can hold particular views about each other which may be clouded by their initial involvements. For birth parents especially it can be a challenge to move forward from such an emotive situation, and it can be difficult for them to work in partnership with the social worker, if previously they have felt at odds with them. This represents an important challenge for the social worker if they are to prioritise the child's future placement stability.

KEY POINTS:

Complicated working relationships with birth families have the potential to affect placement stability. In particular it seems that contact sessions are problematic in terms of the impact on the child and their behaviour, which subsequently may affect the stability of the placement. Furthermore, kinship placements are especially vulnerable to these challenges and so greater awareness of the difficulties is needed.

Relationships seems to be key, whether that be between foster carer and birth parent, social worker and birth parent, or extended family and birth parent. Acrimonious relationships of any nature have the potential to undermine placement stability and without doubt, the child will sense the unstable relationships which surround them.

4. The Challenges Involved in Care Planning

There has been a drive to increase the availability of placements for children so that ideally a choice of placement should be available. (Care Matters, 2007) However the research indicates that there continues to be significant resource limitations and the availability of suitable foster placements is still poor. (Sellick, 2006; CSCI, 2006) For many children with complex needs the choice of foster placement simply will not be available especially as ‘...there is a national shortage of foster carers...’ (Jones, 2009)

The Commission for Social Care Inspection (2006) also highlight that the shortage of experienced social workers will also have an impact on the placement stability of looked after children. This point is echoed by Held (2007). High case loads due to staff shortages will not enable social workers the time to undertake sufficiently thorough assessments, which inevitably means attempts at care planning are flawed from the outset. Inadequate care planning increases the risk of further placement breakdowns and in particular crisis situations, which make it harder still to implement thorough care planning.

In addition there is an argument that the placements which are available, are not always suitably able to respond to the diverse needs of today’s young people. Foster carers need to be able to engage with the issues which affect youth society of today and this may challenge some groups of carers (CSCI, 2006). Carers are likely to require more advanced skills and an ability to think innovatively about how to provide care. Of course, an enhanced package of support from the agency will also be crucial (CSCI, 2006).

Held (2007) describes *organisationally driven instability* as another complicating factor affecting the placement stability for looked after children. The term describes the instability which looked after children experience as a result of the way services are designed and delivered. For example, children move through different teams during their contact with social care such as: referral and assessment, family support, looked after children and 16plus services. Whilst delivering services in this way is intended to offer focused interventions and specialist input at each stage, it creates further instability for the child especially with regard to relationships, and the transitions between teams are particularly vulnerable times for children.

Held (2007) goes on to suggest that other models of service delivery also have disadvantages, and so further consideration is required to identify a system which may reinforce placement stability, rather than potentially create further instability.

It is also possible to see how this system complicates the care planning process and may create exclusive/discreet thinking within/between teams. Care plans, however thorough and well thought out in the first instance may be undermined, unless there is a culture of streamlined thinking.

KEY POINTS:

Thorough assessment and attention to the care planning process is an essential part of achieving placement stability for children and young people.

However there are challenges entailed which practitioners must negotiate such as having difficulty in securing high quality placements for children with complex needs, managing crisis situations in a way which reduces the risk of further placement instability, and minimising the impact of organisational instability (Held, 2007).

5. What do Young People & Carers Think?

Children and Young People

Unrau (2007) conducted a review of the research available surrounding placement moves, and unsurprisingly she found very few studies considered the views of young people. Of 43 international studies spanning from 1959 through to 2005, only 9 took account of the young people's experiences surrounding a placement move. Worryingly only 2 of these 9 were UK studies.

Some of the key messages born out of the research suggest that a high number of children felt they had no involvement in the decision to move placements. Most children wanted to be able to see their birth parents more and a high percentage felt that the disruption in relationships was more upsetting than the physical move itself.

Most children felt that their foster carers were trying to help them even if there were real difficulties in the placement. Thankfully most felt they had a trusted adult whom they could confide in about their difficulties.

KEY POINTS:

Children's experiences of placement moves both planned and unplanned, have not been satisfactorily recognized or indeed analysed in any real way within the research arena.

The majority of research highlights the negative outcomes associated with placement instability, yet does not provide a picture of the lived experience for young people. If we are to truly understand the potential risks which placement instability creates, we must take account of the views of the young people we work with.

Foster Carers

In a study examining placement breakdowns from the perspective of foster carers (Brown & Bednar, 2006), lack of support from the agency was frequently cited as a major factor. The relationship between carer and child's social worker seemed to be crucial, in addition to better access to training and increased respite.

Carers felt that not being involved in key decision making regarding the child, undermined the stability of the placement, and that a truly collaborative approach would have encouraged them to continue with a challenging placement.

Not feeling prepared for the demands of the child's behaviour were also linked to instability, suggesting that better attention to care planning may have prevented some placement breakdowns.

Difficulties in meshing relationships within the household were also important, and carers felt placements were more likely to breakdown if their own biological children were at risk in some way.

Carers also cited birth family contact as a significant stress factor and as such a contributing factor to placement instability and or breakdowns.

KEY POINTS:

The type of behaviour which children in care may display presents an immense challenge to all types of carers. Lack of support is a recurring theme and carers often feel this is a significant factor in a placement breakdown.

The research into foster carer's perceptions surrounding placement instability is very limited, reinforcing the view that foster carers are not fully recognized as key professionals, or sufficiently involved in decision-making involving the child.

PART 2: APPROACHES WHICH MAY STABILISE PLACEMENTS

1. Multi-Dimensional Treatment Foster Care (MTFC)

MTFC is adapted from an American model initially intended to improve juvenile offending behaviour, which was later adapted to include looked after children with complex behavioural needs.

MTFC involves parenting training for foster carers, and often birth parents, and has a strong emphasis on behaviour management.

It is intended to address all areas of functioning with a specific focus on targeting the most problematic areas in the child's social network, for example offending behaviour, whilst promoting engagement with education and recreational activities.

Intensive support is provided to carers 24hrs a day, 7 days a week, by a multi-disciplinary team, combining interventions from social care, education and mental health, primarily psychology. There are three programmes aimed at different age groups:

- **P-Preventative (3-6 yrs),**
- **C-Middle Childhood (7-11 yrs)**
- **A-Adolescents (11 yrs plus)**

In an American study of preschool foster children, those in receipt of MTFC as opposed to routine foster care (RFC) were twice as likely to be maintained in their future permanent placement. (Fisher et al, 2009) A significantly higher number of children were successfully adopted following MTFC care, compared to those in RFC. Furthermore, reunification with birth parents was also more successful following MTFC, however not with the same degree of improvement.

The authors noted that certain types of behavioural difficulties (e.g. aggression) might increase the risk of placement breakdowns, even following MTFC.

MTFC is intended to be a short term intensive period up to approx 12months, with a clear focus on the longer term goals, whether that be reunification or permanent foster care. MTFC is intended to improve overall outcomes for young people and to increase their future placement stability. It has a collaborative approach and so involves a range of professionals, birth families and present and future carers.

Cambridgeshire is one of 8 Local Authorities who have successfully acquired funding to run a pilot programme for children aged 7-11yrs old. Recruitment of specialist foster carers is underway and the multi-disciplinary team are in post. Referrals will be taken from Area Teams and eligibility criteria will be clearly defined.

KEY POINTS:

MTFC has been subject to much research in the United States and the potential benefits are now being recognized within the UK. MTFC emphasises a behavioural management approach provided by specialist carers, in addition to enhanced levels of support. Importantly MTFC also has a collaborative multi-disciplinary approach which suggests that improved placement stability requires input on many levels.

2. Early Interventions

Family Group Meetings (FGM)

The use of Family Group Meetings (FGM's) has increased steadily over the last 5-10 years especially to seek alternatives for children at risk of entering the care system. Cambridgeshire's FGM Service report that in the year ending 2008, the key purpose of 70% of their referrals was to prevent a child becoming looked after. Following these FGM's, 90% of the children remained at home with additional support, or moved to live with kinship carers, as opposed to entering the care system.

FGM's are also widely used within parallel planning and their use has increased since the introduction of the Public Law Outline in April 2008. Another key role of the FGM Service is in relation to adoption disruption and this can be very successful in encouraging the adoptive family to re-evaluate their support networks and mobilise these to minimise the risk of a placement breakdown.

Given the benefits of FGM's with regard to minimising adoptive placement breakdowns, it seems sensible to consider their role with regard to other types of placements. In the year ending March 2008, only 10 referrals from across the county were made to the Family Group Meeting Service from the Looked After Children's Teams. If we were to view the child's family to include all carers, foster carers included, then it is possible to see how the concept of FGM's could be used in promoting placement stability.

Fostering & Adoption Psychology Service

The input of the Fostering and Adoption Psychology Service is already widely used within Cambridgeshire, and particularly in a preventative way with regard to adoptive placements. This seems particularly important as adoption disruption rates are reported to be between 6% and 11%, although it is difficult to be certain of the exact figures. (Coakley and Berrick, 2008)

Prospective adoptive parents have the opportunity to discuss the needs of the children and explore strategies which will enable them to better cope with the challenges which adopting children entails. This is particularly important during the first weeks of the placement, as Coakley and Berrick (2008) highlight that it is during this period, that adoption disruptions are most commonly documented.

Equally adoptive parents need to feel supported in the same way the research shows foster carers do, if we are to minimise the risk of adoption placement breakdowns. Access to birth parents' information and the child's early history, with an opportunity to reflect and explore this, is vital in reducing the risk of placement breakdown. (Coakley and Berrick, 2008) Psychological understandings will inevitably assist with this.

The Fostering and Adoption Psychology Service also provide support to foster carers and looked after children. Often their input relates to challenges which are de-stabilising the placement and so could be viewed as reactive. Given that the early intervention provided in adoptive placements seems to be successful, there could be an opportunity to utilise this approach with regard to other placements, in a more preventative way. This however would require early referral or identification of children whose circumstances may predispose them to a greater risk of placement instability.

Concurrent Planning

The concept of concurrent planning, also sometimes referred to as concurrent fostering, could offer another opportunity to maximise the chances of placement stability for a large number of children.

The idea is similar to that of parallel planning, whereby two care plans operate alongside each other, one of rehabilitation with birth family, and the other involving foster care or adoption. If rehabilitation proves unsuccessful, then permanency planning in alternative care is already underway. However concurrent planning involves placing the child with *concurrent-planning caregivers*, '...caregivers identified as interested in adopting their foster children should reunification efforts fail.' (Lutz, 2002, in Coakley and Berrick, 2008; Monck et al, 2004)

The obvious benefit is the reduction in attachment relationships which the child must negotiate especially during their early years, in addition to preventing delay (Monck, et al, 2004). Given that placement instability is thought to be linked in part to the child's disrupted or disorganized attachment style, concurrent planning in many ways offers a potentially protective mechanism.

However, despite the perceived benefits, there are also significant challenges involved, not least the recruitment and assessment of suitable carers, in addition to the difficulties for concurrent carers surrounding partnership working with birth families, where rehabilitation remains the primary aim (Monck et al, 2004).

KEY POINTS:

Early intervention as a strategy to minimise the risks of placement instability, may involve a number of different approaches. Not all will be relevant but it will always be worthwhile in considering the options, especially if you are working with a child or young person who you have assessed to be at increased risk of placement instability.

3. Partnership Working with Birth Families-Challenging the Myths

Birth Parents

There are very real concerns that the involvement of birth parents can actively de-stabilise foster and kinship placements and birth families can be excluded from key decision making for this reason.

There is an assumption that children with strong attachments to their birth parents will be unable to integrate into either foster or kinship families and thus continued involvement from birth parents serves to de-stabilise placements.

Whilst in some cases this may well be the case, it is important to exercise caution. It is the children with healthy secure attachments who may be more likely to form new attachment relationships with other significant adults, and these children may develop multiple attachments at any one time. (Gupta, 2009) However Coakely and Berrick (2008) found that this may not be the case for children in adoptive placements as those with secure attachments to their birth mother, were more likely to experience a placement breakdown. A high proportion of the children in this study were aged around 4 + years at the time of removal and so resistance to the adoption was likely to be greater in any case.

However, the ongoing positive relationship with birth parents may be important in achieving placement stability, and Sallnas et al (2004) reported that close contact between birth parent and child, can act as a protective factor.

This was echoed by Oosterman et al (2007) who concluded that a high level of co-operation between birth families and foster families increased the stability of the placement, which would reinforce the argument that collaboration between all parties is most likely to secure positive outcomes.

Kinship Care

The opportunity for a child to be cared for within their family of origin is one that should be seized if at all possible. However kinship care is far from straightforward and requires greater emphasis on support and negotiation, with and between birth families. In many cases kinship care appears a complicated choice with elements of uncertainty. However studies illustrate the key benefits and in particular, the increased likelihood of placement stability (Nixon, 2008).

A UK study intended to analyse outcomes for children in kinship care, suggested that kinship placements were more likely to continue than foster care placements; 72% compared with 55% after two years of placing. (Farmer & Moyers, 2007) This point was echoed by Chamberlain et al, 2006 in Price et al, 2008. Levels of commitment were deemed higher from kinship carers than foster carers (65% compared with 31%).

Therefore conclusions were drawn around the real benefits of kinship care for children, but highlighted that ongoing support was crucial in maintaining the stability of kinship placements. Broad (2004) in Sellick (2006) suggests that kinship placements require specialised support because of the complications which working in partnership with birth parents involves. He highlights that social workers will need to be skilled in family mediation in particular, if they are to secure stable kinship placements for children and young people.

KEY POINTS:

Working in partnership with birth families is a complex and challenging endeavour. However the research highlights that if managed well, ongoing involvement with some birth families can be used to reinforce placement stability. Relationships and co-operation appear to be crucial and the skills of the social worker are vital in facilitating a collaborative approach between all parties.

4. Responding More Effectively to the Needs of Carers

The research has highlighted that all carers experience immense challenges in caring for looked after children and very few feel that they receive sufficient support in order to undertake their role.

Kalland and Sinkkonen (2001) found a correlation between placement stability and training and so continued opportunities for carers to engage in a diverse range of training experiences seems crucial.

This should importantly include kinship carers as Farmer and Moyers (2007) found they were more likely to be struggling with managing children’s behavioural needs (45% compared to 30%) but ended significantly less placements than foster carers. They were also less likely to be receiving social work support; only a small percentage had access to their own social worker, and fewer still, to specialist training or support groups.

Although the research highlights the benefits of kinship care (Sellick, 2006) it also highlights that ongoing support is crucial in maintaining the stability of kinship placements, as it is vital in maintaining foster placements. Kalland and Sinkkonen (2001) highlight that carers will have different strengths and needs, and so ongoing detailed assessment will enable fostering social workers to support their carers in the right way.

KEY POINTS:

‘Several factors were found to be associated with placement breakdown which implies that foster care practice needs to focus on multiple domains for management and support.’ (Oosterman et al, 2007)

5. Enhanced Participation of Young People

Actively seeking out the views of children and young people is key if we are to fully address the impact of placement instability (CSCI, 2006; Unrau, 2007). Their experiences, no matter how diverse, are real, and we should take our lead from them. Research and theory can provide us with some of the answers, but it will not always capture the lived experience of young people. The amount of research available regarding placement instability is overwhelming, yet I found it difficult to fully appreciate the perspectives of young people. The diagram below gives an illustration of how knowledge regarding placement moves is constructed by different parties.

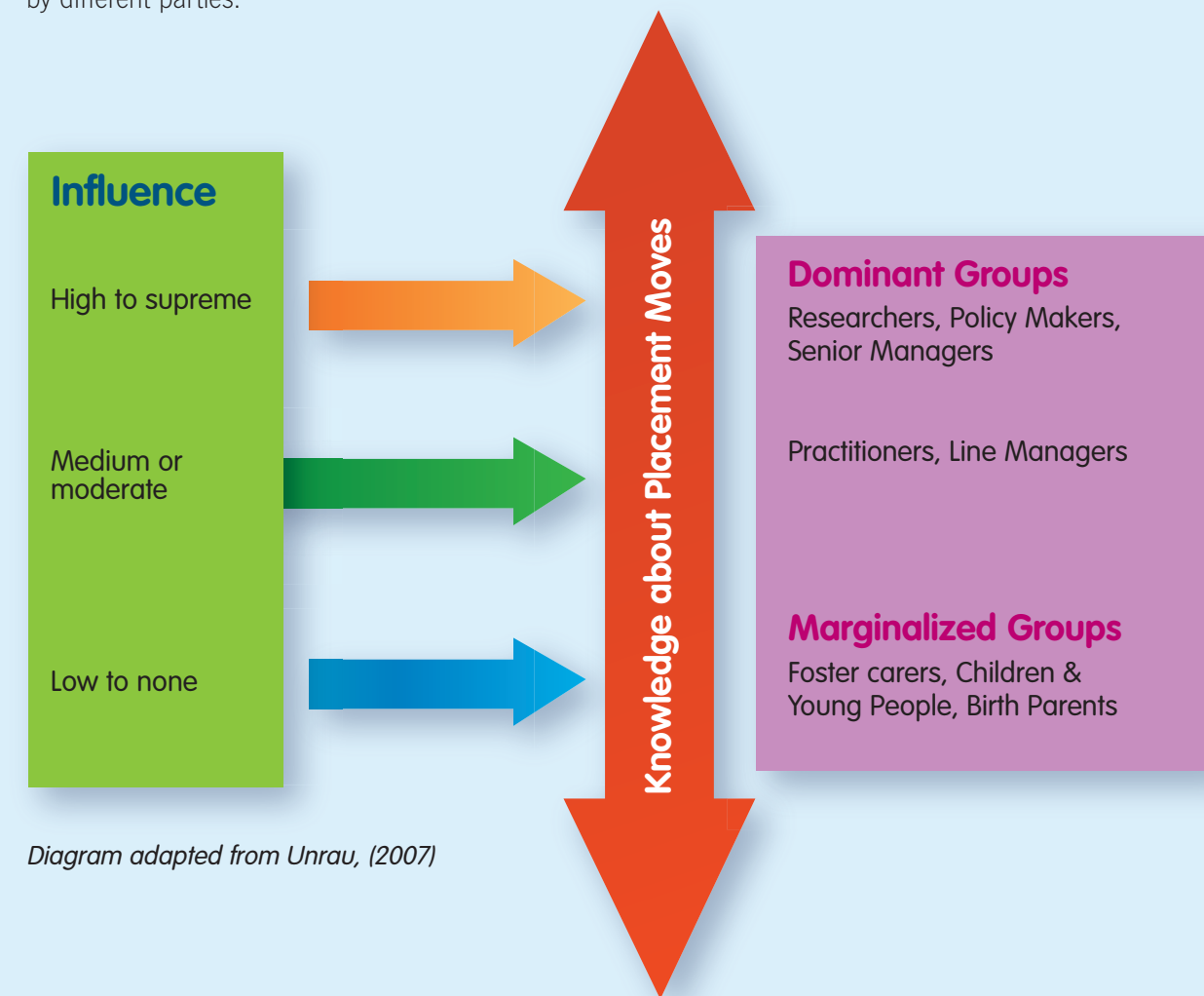


Diagram adapted from Unrau, (2007)

The diagram illustrates how the ‘...perspectives of marginalized groups...go unnoticed unless they are intentionally invited to participate by the dominant group.’ (Unrau, 2007) However it also illustrates the unique position which we as practitioners occupy. We inadvertently pass on the views of dominant groups, but we also have the opportunity to represent the views of the marginalized groups, in order to influence the development of knowledge.

There is scope to address the imbalance and local initiatives could be developed whereby young people are encouraged to reflect and explore the stability of their placement, or indeed a previous placement breakdown. Disruption meetings need to be child centred so that young people can feel safe and supported to give their views. It will also be important for children to be supported in thinking about what next, what should be different and what will make their next placement more stable.

Young people report that even if they are given a choice of placement, they do not always feel able to say No to a particular placement. (CSCI, 2006). Children need to feel they can talk honestly and that their views will be taken seriously. A trusting relationship will be important and ideally this will be the role of the social worker, however children may feel more comfortable in expressing their wishes to an independent adult. Advocacy services may enable children to express their views more freely, but it may be a teacher, a youth worker etc, who can help to give the child a voice.

The research also indicates that placements are more likely to succeed if the child is involved in the planning. They want to be consulted about placements and older children understand resource constraints impact on what might be available for them. They want to decide when and how they move, rather than this being dictated by professionals.

KEY POINTS:

The research reflects the marginalised position which children and young people occupy. They feel unable to fully participate in the planning and decision-making surrounding their future placements. Whilst this may not always be possible if crisis situations occur, young people ultimately just want us to be honest with them. Having a trusted adult, whom they can confide in also seems to be important, and where possible, we should try to facilitate this for them.

CONCLUSIONS

Several factors are associated with placement stability and the research available tends to present contradictory evidence, making it a challenge for practitioners to easily access up to date information in this area.

It is impossible to identify with any certainty the factors which may destabilise placements or to guarantee a particular approach which will increase the stability of any placement. This area of work is complex, multifaceted and surrounded with uncertainty. Sallnas (2004) suggests that it may be more helpful to consider *risk markers* which in combination may increase placement instability.

It will therefore be important for **all** professionals, but in particular the social worker, to critically analyse the circumstances surrounding each case. An awareness of the risk markers which Sallnas (2004) refers to, will significantly enhance any analysis and subsequently minimise the risk of placement instability. In addition, practitioners must take full advantage of the resources available to them and this will inevitably mean working collaboratively with **all** parties, but may also involve innovation and forward thinking.

It seems then that there is a wider responsibility to improve the placement stability of looked after children, and efforts to do so require agencies to adopt a whole systems approach. 'Improvement in placement stability requires systematic intervention and change management programmes at a local level' (Held, 2007)

BIBLIOGRAPHY

- Brown, J. & Bednar, L. (2006) 'Foster parent perceptions of placement breakdown', *Children & Youth Services Review* [online], Vol. 28, pp1497-1511 www.sciencedirect.com
- Butler, S. and Charles, M. (1999) 'The Past, the present, but never the future': thematic representations of fostering disruption', *Child and Family Social Work*, Vol.4, pp9-19
- Coakley, J. and Berrick, J. (2008) 'Research Review: In a rush to permanency: preventing adoption disruption', *Child and Family Social Work*, Vol 13, pp101-112
- Commission for Social Care Inspection (CSCI) (2006) 'The Right people for me Helping children do well in long-term foster care' www.csci.org.uk
- Emmanuel, L. (2002) 'Deprivation x 3 The contribution of organisational dynamics to the 'triple deprivation' of looked-after children', *Journal of Child Psychotherapy* [online], Vol. 28(2), pp163-179 www.tandf.co.uk/journals
- Farmer, E. & Moyers, S. (2005) 'Children Placed with Family & Friends: Placement Patterns and Outcomes', Report to the Department for Education and Skills [online], School for Policy Studies, University of Bristol. <http://www.dcsf.gov.uk/research/data/uploadfiles/RW83.pdf>
- Fisher, P., Hyoun, K. and Pears, K. (2009) 'Effects of Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) on reducing permanent placement failures among children with placement instability', *Children and Youth Services Review* [online], Vol. 31, pp541-546 www.elsevier.com/locate/childyouth
- Gupta, A. (2009) 'The benefits of long-term foster care', *Community Care*, 26 March 2009.
- Held, J. (2007) 'Placement Stability-the test of good outcomes' Report for Department of Education and Skills
- Jones, P. (2009) 'Looked-after children-Report from Children, Schools and Families Committee (CSN)' Children Service Network, www.csn.info/csn/briefing
- Kalland, M. and Sinkkonen, J. (2001) *Child Welfare League of America*, Vol. 5, pp 513-527
- Keeping, C. (2008) 'Practitioner Research' in Fraser, S. and Matthews, S. (eds) *The Critical Practitioner in Social Work and Health Care*, London, Sage
- Monck, E., Reynolds, J. and Wigfall, V. (2004) 'Using concurrent planning to establish permanency for looked after young children', *Child and Family Social Work*, [online] Vol. 9, pp321-331 <http://www3.interscience.wiley.com>
- Newton, R., Litrownik, A., and Landsverk, J. (2000) 'Children and Youth in Foster Care: Disentangling the Relationship Between Problem Behaviours and Number of Placements', *Child Abuse & Neglect*, Vol.24, pp1363-1374

- Nixon, P. (2008) 'Relatively speaking: developments in research and practice in kinship care' *Research In Practice*, www.rip.org.uk/publications
- Oosterman, M., Schuengel, C., Slot, N., Bullens, R. and Doreleijers, T. (2007) 'Disruptions in foster care: A review and meta-analysis' *Children and Youth Services Review* [online], Vol.29, pp53-76 www.elsevier.com/locate/childyouth
- Price, M., Chamberlain, P., Landsverk, J., Reid, J., Leve, L. and Laurent, H. (2008) 'Effects of Foster Parent Training Intervention on Placement Changes of Children in Foster Care', *Child Maltreatment* [online], Vol.13(1), p64-75 <http://cmx.sagepub.com>
- Richardson, J. and Lelliot, P. (2003) 'Mental health of looked after children', *Advances in Psychiatric Treatments* (in italics), Vol.9, pp249-251
- Sallnas, M., Vinnerljung, B., Westmark, P. (2004) *Child and Family Social Work*, Vol. 9, pp 141-152
- Sellick, C. (2006) 'From Famine to Feast. A Review of the Foster Care Literature', *Children & Society* [online], Vol. 20, pp67-74 <http://www3.interscience.wiley.com>
- Sutton, A. (1991) 'Deprivation entangled and disentangled', *Journal of Child Psychotherapy*, Vol 17(1),pp31-68
- Triseliotis, J. (2002) 'Long-term foster care or adoption? The evidence examined' *Child and Family Social Work*, Vol.7, pp23-33.
- Unrau, A. (2007) 'Research on placement moves: Seeking the perspectives of foster children', *Children and Youth Services Review* [online], Vol 29, pp122-137. www.sciencedirect.com

FURTHER READING & OTHER ARTICLES

- Barber, J. and Delfabbro, P. (2003) 'Placement Stability and the Psychosocial Well-Being of Children in Foster Care', *Research on Social Work Practice* [online], Vol.13, pp415-431, www.sagepub.com
- Elsbeth, N. and Young, J. (2007) 'The Contact After Adoption Study' The University of East Anglia
- Dries, L., Juffer, F., Ijzendoorn, M. and Bakermans-Kranenburg, M. (2009) 'Fostering security? A meta-analysis of attachment in adopted children', *Children and Youth Services Review*, Vol. 31(3), pp410-421
- Kelly, S. and Hodson, R. (2008) Performance Pointers NI 62-Stability of placements of looked after children: number of moves' *Research In Practice*, www.rip.org.uk/pointers
- Lee, B. and Thompson, R. (2007) 'Comparing outcomes for youth in treatment foster care and family-style group care' *Children and Youth Services Review* [online], Vol.30, pp746-757, www.elsevier.com/locate/childyouth

- McGuiness, T. and Dyer, J. (2007) 'Catchers in the Rye: Treatment Foster Parents as a System of Care', *Journal of Child and Adolescent Psychiatric Nursing*, Vol. 20(3), pp 140-147.
- Palmer, S. (1990) 'Group Treatment of Foster Children To Reduce Separation Conflicts Associated with Placement Breakdown', *Child Welfare*, Vol. LXIX, pp227-238.
- Research In Practice, (2009) 'The Path to Independence: supporting young people move towards emotional, financial and practical independence', *Research In Practice*, www.rip.org.uk
- Roberts, J. (1993) 'Abused Children and Foster Care-the Need for Specialist Resources' *Child Abuse Review* [online], Vol. 2, pp3-14 <http://www3.interscience.wiley.com>
- Rubin, D., Alessandrini, E., Feudtner, C., Mandell, D., Localio, R. and Hadley, T. (2004) 'Placement Stability and Mental Health Costs for Children in Foster Care', *Pediatrics* [online], Vol.113, pp1336-1341, www.pediatrics.org
- Rubin, D., O'Reilly, A., Luan, X. and Localio, R. (2007) 'The Impact of Placement Stability on Behavioural Well-being for Children in Foster Care', *Pediatrics* [online], Vol.119, pp336-344, www.pediatrics.org
- Schofield, G. and Beck, M. (2009) 'Growing up in foster care: providing a secure base through adolescence', *Child and Family Social Work*, Vol. 14, pp255-266
- Wigfall, V., Monck, E. and Reynolds, J. (2006) 'Putting Programme into Practice: The Introduction of Concurrent Planning into Mainstream Adoption and Fostering Services', *British Journal of Social Work* [online], Vol.36(1), pp 41-55 <http://bjsw.oxfordjournals.org>
- Ward, H. and Skuse, T. (2001) 'Performance Targets and Stability of Placements for Children Long Looked After Away from Home', *Children & Society* [online], Vol. 15, pp333-346 <http://www3.interscience.wiley.com>

ACKNOWLEDGEMENTS & THANKS

Sarah Bowman (Senior CYPS Management Information Officer)
 Niki Clemo (Service Director - Children's Social Care)
 Julie Collinson (Family Group Meeting Service Manager)
 Paul Evans (Area Manager - SCC Area Team)
 Sarah Gawne (Development and Commissioning Manager - Children's Services)
 Aidan O'Reilly (Team Manager)
 Tracy Ward (Multi-Dimensional Treatment Foster Care Team)