



Department
for Education

The fostering system in England: Evidence review

Research report: Executive summary

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Executive summary

Background

The review was commissioned to inform the national 'stocktake' of fostering announced by the government in 2016. It brings together quantitative and qualitative research to contribute to an overview of the fostering system by:

- providing a brief, high-level description of the current fostering system including how it operates and the impact of foster care on the children placed with foster carers;
- reviewing what works and where improvements could be made to improve outcomes for children;
- reviewing the quality of the evidence and identifying gaps in the evidence base to provide a deeper understanding of the foster care system and what works and for whom.

The review was undertaken from December 2016 to February 2017 and used a rapid 'scoping' approach of published and grey literature, as well as drawing on previous literature reviews. The primary focus was research conducted in England but there are few systematic reviews on effectiveness of interventions in fostering and relatively few large-scale studies. Existing research consists largely of small-scale, qualitative studies and literature reviews on specific topics. Studies conducted in other countries were also examined. Importing models and policies from other countries should always be done cautiously because of different demographic, social, cultural and legal systems, but the studies provide a wider base of evidence on which to draw.

In addition, the review was supported by 23 interviews conducted with key individuals in the sector, including those working in local authorities and independent fostering agencies, research and umbrella bodies. These interviews provided a broader and contemporary perspective and a context for the literature. The timeframe did not allow us to interview foster carers or children but two individuals with considerable personal experience of fostering children and young people provided very useful comments on the review. We also drew on the expertise of a virtual advisory group.

Issues and challenges facing the contemporary fostering system

Fostering stands at the junction of an often-contested division between the private and public worlds, as one of a few areas where the state becomes intimately involved in family life. The care provided ranges from emergency and short-term/temporary care to

long-term care and specialist placements to ensure the safety and wellbeing of children and young people when they need out-of-home care. Policy initiatives and government-funded programmes over previous years have contributed to the development of fostering and what is known about a system that continues to face significant challenges.

Most looked after children (74% in 2016) are cared for in foster placements; on 31 March 2016 there were 51,850 children living in foster care in England. According to data collected by DfE over the years the overall population of looked after children has risen by 5% since 2012.¹ There has also been a shift in the profile of children coming into care, with a declining number aged under five years which may reflect the escalating number of special guardianship orders, many of which are being used for younger children who are being placed with family and other connected people. There have been a range of concerns about aspects of assessment and the suitability of special guardians and related guidance as a result and our interviews also reported that some long-term foster carers report feeling pressurised to become special guardians or risk losing the child. The largest age group of children who are now fostered are aged 10–15 years (38%) (DfE, 2016). There has also been a rise in the number of unaccompanied asylum-seeking children entering care, from 1,950 in 2013 to 4,210 in 2016.

Another aspect of the changing profile of fostering is the ‘Staying Put’ initiative which places a duty on local authorities in England to facilitate, monitor and support Staying Put arrangements for young people where this meets the wishes of all parties and is consistent with their welfare. According to Ofsted (2017), in 2015–2016 there was a 17% increase in the number of young people in foster care turning 18 and 54% were still living with their former foster carers. However, these figures must be treated with care as data were not available for 11% of care leavers (DfE, 2016).

Alongside the rise in numbers and the changing profile of looked after children, the literature also widely documents a belief that children entering care do so with ever more complex difficulties, including serious physical and mental health problems and developmental problems. Although this was confirmed in the interviews with key informants, it is difficult to evidence as the ‘complexity’ of problems is not systematically recorded.

Throughout the 1990s local authorities faced increasing problems recruiting and retaining sufficient numbers of foster carers, particularly for those children who required specialist placements. As a result they increasingly turned to independent fostering agencies (IFAs), which have as a result grown in size and number. According to Ofsted (2017) there are 297 active IFAs in England as at 31 March 2016; over three-quarters (79%) are

¹ <https://www.gov.uk/government/collections/statistics-fostering>

in the private sector and the rest (21%) are in the voluntary sector. Of the 51,805 children and young people in placement on 31 March 2016, two-thirds of all placements were in local authority fostering places (34,395), and the remainder (17,410) were placed through IFAs. Most local authorities need to work with IFAs to source sufficient placements. However, it was evident from the literature and from interviews in local authorities and in IFAs that the relationship has sometimes been put under strain, particularly in relation to concerns from both parties about motivation and financial support.

In recent years the government has placed an increasing emphasis on early permanence placements to provide children with stability and continuity, alongside a sense of belonging and being part of a family (see DfE, 2016). So while long-term foster care was recognised as a permanence option in practice, it is now formally recognised as such in policy and in law.

At the present time the sector is struggling under pressure to improve outcomes for children whilst also experiencing huge financial pressures. In the face of the budgetary cuts in the years that followed the 2008 financial crisis local authorities have protected spending in this area, but in the interviews they reported that is now becoming unsustainable.

Securing the stock of placements

Section 9 of the Children and Young Persons Act 2008 came into force from April 2010 and placed a general duty on local authorities to ensure sufficient accommodation to meet the needs of their looked after children. However, informants to this review were concerned that the quality of most sufficiency statements was not good enough to model future needs. Although there appears to be sufficient capacity, the reality is more complex. There were 83,175 approved fostering places in England at 31 March 2016, a 3% increase from the previous year (Ofsted, 2017). However, some of this increase is accounted for by the rise in the number of approved 'family and friends' placements. Ofsted reported a 23% vacancy level in England at 31 March 2016 yet the Fostering Network estimated a shortfall of 7,600 carers for the same year. The actual figure is not known. The data that are available do not reflect how foster carers are distributed across the country, nor do they reflect the extent to which foster carers who are registered to take more than one child are doing so. There have been suggestions from some, including the Fostering Network, that a national register or database would be helpful, as long as it is not used as a matching device.

From the various sources examined, the review found that there is a lack of data, as well as limited contemporary research, on how foster placements are currently commissioned. With the entry of IFAs into the market, local authorities usually used the 'spot purchase' model to secure placements (Sellick, 2007). However, the spot purchase model is

problematic because it does not allow local authorities or IFAs to plan effectively and it can fail to take account of children's needs. Over the past 10 years many authorities have moved away from complete reliance on spot purchasing and towards more formal commissioning processes (see Sellick, 2013). These include large regional commissioning groups and smaller groupings of local authorities that work together to buy services from the private sector using framework agreements. While single frameworks exist at regional levels, key informants to this review pointed out the significant difficulties that can be encountered in attempting to establish regional needs analyses across an area where authorities' requirements may differ considerably. As a result, a great deal of commissioning happens outside these contracts as evidenced by Sellick and the interviews conducted as part of this review. In spring 2015, the House of Commons Committee of Public Accounts (2015) concluded that the DfE had paid insufficient attention to improving commissioning and done too little to ensure that the market works in the interests of children. To realise the benefits of a mixed economy it has been estimated by Cooper and Thompson (2014) that internal provision should account for 85% of provision, but this would, of course, rely on local authorities recruiting sufficient carers to attain and sustain that mix.

The fostering market continues to be highly fragmented and is still populated by many small agencies. Despite speculation that outsourcing of fostering services would be embedded in children's services generally, and in fostering specifically, this has not yet happened to any significant extent. While in the US outsourcing of fostering services to non-governmental agencies is very common, in this country it has largely happened when authorities have been judged to have failed.

Another difficulty with planning and securing placements is that there is no agreed formula to calculate the costs of placements or to compare actual costs across local authorities and IFAs. IFA charges vary considerably. According to the House of Commons Briefing Paper on Children in Care in the 2013–2014 financial year, an estimated £1.4 billion was spent on foster care services in England (Zayed and Harker, 2015). The Local Government Association reported the cost of a local authority placement to be between £20,885 and £23,279 (Freeman and Gill, 2014). The National Audit Office (2014) also found considerable variation in local authority spending on foster care. It calculated that annual spending ranged from £15,000 to £57,000 for their own foster care provision, and £18,000 to £73,000 for other providers' foster care. Local authorities commissioning places from a mixed market of in-house and independent providers are balancing the needs of children, quality and price. Ofsted (2017) found that local authorities often choose to place children in their own residential or foster care because they have already committed costs and so regard it as more cost efficient. IFAs and bodies such as the National Audit Office and House of Commons Committee of Public Accounts have commented that the actual cost differential may not be as large as

is sometimes claimed where local authorities fail to apply a full cost-recovery basis to their calculations.

Many local authorities have split their commissioning and delivery functions, which has led to concern that those commissioning placements do not have the expertise to judge the quality of what is being commissioned and may not take full account of the needs of the child or young person. Research suggests that where local authorities (or trusts) outsource successfully there tend to be strong relationships between the internal commissioning and operational functions, but our interviews highlighted that, even where good working relationships exist, decisions are also influenced by financial constraints (Vibert, 2016). Notwithstanding the National Minimum Standards for fostering services and references to quality assurance frameworks in interviews that informed this review, it was not clear how the 'quality' of placements was judged. There is also very little research into how commissioning may be linked with outcomes, although a few accounts are beginning to emerge. Outcomes-based commissioning has been a feature of health services for some years but has been slower to develop in children's services.

Criticisms of the commissioning process have led to various recommendations for change. In 2016, Sir Martin Narey recommended that local authorities should join together to create larger-scale commissioning consortia (2016). The Institute of Public Care (2015) has suggested the creation of one market covering fostering, secure accommodation and residential care. Parts of the public sector are moving to Dynamic Purchasing Systems (DPS). However, so far, moves to establish this for fostering have not met with unequivocal success and more work is needed for local authorities to be able to use DPS to procure foster placements (Asquith and Barker, 2016).

Recruiting, retaining and supporting the foster care workforce

According to Ofsted (2017), there were 44,320 approved fostering households on 31 March 2016, which represented a small decrease (less than 1%) from the previous year (44,625). The number of 'family and friends' households rose by 13% from 4,145 to 4,665 between 2015 and 2016. Despite the fact that there was a decrease in the number of initial enquiries in 2015–2016, the proportion of approved applications rose. However, the current situation is aggravated by demographic shifts. The profile of the foster care workforce is skewed to those over 50, which means that very experienced longstanding carers are retiring.

While more fostering households were approved than were de-registered in 2015–2016, which suggests an increase in capacity, those interviewed thought that at the start of 2017 there was a shortage of foster carers, particularly those willing and skilled to take children and young people with complex needs. There were also reported shortages of placements for older children, those with challenging behaviours, those on the edge of

the criminal system and those involved in gang-related activity. Some authorities were not recruiting anyone unwilling to foster children over eight years of age. To address the shifting profile of children and young people, it has been suggested that recruitment processes should focus specifically on attracting 'multi-skilled specialists' capable of dealing with the varied and complex needs of their foster children. According to informants on this review, one of the consequences of the level of complexity of the needs of children entering foster care is that carers may only want to take one child even when registered for more. Local authorities and IFAs reported that they would find it helpful to be able to pay a retainer to 'standby carers'.

According to the local authority and IFA representatives interviewed, substantial sums are spent on recruitment. One local authority informant estimated that each carer was 'worth' about £40,000 a year to an IFA so it is not surprising that competition to secure each one has intensified. Research has shown repeatedly that 'word of mouth' is one of the most effective recruitment strategies, and many local authorities now regularly involve their existing carers in recruiting other carers. Some local authorities join together to fund advertising campaigns but there were mixed reports from informants of their success. While the campaigns had enabled them to reach a wider audience, the advertisement usually conveyed a general message about fostering, which did not help them attract specific groups of carers to meet their shortages. However, even though advertising is increasingly social media-driven there is no research on the use or effectiveness of social media in recruitment strategies or of the effectiveness of recruitment strategies in general. Moreover, despite research which indicates the importance of consistent and realistic information for potential applicants, this is not always heeded (Sebba, 2016).

As well as responding to enquiries, an important part of managing supply is assessing foster carers in a timely manner. There is no evidence from the reviewed literature that the use of tools designed to support the assessment of potential foster carers is linked with better placement outcomes. However, assessment tools may have a role if not used in isolation or as the sole predictor. Several interviewees in local authorities said that workloads and a shortage of experienced social workers led to a backlog of assessments that slowed down the rate at which potential foster carers would be appointed. Other studies have identified complaints from applicants about delays and excessive paperwork, as well as feedback on the intrusive nature of the process. Recent research has also highlighted complaints from applicants that, for example, too much attention was focused on their relationships with previous partners and insufficient attention paid to their ability to care for a child (Sebba, 2016). While some intrusion is inevitable, it is important to explain to applicants why it is necessary.

The main reason why foster carers leave fostering is to retire. Many also leave because of changes in their circumstances or because they become adopters or special guardians. But there are also those who want to stop because they no longer enjoy it. On

average a foster carer stays for just under eight years, but that figure will, of course, mask many who stay a lot longer and some who leave in the early years. The reasons why foster carers give up is often not known as very few report having an exit interview (The Fostering Network, 2016). Several factors have been identified as contributing to foster carers' decisions to remain or to quit the role. Research has highlighted the importance of support in retaining carers, based on a combination of regular social work support, a package of relevant training, opportunities for contact with other carers and adequate remuneration (Sinclair et al., 2004). Support provided by foster carers' agencies, their peers and helplines have all been found to be useful. Foster carers also need to be recognised for the expertise they have about the child(ren) for whom they care; when this is the case they are more likely to be content and to continue in their role.

As noted above, training has been linked to the retention of foster carers, and over the past 20 years there has been a significant improvement in the amount of training offered and undertaken. The Training, Support and Development Standards (TSDS) for Foster Care introduced in May 2007 provide a national minimum benchmark to set out what all foster carers should know, understand and be able to do within the first 12 months of approval. Ofsted assesses whether fostering services have properly prepared their approved foster carers for their work with children and young people. In addition to pre-approval training (such as Skills to Foster) foster carers are required to complete core training within their first 12 months of fostering and repeat this every three years, and are usually required to access other training to support their work.

However, until recently there has been little empirical evidence of the effectiveness of training and there is no identifiable connection between the types of training offered and retention. There have been studies, some dating back to the 1970s, which have found positive links between pre-training and the relationship between foster carers and foster children but overall the evidence is mixed. Whilst some studies have linked training programmes with positive changes in areas such as parenting knowledge, behaviours and skills, as well as highlighting foster parent satisfaction with the programmes, others have emphasised a lack of empirical evidence on efficacy or effectiveness, usually traced to limitations in the methodologies applied to the evaluations of training. An evaluation of the UK Fostering Changes 12-week training programme (Briskman et al., 2012) found an association between the quality of parenting and children's outcomes and a small-scale evaluation of Keeping Foster and Kin Parents Trained and Supported (KEEP) programme (Knibbs et al., 2016) showed positive signs of change following randomised controlled trials in the U.S.A.

Financial reward as well as adequate support for outgoings also play a role in retention of foster carers, particularly as carers are caring for increasingly needy or challenging children. There is some evidence that carers choose to stay or to leave fostering using a form of equity theory, where they compare their reward with that of others in similar

situations (Rodger et al., 2006). While the financial reward may not compare very favourably with other similar professions, in some circumstances they will take account of the flexibility the role offers and/or the satisfaction they receive. However, the ability to cover costs and even to replace any income forfeited are likely to be taken into consideration.

Based on feedback from foster carers and employers there have been recommendations that fostering agencies should allow foster carers to continue to be employed where this does not conflict with the needs of the child. This would extend to allowing foster carers to continue working until the first placement is made to avoid loss of income where working is not compatible with the placement. It would also ensure that where a fostering service requires one carer to be at home, the level of fee paid reflects that requirement, carers can access any training required to move up to a higher fee level and delegated authority is clear, so that foster carers can make appropriate arrangements.

The debate about the 'status' and 'professionalisation' of foster carers is complex. While the 'employed status' debate reflects the inherent tensions in a role that both provides the child with a family life and acts as an agent of the state, so does the broader debate about the 'professionalisation' of foster carers in which concerns have been raised that professionalising the role undermines its strengths in relation to the provision of a family home and a nurturing environment. Foster carers have to be able to negotiate this 'quasi employed' role, as well as being both 'parent' and 'carer'. When they can do this successfully, it has been shown that they are less likely to be subject to stress or role conflict.

Foster care placements: How they are made, kept stable and supported

The National Minimum Standards (NMS) for the Fostering Service, The Care Planning, Placement and Case Review (England) Regulations (2010) and Fostering Regulations 9, 11, 17 refer to the processes to be considered in making placement decisions. The NMS recognises that it will not always be possible to meet all the needs of a child and in those instances requires the plan to set out any additional training, resource or support required. The most important considerations include contact needs; the placement of siblings together whenever possible and where this is in the best interests of the children concerned; the maintenance or securing of a stable educational placement, unless there are other overriding considerations; racial, cultural, religious and language background; needs arising from a disability; a foster carer's family, including their birth children; and available space and bedrooms. Matching children in long-term placements should also ensure that the needs and wishes of the child are matched with the motivations and aspirations of the proposed carers and should take into consideration the hopes of birth relatives about the role they can continue to play in the child's life.

Successful matching depends on good assessments supported by robust plans based on information sharing between professionals. Perhaps surprisingly, little is known about the current practice of social workers when they match children with foster care placements. There is an assumption that finding the best available match for a looked after child is an essential part of working towards a positive outcome. While poorly matched placements are more likely to break down, it is common for children to experience several 'short-term' placements before being more appropriately matched. However, little is known of the extent to which social workers use evidence when identifying placements. The studies that do exist unearthed variations in decision-making between local authorities, as well as the impact of shortages of foster carers on the process. As a result, foster carers may be asked, for example, to accept children outside the categories for which they were approved, increasing the chances of placement breakdown. An important aspect of matching is the information passed to foster carers on the children and young people; placements based on inadequate information are less likely to be successful.

There is also lack of evidence on practice in several other areas including matching on ethnicity, race and religion, as well as in relation to placements for very young children and those with a disability. Very little is also known about how children and young people are involved, if at all, in decisions over their placements, despite a strong presumption in policy and practice in favour of involving children and young people in decisions about placements.

The shortage of local placements in general, as well as for those with specific needs, is leading to increasing numbers of children being placed out of their home areas. Research has found that their needs were greater than those of children placed in their home area (Brodie et al., 2014). There appears to be an association between the degree of specialisation required and the distance of the placement from 'home'. Distant placements obviously lead to discontinuities in contact with family and friends, as well as in education and access to other services. Brodie et al's research also highlighted the importance of the 'home' and 'receiving' local authorities in sharing responsibility for children and young people in their care and resolving any problems as soon as possible.

The definition of stability in the research and policy literature is inconsistent, having been taken to mean the number of moves and placements, the different paths and trajectories taken, as well as the number of disruptions and breakdowns. Young people who experience stable placements providing good quality care are more likely to succeed educationally, and later to be in work and manage their accommodation after leaving care, feel better about themselves and achieve satisfactory social integration in adulthood than those who have experienced disruption. Although a move may sometimes be in the best interests of a child, too many looked after children and young people experience multiple moves and placement instability (Wood and Selwyn, 2015). Information on the reasons why children move placements was collected by the DfE for

the first time in 2016. The data suggest that the most common reason for a placement change for children in foster care is attached to the care plan and requests from carers.

Placement breakdowns are most common amongst older children, sometimes resulting from the poor quality of the placement or a poor match, but also as a response to the wishes and behaviour of the child. Older children who have experienced abuse and neglect and/or have emotional and behavioural problems are particularly vulnerable to placement breakdowns. One way of improving the overall level of stability is to improve the quality of permanency planning, the purpose of which is to develop pathways that allow children to move out of temporary care into permanent family homes as quickly as possible. Placement stability has been linked with strong monitoring and case planning, early intervention, placement choice and multi-agency support. Other studies emphasise the importance of the relationship or 'fit' between the child or young person and carer, the birth family and the networks/support available to the carer, as well as relating stability and high-quality social work. This is consistent with links between high levels of vacancies in social work teams and a high proportion of inexperienced social workers with less developed decision making skills and, in turn, a high level of placement breakdown (McSherry et al., 2013 and Rock et al., 2015).

The experiences of foster carers and their families

Research suggests that most fostering households are couple carers, in middle age, with below average household income; BME carers are under-represented when compared with the national population of looked after children (McDermid et al., 2012). The reasons given by foster carers to explain their motivation to foster are consistent across UK and international studies as well as between foster carers from different backgrounds. The reasons are primarily child centred, including wanting to make a difference to the lives of children in care; feeling they have something to offer children; a fondness for children; experience of having been in care or of having fostered children in their own families during their childhood and an opportunity to create or extend their family. Sometimes fostering fits with their circumstances, responding to circumstances such as their own children having left home or their partner's desire to foster. Similar reasons are given by foster carers for continuing to foster. There are also deterrents to fostering that include a lack of confidence in their ability to perform the role successfully; the required level and length of the commitment; the possibility that it would disrupt their biological family; fear of having to deal with challenging behaviour; perceived financial difficulties arising from caring for a child; conflicting work commitments; and a perceived lack of fit with their current lifestyle (Randle et al., 2012).

Within the literature many studies highlight the rewards that fostering can bring, often reflecting the intrinsic motivations expressed by foster carers, such as seeing a child grow and develop and making a difference to a child. Research has shown that carers

are more likely to be satisfied with their role if they feel they are contributing to positive outcomes for children and are adequately supported (Macgregor et al., 2006). Whilst fostering is enormously rewarding, for many families it can also be stressful. Stress has been linked with issues such as children's challenging behaviour (and carers' perceptions of it as such), individual relationships between members of the foster family and the child and difficult contacts with birth families. Research suggests that foster carers who are feeling under strain are less likely to form positive attachments with children and to parent effectively (Farmer et al., 2005). Studies have also highlighted difficulties faced by grandparents and young adult siblings who may be caring for children at times in their lives when they may not have been expecting to do so (Selwyn et al., 2013).

Most research on foster care has been undertaken with women; only a few small-scale studies are specifically about male foster carers. These have focused on how foster fathers construct their identity, as well as their roles in the household and as role models. Greater understanding is required about their motivation and support needs.

There is relatively little research on the impact that fostering has on foster carers' own children or the impact that biological children living in the household has on fostered children or placement outcomes. However, the research that exists highlights the need to train, prepare, involve and support the birth children of carers to be part of the fostering team (see, for example, Twigg and Swan, 2007 and Sutton and Stack, 2013).

The importance of good quality support from professionals and family and friends emerges from research and the type of support that foster carers say they value has changed little over time. Foster carers want social workers to be reliable, available and provide consistent contact and support for them and the children they care for. They also stress the importance of accurate information about children prior to placements; involvement in decision making and planning for children; and social workers who get to know the children and can give help in managing behaviours. While they want to be trusted and involved as an integral and valued member of the team around the child, research has identified how carers are not always treated with respect or treated 'as part of the team' by professionals, despite the insights that foster carers are able to contribute.

Foster carers frequently report their need for support in managing children's emotional and behavioural difficulties. While sensitive and committed foster care may require highly targeted therapeutic and educational support, as well as guidance from agencies, the evidence is that foster carers often need help to access this support. Respite care is valued by carers, but studies show that it may not always be offered. Some carers think that accepting respite may be an indication that they are not coping. Carers are also concerned when it is not child centred or they are expected to leave the child with someone they do not know.

Peer contact between foster carers has been found to provide emotional and practical support. A review of peer support shows that local authorities and IFAs offer a range of opportunities for peer contact, but highlights the limited evidence on the impact of peer support on outcomes for foster carers and children (Luke and Sebba, 2013).

According to Ofsted (2017), in 2015–2016 there were 2,450 allegations against foster carers; no further action was taken in 56% of cases and 24% were referred to a fostering panel for review. The effect is to draw a very high proportion of carers into processes that, however important, can be lengthy and, for many, unnecessary. Research by Plumridge and Sebba (2016) on unproven allegations found that they have an impact on the whole family (including other foster children) that includes emotional and/or financial damage that may lead to long-term health and relationship difficulties. The authors also found that foster carers reported a lack information about the process following an allegation and feeling unsupported by their agencies. Until very recently little has been known about substantiated and unsubstantiated allegations of abuse and neglect against foster carers in England. It was then found that amongst substantiated cases a high proportion of people had previously had allegations made against them (Biehal et al., 2014). This highlighted the importance of seeing children on their own, listening to what they say, monitoring foster placements, establishing good communication between agencies and professionals recognising when foster carers are under stress. Concerns have also been raised about the quality of the data on allegations and that without an accurate record of allegations (substantiated and unsubstantiated) there is no way for the agency to know about past allegations made when the carer was with another agency (Boddy et al., 2013).

Birth families of children in foster care and reunification

There is little research on the experiences of birth families of children in foster care, and even less on the experiences of birth fathers. It has been shown that birth parents are likely to lose their sense of identity as parents and experience stigma and isolation when their children are taken into care (Schofield et al., 2011). Their feelings may be related both to the separation from their children and to uncertainties around whether they will be able to maintain relationships and contact with them. They may develop narratives around their identity to help them cope, and social workers need to understand the emotional and cognitive framework within which each parent is operating. There is very little research about the support and effectiveness of support available to birth families whilst children are in foster care, but there is research that shows how the provision of support to help birth parents address the problems leading to the placement of children in care is linked with successful outcomes and reunification (Boddy et al., 2013).

Much of the discussion in academic and policy terms about birth families' experiences and perspectives focuses on the concept of 'contact' as set out in the Children Act 1989.

The legal framework aims to establish a balance between providing birth families with reasonable contact whilst allowing local authorities to act in the best interests of the child. Such decisions need careful professional judgement, assessment and planning. They should involve children and their families, although research has highlighted that children's interpretation of what relationships with immediate family, wider family and friends mean is far greater than what is usually meant by 'contact' (Schofield and Stevenson, 2009). The quantity and quality of contact varies with studies suggesting that between 40% and 80% of children in foster care have weekly contact with a parent or member of their birth family (Boddy, 2013). The type of placement and age of the child influences the extent of contact. There is much less in planned long-term foster care, and disabled children have a much lower level of contact.

For most fostered children the mother is the primary contact. This is usually because the child was born into a lone parent family, or parents have separated and they had little contact with the father, or their contact is experienced as less significant (Schofield and Stevenson, 2009). One of the benefits of positive contact with their birth family is the opportunity to resolve their feelings about that family. This, in turn, is thought to increase their ability to thrive in foster placements. Several studies have found that children and young people may be dissatisfied with the level of contact, as well as with the actual arrangements, particularly where their opinions have not been sought (see the review by Minnis and Walker (2012)). However, relationships and contact with family can also bring associated difficulties and there is a need to ensure that contact is safe, well planned, has a clear purpose and contact arrangements are regularly reviewed. There is very little research on the impact of social media on children's contact with birth families. Young people may be able to contact birth families and be contacted themselves by mobile phones and social media sites. One study has suggested that children's care plans should openly address this contact to maximise the possible benefits to young people and minimise possible harm (MacDonald et al., 2016).

According to work conducted by Ofsted in 2011 around three in five children in care have siblings and 70% were separated from them (Ofsted, 2012). There is evidence of the importance of supporting sibling placements and nurturing positive sibling relationships where these are in the best interests of children, including when siblings are close in age, are the same sex, and are living in kinship care and/or entering care at the same time (Jones, 2016).

Since the 1989 Children Act there has been increasing emphasis on reunification as the preferred form of achieving permanence. However, research has raised questions about stability, safety and wellbeing for some children who return home from care, and about how best to ensure that it can be a successful route to permanence. Each year approximately a third of looked after children return to their parents or relatives. Many go home within a relatively short time – six months to a year – but there is no evidence to

show that the passage of time alone decreases the likelihood of reunification. Infants are less likely to return home quickly, especially where they entered care because of concerns about maltreatment, as are teenagers who enter care because of challenging behaviour (Thoburn et al., 2012 and Farmer, 2009). Children who have had more placements and those who are disabled are also more likely to remain in care longer (Farmer, 2009 and Dowling et al., 2012).

Studies have explored links between contact with birth families and reunification, placement stability and positive child wellbeing (see, for example, Biehal 2006 and Farmer 2009). It is unclear if there is a causal relationship between contact and positive outcomes as often there are other intervening factors, but the *quality* of the experience of contact for children, birth relatives and foster carers emerges as a key component. Whilst most foster carers recognise the importance to children of maintaining contact with birth families, contact can be a particularly stressful element of fostering and may impact upon the whole foster family. Studies have shown that foster carers' views on contact are shaped by their experiences (see, for example, Sinclair et al., 2004 and Austerberry et al., 2013). In Sinclair et al's study almost a quarter of foster carers seen had experienced 'severe difficulties' with birth parents since they first started fostering. The difficulties include birth parents being violent or aggressive during visits, the impact of the parents' negative behaviour on the child/foster carers' children, birth parents' influence on the relationship between the foster carer and the child, and perceptions that social services staff put the birth parents' needs first. Carers who had experienced severe difficulties with birth parents were significantly more likely to feel a 'high degree of strain' in their role.

The limited number of studies on what contributes to successful reunification recommend use of high-intensity, relationship-based social work and multidisciplinary team around the family approaches for as long as needed. Research consistently shows that good quality assessments and planning for children's return home are linked to successful outcomes. A study by Farmer and Lutman (2010) showed that successful reunification was associated with proactive case management and work with parents. However, the same study also found that returning home was not always planned, nor had adequate assessments been conducted or the problems which led to their placement been addressed. Despite foster carers' perceptions to the contrary, evidence suggests that social workers give the needs of parents relatively low priority and that they find it difficult to balance the responsibilities to the child, the birth parents and the foster family (Sen and Broadhurst, 2011). A review by Hyde-Dryden et al (2015) found that services to support families tended to be short term, ending abruptly and often only focusing on young children. A large-scale study by Wade et al (2011) found that children's chances of remaining in care, returning home or being adopted were strongly influenced by where they lived, with care pathways varying not only between local authorities but also between teams. But then the outcomes for children who return home from care are not always good. There is a high rate of breakdowns and re-entry to care when children are

returned home and this is even higher where parents are continuing to misuse drugs. For children who return home, studies have shown a high risk of re-abuse or neglect and that they do less well than those who have remained in care (see Sinclair et al., 2005; Farmer and Lutman, 2012 and Biehal et al., 2015). This is so even when reunifications are stable.

The characteristics of the birth family also play a part in the likelihood of reunification. Research suggests that families living in poverty and/or where there is parental drug misuse and/or chronic mental illness are less likely to have children returned (see Biehal, 2006 and Farmer, 2009). When children are returned without the problems being addressed there is a high rate of breakdown and re-entry to care. The reasons leading to children entering care are indicators of the length of stay in foster care. Children who are looked after because of parental physical illness tend to return quickly, as do children who are in care because of parents' difficulties in managing their behaviour. Those who have experienced neglect are less likely to return home as quickly as children who have been sexually or physically abused. This may be due to the perpetrators of physical and sexual abuse no longer living within the household.

There is evidence of the positive role foster carers can have if they develop a good relationship with birth parents (see Hedin, 2015). A review of the evidence found that planned 'respite' and short-term placements with foster carers who were specially trained in reunification can increase the chances of parents with complex problems meeting their children's long-term needs. There are schemes that use the skills that foster carers' have developed. These include the Fostering Network's Step Up, Step Down programme where the foster carer role includes intensive work with families to build their skills, capacity and networks (Plumridge and Sebba, 2017) and the Mockingbird model which includes a range of support including respite care, peer support, regular joint planning and social activities (see McDermid et al., 2016). However, it is unclear how widely available these are to birth families.

The experiences of children and young people in foster care

Researchers have increasingly sought to capture the experiences of children but there are still significant gaps in our knowledge and understanding of the views of specific groups of children living in foster care. Most research has been undertaken with older children (aged seven and above); only a few studies have involved younger children and disabled children/young people (for example, Selwyn and Briheim-Crookhall, 2017). Children and young people have highlighted the significance of the relationships they have with birth parents, siblings, friends, carers, social workers and other professionals. They stress the value that they attach to having a relationship with a trusted and supportive adult. But there is evidence that their social, emotional and attachment difficulties may make it hard for some children in care to bond with foster carers and may

make it harder for carers to develop relationships with them (for example, Howe, 2005; Lindheim and Dozier, 2007; and Schofield and Beek, 2005).

The relationship with their social workers is particularly important. Children say they want the services they are in contact with to be flexible (including enabling children to exercise choice), responsive, individualised, respectful of children's views and wishes, and participative (Oliver, 2010). But it is known that relationships with social workers are hampered by the high turnover of workers and, maybe as a result of high caseloads, the failure of some to keep appointments and to follow through on agreed tasks. A report by the Care Quality Commission (CQC) in 2016 highlighted the hidden abuse and distress suffered by many children who did not feel able to disclose what was happening to them to professionals. Young people who had recently left care told the CQC that while it was crucial to trust professionals they would not be open about issues unless they felt that the person cared. Independent Reviewing Officers (IROs) are charged with ensuring a child's or young person's voice is heard; under s25B(1) of the Children Act 1989, they are required to ensure that the child's wishes and feelings are ascertained and given due consideration by the local authority. One study found that whilst young people understood the role of IROs, many had not felt confident to express their views at a review meeting (Minnis and Walker, 2012).

Research shows children value foster carers who offer them love, respect and acceptance as part of the family, and who are also willing to help them succeed in life (see The Hadley Centre and Coram Voice, 2015). Feelings about being fostered have been found to be related to how they conceptualise their relationship with their birth families, how they make sense of separation and how they come to terms with it. They may negotiate different ways of positioning themselves between their birth and foster families, which may change over time. In several studies children have suggested treating a placement as a trial period to find the best match between children and their carers, providing an opportunity for both sides to see if it can work (Sinclair et al., 2001 and Ofsted, 2009).

Frequent moves make it difficult to develop a sense of belonging and disrupt education and friendship networks, possibly leaving children and young people feeling that they do not have any control over their lives. However, they do not always perceive placement moves negatively. When transitions are handled with care, sensitivity and explanation, they may be welcomed. If children are concerned about where they are being taken, what is happening to their birth families and where there is inadequate contact with professionals they may feel scared, unsafe and concerned for their future. But there are still many gaps in our knowledge and understanding of their views and experiences.

Outcomes for children and young people in foster care

Research on outcomes does not always differentiate between children in different types of care placement. There are also anomalies in the data collected by the DfE and Ofsted, reflecting differences in the methodologies applied to collecting data. So, for example, the DfE's published data does not currently break down outcome data by placement type.

However, an examination of the literature shows that there are issues that are common across placement types. When viewed as an undifferentiated group, children who have been in care are significantly more likely than other children to suffer adverse outcomes across all measures, including physical and mental health, education, employment, homelessness, offending behaviours, substance abuse and general wellbeing (see the systematic review conducted by Gypen et al., 2017). However, research is increasingly focusing on outcomes for distinct groups within the care system. More attention is now focused on comparing looked after children's outcomes with those of children 'in need' or on the edge of care, and on outcomes for different groups of looked after children (for example, children who have entered care at an early age compared with those who have longer care experiences, and between children in different types of placement). This allows an exploration of factors that contribute to better outcomes for looked after children and on what is working and not working.

While the attainment gap between looked after and non-looked after children widens with age, getting increasingly worse to the point where only 6% of care leavers attend university compared with 50% of the non-looked after population, the gap is partially explained by the high numbers of looked after children identified as having a special educational need, four times that of the general population. However, children in care have relatively positive outcomes when compared with children in need. Research has shown that those who were looked after for at least 12 months performed better at GCSE level than children in need and those looked after for less than 12 months (Sebba et al., 2015). This suggests that care can act as a protective factor educationally. Other factors have been identified as having an impact on outcomes at GCSE, including being male and having a high score on the Strengths and Difficulties Questionnaire (SDQ). The association is complex and likely to be the result of a range of influences such as previous attainment, genetic intelligence, SEN, the impact of family breakdown and instability, and a low priority given to education, as well as low expectations on the part of some professionals.

The health of children and young people is often poorer than that of the general population at the time of their entry to the care system, which may reflect the impact of poor early life experiences and environmental risk factors (NICE, 2010). Studies have highlighted the complexity and range of mental health and wellbeing issues affecting looked after children, which can include attachment and relationship difficulties, trauma-related anxieties, inappropriate sexual or other behaviours, inattention, hyperactivity,

conduct problems and defiant behaviour (see, for example, McSherry et al., 2015). While there is a paucity of detailed evidence, what there is attests to high rates of physical and mental ill health, although the outcomes for children in foster care are shown to be significantly better than for those in residential care. Studies have shown that a higher proportion of children in residential care meet the criteria for a psychiatric disorder than in foster care and the latter are much less likely to have a substance misuse problem than children living in children's homes (Department for Education, 2014).

Most children who are in care do not become involved with the criminal justice system but the proportion that does is higher than amongst their non-looked after peers. Contact with the youth justice system and the imposition of a criminal record can seriously impact on their life chances. Although children in residential care have much higher levels of police involvement than children in other forms of care this should not draw attention away from the issues facing the foster care system, especially as a recent review cautioned that this may reflect the fact that children in residential placements are more likely to be prosecuted than those in foster care. There is, however, a correlation between the number of care placements (including foster care placements) a young person experiences and offending behaviour. Nevertheless, evidence suggests that if foster parents are given sufficient training and support to respond to challenging behaviour the need to involve the police and juvenile justice professionals is reduced. Multidimensional Treatment Foster Care (MTFC) has been shown to contribute to a reduction in both offending behaviour and placement moves (Dickson et al., 2010). From the 1990s onwards many local authorities developed MTFC or similar schemes as well as specialist foster care options, but a 2012 study reported that many had closed schemes for specialist adolescent foster carers and remand foster carers in recent years as budgets have come under increasing pressure (Schofield et al., 2014).

There is evidence that some children do well in foster and kinship care. The age at first placement is a strong predictor of success across all types of placement; generally, the younger the child when they enter care, the better the outcome. Where children are at risk of not being able to live with birth families, separation and speedy progress towards permanence are likely to be the least damaging course of action. High-quality foster care can also be a protective factor in supporting and enabling children to achieve positive outcomes. Relationships have been highlighted as important to good outcomes. A supportive, stable relationship with an adult – often, but not necessarily, the foster carer – is frequently cited as the most important factor in improving outcomes for children in all types of care (see, for example, Economic and Social Research Council, 2014; Schofield et al., 2012).

Placement instability is one of the factors most often linked to poor outcomes. Many children who move foster placement will also have to move schools and away from services that were supporting them. There are also huge challenges with children

accessing services when they are not in long-term, stable foster placements, particularly when they are moved outside their home local authority. However, children who are in stable placements that do not meet their needs can benefit from a move to a placement that does. Stability is of value when it is a foster family placement that helps children to feel loved and fulfil their potential. For similar reasons outcomes are better for children who do not go home or only do so to a radically changed situation (Biehal et al., 2015 and Luke et al., 2014).

Poor outcomes carry huge personal cost for individuals and for the state. Research suggests that a child who enters the care system at an early age, experiences a stable and high-quality placement in long-term foster care and receives supported transition from care at 18, which is associated with good mental health outcomes and better educational achievement, may cost something in the region of £352,053 – or £23,430 per annum. This compares with a child who has a ‘poor’ care journey over seven years (entering care later, experiencing a number of unstable and low-quality placements and several unsuccessful attempts at reunification with the birth family, followed by an early exit from care at 16, often associated with both poor mental health and educational outcomes) costing £393,579 or £56,226 per annum (Hannon et al., 2010).

Conclusions

What is good about fostering?

For many children and young people in long-term foster care, being fostered may be better than the alternative, which is to remain at home. Most fostered children go on to lead happy, healthy, productive lives as adults and are generally positive about the care they receive. They want to be part of a normal family life; receive encouragement, respect and basic information about their entitlements; access a good education and have some choice about contact with their own families, as well as a say about their time in care and what they want from it. Their overall satisfaction is determined by factors such as the quality of the care they have received, their relationship with their own birth families, the balance of their relationships with their foster families and their own families, the reasons for their being in care and being able to lead an ordinary life. The key to successful foster care also lies in recruiting, training and supporting good foster carers.

These findings are confirmed in research. To what extent is what is already known used? How do the messages from research get passed to practitioners and, when they are, how are they used? It is not only practitioners who need to be aware and act on findings from research, it is also policy makers and those responsible for the strategies at local and regional levels.

What are the current challenges and significant issues?

One of the biggest, if not the biggest, issue in fostering is how to secure the future recruitment and retention of enough, high-quality foster carers. There is no clear policy on how this is going to be achieved. But there are other issues that need to be addressed. In many of the interviews and in the studies examined for this review there were references to children coming into care with increasingly complex problems. It was, however, difficult to establish the validity of these claims because the 'complexity' of problems is not systematically recorded when children come into care, which means that there is no baseline data to compare with more recent data. Local authorities are required to collect data to return to the government annually on the emotional health of looked after children. All children aged 4 to 16 will have a Strengths and Difficulties Questionnaire (SDQ) completed for them or by them as they enter the care system. This provides a baseline assessment of their emotional and behavioural wellbeing. The SDQ is validated for this group but it is suggested that there should be another instrument used alongside it to address the complexity issue and measure change. Another emerging issue is the quality of the social work support offered to children and young people in foster care and to their carers. It is time for a more detailed examination, not only of the interaction between the child's social worker and the supervising social worker

but also of the training and preparation provided and required to work in fostering. Finally, there is a need to review commissioning processes and the factors that facilitate and challenge outsourcing of fostering services.

The missing data

It is evident that some very reliable data and evidence have emerged from well-structured projects conducted by experienced researchers, but evidence is not equally distributed across all the domains of fostering. Throughout the review there are references to innovative practice and services for children and young people. In many cases they have been evaluated but the studies are often small-scale pilot evaluations that can only ever give tentative indications of effect. They do not provide sufficiently robust evidence to inform commissioning of services and there have been very few attempts to provide the quality of detail on which to judge either success or value for money. A systematic review was completed where 15 post-adoption support therapeutic interventions for children and families studies were examined (see Evans et al., 2017). While most showed some impact, evidence of effectiveness could not be confirmed. The researchers concluded that the evidence base was too limited to recommend investment in any established interventions. So there is a clear need to design studies that allow policy makers and commissioners to draw conclusions around what works, for whom and in what contexts, which must include developing innovative but robust research methodologies. An important step would be the development of appropriate and consistent measures of placement outcomes.

But in addition to robust evaluations and rigorously conducted qualitative studies, reliable and representative data are needed that are based on stratified samples representative of the foster carer population. At the present time, we do not have these data and that impedes our understanding of some of the issues that are proving difficult to address, such as supply and capacity.

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