

**Specialist foster care for traumatised young people
with challenging behaviour:
Appraising joined up service provision**

A thesis submitted for the degree of Doctor of Philosophy

by

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Abstract

It is recognised that looked after young people with a history of trauma, offending, emotional, behavioural and educational difficulties often face a high risk of social exclusion later in life. Against this background an innovative and intensive fostering service was developed by a large charitable organization. The intention was to provide community based foster care placements as an alternative to residential and secure accommodation and an external evaluation was commissioned.

The thesis grew out of the main research evaluation. This small scale case study has the separate aim of exploring how far the provision of specialist foster care placements together with appropriate services can help young people to achieve stability. This question is considered through an analysis of the organisational relationships, the model for service delivery, the implementation of the key services and their impact on the service users.

The methodology and research approach used questionnaires and in-depth recorded interviews. The study has been personalised by including the voices of the organisation's key stakeholders and service users.

With the introduction of recent legislation that places an emphasis on inter-agency and multi-professional working, the thesis seeks to draw out lessons from the case study on the opportunities and constraints of joined-up service delivery. It also aims to inform current policy and practice which is now shifting towards the provision of specialist foster care, rather than residential care for difficult young people.

The findings indicate that achieving integrated service delivery and multi-professional working is a complex task. The study has provided a broad understanding about all aspects of service delivery, together with the views of the service providers and the service users. Finally, the thesis makes recommendations for the improvement of inter-agency co-operation and front line service delivery to ensure that young people and their families receive the services they need.

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Chapter 1 – Introduction

The research underpinning this thesis explores the hypothesis that joined-up service provision linked to placements can help promote stability for young people who have been placed in specialist foster care. The main focus of the thesis is organizational relationships, and the co-ordination and delivery of services that may be put in place to support young people and their foster carers.

The term ‘joined-up’ has become a buzz word to describe the way in which the government aims to modernise and integrate public services.

“A key challenge to improving joined-up service delivery between and within organizations will be to create systems that provide a seamless and consistent service to clients but are also sufficiently flexible to take account of individual needs and circumstances, during what are often very complex life episodes” (Rose 1999, p4)

The ‘New Labour’ agenda for reform in the social care sector is based on the notion of ‘joined-up thinking’¹ (Blair et al. 1999; Giddens 2001). The aim is to ensure that services work together more efficiently and effectively to provide high quality services and better access for vulnerable groups (Department of Health 1998; Department of Health 2000), and this perspective is the focus of this thesis.

The use of terms such as ‘joined-up’ and ‘seamless’ are currently fashionable terminology. They can best be portrayed as a form of shorthand to describe the government’s intention of breaking down the barriers between the individual services and introducing collaboration across organizations and services (Office of Public Services Reform 2002). Nonetheless, implementing joined-up service delivery on a large scale is not easy to achieve. Stoker (2003) has highlighted the lack of co-operation and ‘turf wars’ between some agencies, and the potential conflicts between

¹ This approach is underpinned by the government’s ‘third way’ political manifesto for change. The aim is to transcend the old style political divides. The aim of third way politics is to retail the values of social justice and equality, but also to embrace the challenges of globalisation and market forces by introducing a major programme of economic and social reconstruction (Giddens 2001).

the models for joining up services. One model is vertical with central government as the strategic leader, and the other is more horizontal with local government drawing together community partnerships. When considering the children's services sector, it is acknowledged that it will be difficult to create a unified generic approach that is embraced by all agencies (Hall 1976; DfES 2003; Aynsley-Green 2005). Therefore, measures to improve inter-agency working are now included in the Children Act 2004.

The concept of joint working is not new and has often been presented as a prerequisite for successful child protection (DHSS 1974; Packman 1981; DHSS 1986; Dingwall et al. 1995; Hallett 1995; Utting 1997). Successive reports have pointed to the importance of improving communication between agencies to ensure that they share essential knowledge about their contact with vulnerable children, birth families and/or alternative carers. The importance of developing an inter-agency approach was highlighted again recently by the communication failures that resulted in the death of Victoria Climbié. This occurred despite the involvement of several different agencies (Laming 2003).

One of the main difficulties in implementing joint working is that the social care sector is large and diverse. It includes statutory and voluntary agencies, and there are differences in professional work cultures, training and agency purpose. To avoid duplication, overlap and/or gaps in services, a careful and considered programme of change is necessary if this is to be achieved without undermining services that are already functioning well (Atkinson 2001; Housley 2003; Calder 2004; Atkinson et al. 2005).

Currently in the UK, the structural models for delivering and financing services for 'looked after children'² can vary between and within statutory and voluntary agencies (Pithouse et al. 1994; Waterhouse 1997; Triseliotis et al. 2000; Callaghan et al. 2003; Harker et al. 2003; Wilson et al. 2004). These differences have sometimes resulted in gaps in communication and services delivery. For some vulnerable children, there has

² This term is used to describe children who are in the care of social services. However this also refers to young people.

been a lack of adequate provision leading to poor, and sometimes, tragic outcomes (Utting 1991; Utting 1997; Laming 2003).

Whether or not the children have suffered from disjointed provision of services, the impact of unstable care careers has affected many young people who have been academically, economically and socially disadvantaged later in life (Berridge 2000; Department of Health 2000; Social Exclusion Unit 2002; Social Exclusion Unit 2003). They experience high levels of mental health and physical health problems (Bullock 2003; Howell 2004; Street 2004). They are more likely to be involved in crime, and care leavers are also over represented in the homeless and prison populations (Berridge 2004). Research has found that the financial costs of social exclusion are high, and that antisocial behaviour in childhood can be a predictor of later costs and consequences (Scott et al. 2001; Berridge et al. 2003)

The goal of the current reforms is to ensure that children and young people have greater opportunities to be healthy, stay safe, have enjoyment and achieve in life, make a positive contribution to society and achieve economic wellbeing (DfES 2003).

Depending on individual circumstances, and the child's needs at any given point in time, the level of involvement required from agencies will differ. Essential services that may need to work together are: social services; health; education; the police force; and youth justice (DfES 2003). To enable these differing professional and occupational groups to reach agreement about their roles and responsibilities, there is now a focus on creating common standards, integrated systems and a common assessment framework (Shardlow et al. 2003).

“A shared programme of change must be based on common understanding of how services can achieve better outcomes for children and young people; on commonly accepted principles; and on a shared understanding of effective practice” (DfES 2004, p28)

It is felt that co-ordination between agencies will create an environment that could help to improve the life chances for children and young people (DfES 2004). This

co-ordination includes improving the working links across the statutory and voluntary sectors.

It seems particularly important to wrestle with the issues about integrating services in the foster care sector, because this type of placement is favoured by the majority of local authorities when children can no longer remain at home (Wilson et al. 2004; DfES 2005; Sinclair 2005). The starting point for the management of change has to be clarity about the organizational and operational differences within this sector of social services. Developing a detailed understanding about the approaches to assessment and care planning should help to ensure there is a holistic and co-ordinated approach for young people in foster care (Harwin et al. 2003; Sellick et al. 2004).

The nature of foster care

Statistics produced by the Department for Education and Skills (2005) show that, on 31st March 2004, there were 61,100 looked after children in England; 60% were aged 10 and over. The majority of children entered the care system because of abuse or neglect³ (62%). Sixty eight percent (41,600) of the children and young people in care in 2004 were in foster placements. Because foster care is the preferred placement option for the majority of looked after children, increasingly foster carers are required to meet the needs of older, more difficult, children who would previously have been placed in residential care (Parker 1990; Pithouse et al. 2004).

The aim of a foster care placement is to give children, who cannot be cared for by their own families, the opportunity to live a family life (Triseliotis et al. 1995). This differs from a residential placement, either open or secure, where the child is cared for as part of a group of children with staff working on a shift basis to provide 24 hour care (Milner et al. 2004).

There are four types of foster care in operation. These are: mainstream foster care provided by local authorities; kinship foster care provided by family members but usually funded by the local authorities; private foster care arrangements organised and

³ This yearly statistics show that this figure has remained relatively stable since 2001 which was the first year this information was collected (DfES 2005, p7)

paid for by the child's family; and independent specialist foster care, which can be provided by voluntary organizations, private or other charitable agencies⁴. These types of foster care are differentiated by organizational and financial arrangements (Berridge 1997; Waterhouse 1997; Broad et al. 2001; Holman 2002; Sellick et al. 2002; Wilson et al. 2004).

Foster care is a universally recognised form of care for children who need state intervention because of family circumstances (Sellick 1999). To improve international understanding Colton & Williams (1997) used material from 22 countries in an attempt to provide a global definition of foster care that would encompass the various types of foster care. Their working definition is as follows:

“Foster care” is care provided in the care providers’ home, on a temporary or permanent basis, through the mediation of a recognised authority, by specific care providers, who may be relatives or not, to a child who may or may not be officially resident with the foster care providers” (Colton et al. 1997, p30)

The key aspect of the above definition is ‘the mediation of a recognised authority’. Even when parents organise and pay for their own foster care, the relevant local authorities should be notified to ensure that children are protected from harm (Philpot 2001; HMSO 2004).

Berridge (2001) offers an expansion of the above definition, taking the view that foster care is a composite family arrangement that creates a new dynamic by adding foster children into the family home. In many fostering households, where children are only placed for a short time, or where placements break down, these dynamics are subject to change and periods of instability when children move in and out of placements. Therefore the need for services to support the foster family and the children in their care will vary over time.

⁴ Specialist foster care can also be provided by local authorities as part of their direct fostering service.

There is currently a crisis in foster care due to the shortage of approximately 8,200 foster carers in England (Fostering Network 2005). This is, in some part, due to young people remaining in care for longer periods. Seventeen percent of the total care population are aged 16 and over (DfES 2005). Some children and young people are difficult to place, as they require specialist placements and/or specialist services to meet their individual needs (Waterhouse 1997; Farmer et al. 2004). Various types of specialist placements can be provided directly by local authority social services department, or commissioned from independent fostering agencies (IFAs). In recent years, the trend of placing children and young people with IFAs has increased steadily.

From the results of their national study of IFAs in 2000, Sellick & Connolly (2002) estimated that, at that time, approximately 11% of fostered children were placed with roughly 4,000 IFA carers. Since the introduction of registration and inspection for IFAs, there is now more accurate information about how many agencies exist and the numbers of children placed with agency foster carers (Commission for Social Care Inspection 2004; DfES 2005).

In 2004, 102 independent agencies had been registered and inspected (Cosgrove 2004). By July 2005 this had increased to 254 (Commission for Social Care Inspection 2005). These agencies are often used because the local authority cannot find appropriate placements within its own service. Government statistics for the year ending March 2004 show that 7,300 children were in foster care placements arranged through an agency. Of these, 6,000 were in placements outside the local authority boundary.

Nationally and internationally the independent foster care sector has grown substantially since the 1990s (Hill et al. 1993; Colton et al. 1997; Sellick et al. 2003). Although these agencies are described as 'independent', many rely on local authorities for their funding and the majority are 'not for profit' organizations (Sellick et al. 2002). IFAs operate in the 'quasi'⁵ public social welfare market and are reliant on local authorities to fill their placement vacancies. They are, therefore, operating in

⁵ This term describes the introduction of a purchasing market in the social care sector where local authority departments and external agencies compete to provide services.

competition with other agencies to provide services to the public sector. A recent study in South Australia found that the relationship between the public and independent/voluntary sectors was very formalised. In this context, IFAs have been described as ‘agents of the state’ (Barber et al. 2004). In the UK, arrangements between the sectors are more ad-hoc with relationships ranging from formalised purchaser/provider partnerships with contractual arrangements through to one-off spot purchasing agreements.

In the UK, most IFAs are small scale organizations. However, their size and scale is said to enable them to respond more quickly and more efficiently to the needs of service users (Sellick 1999). Many of these agencies provide multi-disciplinary teams and services to meet the children’s individual needs and support the foster placements:

“69% provide therapy, 56% employ an educational liaison worker, 52% have contact centres, and 21% have on-site schools” (Sellick 1999, p109)

The increased use of information technology has also improved communication and record keeping (Sellick et al. 2003). Although research is still quite limited, there are indications that these agencies have good foster carer retention rates, and this has been linked to their satisfaction with the additional services and support (Sellick et al. 2002; Fostering Network 2004). The foster carers are often considered to be professional carers and as such are paid at higher rates than those employed by local authorities.

In recent years, there has been a substantial increase in social research about foster care. However, Wilson et al (2004) argue that further studies are needed on many of the different aspects of foster care and the impact of related services. The rationale for this thesis is linked to the recent analysis of innovative fostering practice (Sellick et al. 2003), which has identified the complexity of this multi-sectoral service and has highlighted the lack of independent, objective evaluation.

The detailed case study

This research focuses on an independent foster care project, which, for the purposes of preserving confidentiality, will be referred to as ILFC. This project was developed by a large children's charitable organization, identified as Meso⁶. This small, multi-faceted specialist foster care project has been used to demonstrate how service delivery has been implemented to support the project's target group.

“It provides placements of up to 18 months for traumatised 11-18 year olds with challenging behaviour” (publicity leaflet)

This project was not developed with the primary focus of providing specific therapeutic programmes to tackle the young people's previous life experiences. This might have been expected given the use of term 'traumatised'. Instead, the aim was to address their needs in a more holistic way.

However, the project did aspire to meet the aims of the government's Quality Protects programme which is to protect and promote good mental health in children (Payne 2003). Within the social care field, children's pre-care experiences and their entry into the care system are often conceptualised as 'traumatic' (Richardson et al. 2000; Bonnett et al. 2004). Harvey (2000) defines trauma as 'unusual psychological and physiological reactions to major losses' (p20). This terminology is also used to describe children who have experienced events such as: abuse; violence; neglect; bereavement, serious illness and genocide (NALDIC 2004).

Previous and current traumatic experiences are often used as explanations for challenging behaviours that are thought to be out of control, causing harm to self or others (Chung et al. 1998; Taylor 2001).

“The term 'behaviour problems' generally refers to a range of behaviours, from those which can be considered part of the expected developmental process, through to those diagnosed as

⁶ The name 'Meso' will be used throughout the thesis. This is also to maintain confidentiality.

‘conduct disorders’ that affect a minority of children whose severe behaviour problems significantly interfere with their ability to learn and develop”. (Liabo et al. 2004, p1)

It is recognised that negative life experiences can sometimes impact on children’s behaviour and development, resulting in poor attachments and mental health problems. However, it is also acknowledged that other children begin to thrive when their circumstances are improved (Richardson 2002).

Paul (2004) argues that it is important to make distinctions between the terms ‘mental health problems’, ‘mental disorders’ and ‘mental illness’ as these are different⁷. There is now a developing body of research that indicates that severe stress events can have an impact on the biological system and brain development (Selye 1956). The reasons for these physiological changes are not clearly understood at present, nonetheless there are concerns that these brain modifications in early childhood may interfere with children’s physical, emotional and social development in the longer term (Glaser 2000).

Many researchers and mental health service users argue for a more socially orientated holistic approach that considers the interactions between nature, nurture, culture and environment (Beresford 2000). Children who display what are said to be ‘challenging behaviours’ are often labelled or stigmatised as ‘mad’, ‘bad’ or ‘sad’ without any clear assessment about the reasons for their behaviour (Morris 2000). Forrest (2002) has advocated the use of the term ‘challenging needs’ instead of ‘challenging behaviour’. Those who support a broader approach argue that it is essential to empower young people and listen to their views about the reasons for their behaviour and the services they need (Hedges et al. 2000; Lightfoot et al. 2002; Stanley et al. 2002). This should be linked to the introduction of effective assessments that take into account individual children’s resilience, self esteem and their support networks (Street 2004). These factors are also to be an essential requirement for prevention and diagnosis of mental health problems (Emler 2001;

⁷ Paul (2004) distinguishes these as follows: Mental health problems are relatively common and are likely to be mild and transient. Mental disorders meet classificatory criteria and can be more persistent with more serious effects. Mental Illness refers to relatively rare and much more severe conditions.

Maclean 2003; Bostock 2004; NALDIC 2004). Therefore, it seems particularly useful to develop an understanding about the methods developed by ILFC to assess the placement and service needs of looked after children, who are said to be 'traumatised' and have 'challenging behaviour' (Gordon 1999; Schofield 2000).

The aim of this thesis is to add to the body of knowledge about the specialist foster care sector by exploring the intricate nature of ILFC's foster care service, together with the multi-disciplinary and inter-agency working relationships required to deliver a range of services to young people. This will provide a more detailed understanding of the issues involved in coordinating service delivery, albeit on a small scale (Social Services Inspectorate 2000; Social Services Inspectorate 2002; Social Exclusion Unit 2003). Four elements of joined-up service delivery have been identified and analysed. These are:

- The organizational relationship between Meso and ILFC
- The internal relationships within ILFC
- The purchaser/provider relationship between ILFC and local authorities
- The inter-agency relationships

The ILFC's mission is to provide a holistic approach to its work with young people. This is done through the provision of in-house services connected to partnership working with external agencies. The project recognised the need for written, detailed objectives and standards from the outset (Appendix 1). The main headings have been set out below to illustrate how these relate to their aim to provide joined-up services.

1. To work with the local authority to identify, assess and place young people who meet the referral criteria and who would benefit from a potential, positive outcome from being with the project.
2. To provide extensive and flexible packages of care to enable young people to live with foster carers in the local community, in a placement for up to eighteen months. To receive appropriate health and education input within each package.

3. To recruit and train a core of professional carers and support workers to provide a high standard of care and support for young people.
4. To provide a culturally sensitive and non-oppressive service to all young people and their families.
5. To endeavour to operate a policy of non-rejection, attempting to resolve difficulties or providing an alternative short/long term placement within the project's own networks.
6. To enable young people to establish, maintain and improve a young person's contact with family members and significant others, where appropriate and, with their agreement. To work towards rehabilitation if this is an option.
7. The project will ensure that the young person and their family are consulted regarding their wishes and feelings. These views will be incorporated into care plans and the development of the project to reflect and respect individual and corporate need.
8. To ensure that there are clear and supportive transitional arrangements made for each young person when they leave the project.
9. Equal Opportunities will underpin all aspects of the project's work.
10. To work in partnership and develop a viable inter-borough approach with three partner authorities to develop resources and practice for young people with difficult and challenging behaviour.
11. To evaluate the process and outcomes of the project.
12. To work to Meso-wide policy, procedure and standards.

It can be seen that ILFC's objectives for service delivery are broad ranging and implementation requires multi-disciplinary⁸, inter-agency⁹ and inter-borough¹⁰ working described here as 'joined-up' service delivery. These goals require operational and communication systems that will enable it to work effectively with the identified professional and occupational groups and other agencies. This thesis aims to provide a rigorous critique of the efficiency of ILFC's internal operation, and the viability of the working relationships with other agencies.

⁸ Two or more professional groups working together – social work and education etc.

⁹ Two or more organizations working together – voluntary organizations and statutory agencies.

¹⁰ Two or more local authorities working together.

To assess the grass roots service provision and the effectiveness of joined up service delivery at ILFC, the purpose is to explore these under three broad headings.

1. Service provision

What services were available for the young people and their foster carers?
How were the young people assessed and did they receive the services they needed?

2. Placement stability

Did the placements last as long as planned and were there factors that impacted on placement stability?

3. Young peoples' satisfaction with their time at ILFC

What did the young people find most valuable in the placement? Were they satisfied with the services they received, and could anything more have been done to meet their needs?

Outline of the thesis

To develop a detailed understanding of joined-up service delivery at all levels, this thesis is multi-layered. The review of literature in Chapter Two focuses on the historical evolution of foster care. It has traced the development of specialist foster care and independent fostering agencies, and has identified the factors that impact positively or negatively on placements.

Chapter Three provides a detailed discussion of the methodology and the approach to this thesis. It sets out the methodological approaches that have been employed, together with comprehensive information about the research participants and the ethical considerations and principles that underpinned the research.

Chapters Four and Five identify the models that underpin the organizational relationships and the approach to service delivery. The range of services and operational procedures has also been identified, together with the characteristics of the service providers.

Looked after children are the main group of service users at ILFC. Chapter Six provides information about the methods used to assess the young people who were referred, together with an evaluation of the decision making processes that were used to ensure that services were provided to meet their differentiated needs.

The foster care matching service is assessed in Chapter Seven, taking into account the range of variables that can be applied to achieve a successful match between the foster families and the young people. The services provided to support the foster carers are evaluated in Chapter Eight.

Chapter Nine contains the substantive evaluation of the services provided to the young people. This chapter also includes the young people's views on the foster care placements and services provided by the project.

Finally Chapter Ten sets out the appraisal of the joined-up service delivery in operation at ILFC, together with an identification of the key issues for collaborative inter-agency working.

Chapter 2 – A review of the relevant literature

Introduction.

Foster care has become the preferred option for the majority of looked after children and young people. This also includes adolescents with difficult behaviours and some young people who are on remand (Coram Family 2002; Prasad 2003; Farmer et al. 2004). Three main reasons appear to underpin the increased use of foster care. Firstly it is said to replicate ‘normal’ family life (Triseliotis et al. 1995). Secondly it has not experienced the same level of crisis that has arisen with other forms of provision (Utting 1991; Utting 1997). Thirdly financial costs are lower than those for most types of residential care (Packman 1981; Cliffe et al. 1991; Waterhouse 1997; Berridge et al. 2002).

This chapter briefly explores the origins of foster care for difficult adolescents and the developments that have led to the current policy and legislation. It focuses on the organizational and theoretical changes that resulted in the evolution of new models of foster care and the growth of the independent fostering sector. Definitions of placement stability will be reviewed, together with the factors that can impact positively or negatively on child welfare outcomes. The evidence on key support services and joint working will be highlighted and the final aim of this chapter is to identify the gaps and weaknesses in our current knowledge. It should be noted that this review does not compare foster care with other types of placements for difficult adolescents, because the aim is to focus on specialist fostering and joined-up service delivery. However, comparisons will be drawn whenever relevant.

The historical context

Historically, state managed public services were developed to provide care and control for children whose parents were considered to be the ‘undeserving’ poor (Townsend 1975). The issue of how to balance care and control to ensure the protection of children are themes that continue to be addressed in social policy and legislation through to the present day (Travis 2002).

As seen in the previous chapter, negative or deficit parenting is often the cause of children entering the care system (Farmer 1996; Berridge 2000; Department of Health

2003). However, children who have experienced positive parenting are also looked after for reasons such as death, illness or the lack of additional adult support during a period of family crisis (Wilson et al. 2004; DfES 2005).

An ongoing paradox for the state has been when and how to intervene in family life to protect children and improve their welfare outcomes. The differing solutions to these problems have been influenced by the ideological perspective of the government of the day. The debates are ongoing and as will be seen in this review, the solutions often appear to be contradictory. Fox-Harding (1997) argues:

“The debates are significant, because of the serious dilemmas that arise in policy, and because different perspectives point to different policy consequences” (p3). “There is no certainty and no consensus as to the state’s role in child care” (p8).

The literature indicates that successive governments have introduced new social policies and legislation to resolve what initially appears to be a reasonably straightforward problem – what is the best form of care for children who are not able to live at home with their families? To understand this dilemma, Parker (1990) asserts:

“Today’s problems, policies and controversies cannot be understood without reference to their historical backgrounds” (p108).

This is the reason for reviewing the history and evolution of fostering. The foster care ‘boarding out’ system started in the 19th century¹¹ and some of the basic aims for children have not changed. Family life is still thought to be more beneficial for the majority of children, rather than institutional care. The Boards of Guardians considered that locality, education and supervision of placements were important and these are still important today. Local authorities today are still striving to find foster care placements in borough, close to the child’s school and with regular visits from a designated social worker (Heywood 1978; Department of Health 2003). However

¹¹ The service was managed by the Poor Law Boards of Guardians on a union/parish basis.

there is now a greater recognition that many looked after children experience more difficulties in the longer term than their peers and this has resulted in the development of additional services to support the needs of the children and their carers.

Charitable voluntary organizations also provide foster care schemes to support statutory services. These evolved from the earlier philanthropic 'child rescue' movement¹², and initially these services were not regulated by the state, but this has now changed (Parker 1990; Caesar et al. 1994; Sellick 2002; Sellick et al. 2002; Wilson et al. 2004). Kinship and private foster care has also been used for many centuries, but these types of foster care are not beyond the scope of this review (Broad 2001; Philpot 2001; Wilson et al. 2004).

There is a legacy of categorising children as either 'deprived' or 'delinquent' (Parker 1990). These categorisations influenced the way their care was organised by the state. For a long period, only younger, deprived children were deemed to be suitable for foster care, although some were also placed in residential homes. Older, more delinquent, children were placed in reformatory and industrial schools and these were later termed 'approved' schools. In these establishments, the main focus was on education and training for work. This focus was considered to be of paramount importance to bring about changes in the young person's behaviour. Although these types of institutions have now been closed down, education and vocational training are still seen as a key factor for improving outcomes for young people (Jackson 2001; Social Exclusion Unit 2003)

Heywood (1978) links the moves to end the divisions between the services for deprived and delinquent children with the growth in understanding about the personal and social influences on criminal behaviour. At the turn of the 20th century, social policy started to shift towards the notion of supporting and reforming young people through the use of foster care and family life, rather than imprisoning and punishing them. Nonetheless, the period from the nineteenth century through to the middle part of the twentieth century was dominated by the exclusive 'active severance' model of foster care and birth families were excluded (Parker 1990). At that time there was a

¹² Thomas Coram, Barnardos and the Charity Organization Society in 17th and 18th centuries.

genuine belief that, ending children's contact with their families, would give them new opportunities and a better life. State intervention into foster family life was minimal but this changed in 1945¹³. The Curtis Committee Report 1946 raised concerns about the quality of foster care, and also the more serious worries about the very poor conditions in many of the residential establishments (Packman 1981). This resulted in major new legislation, the Children Act 1948.

The introduction of the Children Act 1948 is deemed to be a watershed in the history of childcare (Packman 1981). This Act revolutionised children's services. It created a system that simplified and unified the management of children's departments. The use of foster care was expanded, because this option was still considered preferable to the residential alternatives. To improve the safety of the fostered children, they were provided with a professional social worker.

During this same period, there was also a change in thinking about family contact. This can be linked to the psychoanalytic discourses about attachment theory and the perceived relationship between family separation and children's difficult and delinquent behaviour (Bowlby et al. 1939; Winnicott 1964; Rutter 1981; Howe et al. 1999). The result was the introduction of the 'inclusive' foster care model that encourages and supports family contact.

With these major changes in place, the organizational management of fostering services remained relatively stable for approximately 20 years. Further modifications can be linked to several factors. Firstly, the major research studies of foster care by Trasler (1960) and Parker (1966) had found high placement breakdown rates¹⁴. Secondly, there was a rise in juvenile delinquency and thirdly the preventative work that was done with the families of young offenders in Oxfordshire was seen as a positive way forward (Packman 1981).

¹³ Dennis O'Neil died from neglect and physical violence, blame was attached to the poor assessment of the foster carers and the lack of placement supervision.

¹⁴ Trasler's study found that three quarters of all placements broke down in the first two years. Parker's study identified almost half of all placements as failing. The effects of the child's age and separation from the natural family were among the key variables found to affect placement stability.

Now the goal was to reorganise social services and prevent children being taken into care¹⁵. This would be done by supporting families in crisis with community based social services. The formal dual categorisation of children as deprived or delinquent was partially ended with the introduction of the Children & Young Persons Act 1969. The children's departments were disbanded¹⁶ and generic social workers were now responsible for children and families (Hall 1976). Foster care was now deemed to be appropriate for older children and this increased the pressure on the service.

At this stage, legislation was becoming complex and fragmented and the Children Act 1989 brought most private and public law for children into a single statute. This Act placed child welfare at the centre of the planning process and reinforced the philosophy that, whenever possible, the best place for children was with their families. This legislation was deemed to be comprehensive and far reaching. Nevertheless, within a very short time frame it was recognised that further changes were needed if the welfare of children was to be improved. Research indicated that teenagers presented particular problems (Sinclair et al. 1995; Department of Health 1996; Cleaver 1997; Department of Health 1998; Wyld 2002). Since that time, childcare policy and legislation has continued to evolve (Roberts 2001).

The 'modernising social services' documentation (Department of Health 1998) highlighted the need to improve protection, co-ordination, flexibility, clarity of role, consistency and efficiency in service delivery. To transform children's social services and improve children's life chances, the Quality Protects programme was launched in the same year. This had clear objectives and targets for improving children's life chances. The added needs of children from black and ethnic minority groups and children and young people with disabilities were also recognised, as was the importance of involving children and their families in planning and delivering services. Linked to this was Education Protects (Department of Health 2000), to provide a specific focus on improving the links between social services and education.

¹⁵ Children & Young Persons Act 1963 dealt mainly with delinquency and the juvenile court system. It also introduced of section 1 payments to help support families.

¹⁶ Local Authority Social Services Act 1970.

Improvements were made. Monitoring local authority Management Action Plans and targets year on year against the performance target indicators revealed progress in many of the above areas (Department of Health 2000) and the voluntary sector's role in enhancing services was also recognised (Social Services Inspectorate 2000). However, the situation for some looked after children did not greatly improve. Several factors were identified, including their age and the length of time they spent in care, their offending and challenging behaviours, the lack of suitable placements, and their instability after they had left the care system. There was growing recognition that further policy and legislative changes were needed.

Some very young children were staying in the care system longer than necessary and The Adoption and Children Act 2002 was introduced to improve the adoption process and widen the pool of prospective adopters for children who could not return home to their families. However, foster care was still deemed to be suitable for many looked after children and the need to improve many aspects of the service was raised in the SSI report 'Fostering for the Future' (Social Services Inspectorate 2002). There were concerns about the instability experienced by children with increasingly complex needs, due to a shortage of suitable foster carers. The Choice Protects programme was introduced to bring about the necessary improvements to recruit, train and support foster carers, review good practice and improve the planning and commissioning of placements (Department of Health 2003)

Intensive fostering is now seen as the way forward for some young people, especially those with offending and challenging behaviours. The view is that this type of family support could be more responsive to young people's needs than residential care in Young Offenders Institutions (Coram Family 2002; Shape 2003). The Anti-Social Behaviour Act 2003 now gives the courts the option to specify intensive fostering combined with Supervision Orders (Youth Justice Board 2004). Remand fostering is also used between court appearances (BAAF 2004).

The needs of care leavers were addressed in the Children Act 1989 (section 24). This specified the need for advice and assistance, but unfortunately implementation was not clearly defined. It has been found that many young people who have left care experience social exclusion and life long problems into adulthood (Social Exclusion

Unit 2002; Allen 2003; Social Exclusion Unit 2003), and therefore the purpose of the Children (Leaving Care) Act 2000¹⁷ is to give young people the support they need to achieve stability and independence (Department of Health 2000).

Inter-agency working is now seen as a key factor in improving children's services and child protection. This was one of the key recommendations in the Laming report on the death of Victoria Climbié. The government's response to this report is the Children Act (2004). This is now being described as the most significant change to improve children's services for 30 years (Thompson et al. 2004). Once again there are major reforms. The focus is on effective joint working and developing a skilled workforce. These changes, together with specialist services, aim to ensure that children can be: healthy, stay safe, enjoy and achieve in their lives and make a positive contribution to society (DfES 2004). The need for these reforms is recognised by the General Social Care Council who argue:

“What is important to children, families and other service users is that professionals work effectively together. We need to equip people to work seamlessly together, to consistent standards, to help prevent children from falling through the safety net” (Berry 2004, p1)

What is now needed is implementation of the systems and procedures to ensure that joint working is effectively monitored across the key services. These are social work, education and health (Aynsley-Green 2005).

Specialist foster care

The first specialist fostering scheme evolved in 1975 when there was limited confidence in the ability of mainstream foster care to care for older children (George 1970) and there were still concerns about the quality of care in some residential establishments and the links with delinquency (Clarke et al. 1975).

¹⁷ This legislation is to support 16 and 17 year old still in care and care leavers.

The aim of the Kent Family Placement Service (KFPS) was to challenge the view that foster homes could not successfully contain or engage in work with difficult adolescents (Hazel 1989). The project was a new semi-autonomous partnership arrangement¹⁸. The aim of this scheme was to change the focus from long term family placements; instead, the way forward was to use time-limited, goal-orientated 'treatment' placements to tackle the young people's behavioural problems. Because of the difficult nature of the work, the carers were part of the multi-disciplinary staff team and they were provided with training. They were paid an enhanced allowance and were considered to be of equal status to the social work staff. These were probably the first 'professional' foster carers.

KFPS had four key principles. These were (1) normalisation, this was to be achieved by living with a foster family; (2) localisation, ensuring the placement was near to the young person's family home and friends; (3) voluntariness where the young person chose to be fostered; and (4) participation in decision making. Throughout the life of the project there were three separate evaluations, the results of these were broadly similar. This new approach to foster care was deemed to be successful. Seventy percent of the young people were judged to have improved during the placement period and 64% of all placements ended as planned¹⁹ (Yelloly 1979; Hazel 1981; Smith 1986). The ten year review of this scheme concluded:

“The viability of time-limited problem-solving placements for troubled and troublesome adolescents is no longer in question” (p53)

It is thought that the success of the Kent project influenced the further development of specialist and treatment foster care schemes. Shaw & Hipgrave (1983) argue that the value of this type of foster carer is the focus on the child's individual physical, emotional and/or behavioural needs. They provide a useful diagrammatic pyramid showing the separation between mainstream and specialist fostering tasks – the peak being 'handling abnormally complex or intense problems' (p132).

¹⁸ It was a 5 year collaboration between Kent Social Services, the University of Kent and the Gatsby Charity. After this project was assimilated into the Social Services Department.

¹⁹ In the third evaluation the young people were considered before, during and after the placements.

“Although known by a variety of labels, treatment fostering differs from most other varieties of foster home care in that its primary purpose is to provide or facilitate ‘treatment’ (however defined) rather than to provide a substitute home”. (Shaw et al. 1983, p10)

This is not to say that mainstream foster carers are not faced with many of these problems from time to time. The difference is said to be in the intensity of the problems. Specialist foster care is now provided through in-house local authority schemes and also by external independent fostering agencies (IFAs) (Shaw et al. 1988; Waterhouse 1997; Wilson et al. 2004).

The introduction of partnerships with independent and specialist agencies

In recent years there has been a trend towards local authorities working in partnership with voluntary and independent fostering organizations, with the aim of transferring some areas of service delivery, but not statutory responsibility. When a child is placed with an independent agency, the statutory responsibility remains with the local authority. This is usually exercised through the allocated social worker who is responsible for planning and coordinating services.

A detailed study by Waterhouse (1997) considered the arrangements for delivering and resourcing foster care in England and the growth in the purchaser/provider model²⁰. The introduction of ‘Best Value’²¹ as part of the government’s proposals to modernise social services also had an impact on service delivery. Sometimes services are split between internal local authority departments, and in other cases they are contracted out (Department of Health 1998; Fletcher 2000; Social Services Inspectorate 2002).

The introduction of service level agreements and/or contracting has brought about a shift in the funding mechanisms for services provided by voluntary organizations. However, the SSI Inspection Report (2002) noted that local authorities had very

²⁰ This describes the accounting separation for purchasing and providing foster care. This arrangement can be between two local authority departments, between two sections of one department; or between a local authority and an external provider.

²¹ This system was introduced in 2000 to improve cost and efficiency in the management of local government.

limited understanding about what they were paying for and whether there was added value when they contracted out services.

Sellick & Connolly (2002) gathered information from 55 IFAs. Most of these were funded through fees paid by the local authorities. The IFAs were grouped in three sectors: (1) not for profit voluntary organizations (60%), (2) charitable/ religious organizations (20%), and (3) private agencies working for profit (20%).

Very little information is available about the organizational and management structures used by IFAs and their partnership arrangements with external agencies. Some IFAs are stand alone organizations, several others such as the Community Alternative Placement Scheme (CAPS) - have been developed by charitable organizations²² (Walker et al. 2002; Coram Family 2004). Others including the ROSTA project in the Wirral²³ evolved as partnership arrangements²⁴ (Hazel 1989; Biggins 2003).

As long ago as 1989, Hazel highlighted the need to develop management systems that would meet the needs of specialist foster care organizations and the foster carers.

“Specialist foster parents are a highly skilled, articulate group of people.... A different management style, allowing a far greater degree of autonomy and some career progressions should make it possible to retain the services of these families”
(Hazel 1989)

More recently, Sellick (2002) identified two main models of management structure in operation in IFAs. The majority have adopted conventional hierarchical line management structures, but others have instituted corporate systems with foster carers playing a role at the highest levels. Leat’s study of the voluntary sector (1995) found

²² CAPS was set up by NCH Action for Children in Scotland to offer foster care placements for young people in the community who might otherwise be placed in secure care.

²³ ROSTA is a therapeutic fostering service. It was the first major children’s service to be jointly commissioned to provide mental health services, education and care needs. It operates as a free standing service.

²⁴ ROSTA is a partnership between Royal Liverpool Children’s Trust, Liverpool Social Services, Family Placement and The National Teaching & Advisory Service.

that staff had more opportunities to participate in voluntary organizations, but this did not, necessarily, mean that they had any more influence on the decision making process. But the research about the costs and benefits of the different organization and managerial styles in IFAs is limited (Wilson et al. 2004) and this is worthy of further research.

IFAs foster care schemes have continued to develop; there are now over 100 registered IFAs (Cosgrove 2004). To meet the growing diversity of needs, there are now schemes with different specialisms and examples include children with disabilities, young mothers, and those with therapeutic needs (Wilson et al. 2004). Remand foster care has been developed as an alternative to prison and secure units because this has been found to reduce offending behaviours (Prasad 2003). However, the Howard League is concerned that this use of foster care can bring more young people into the system, rather than allowing them to remain at home (Leason et al. 2002). Recent figures estimate that 15% of foster children in the UK are cared for by IFA foster carers (Community Care 2003).

It is also noteworthy that the independent fostering sector has not experienced difficulties recruiting foster carers, although nationally there is a shortage of approximately 8,000 foster carers (Fostering Network 2003). Indeed, some IFAs have reported that they are able to recruit five times more foster carers than those who leave (Sellick et al. 2002). The growing trend for foster carers transferring to IFAs has consistently been linked to the provision of training, support services and higher allowances (Association of Directors of Social Services 1996), with reports that some local authorities have then had to buy in the services of foster carers they previously employed (Collier 1999). To improve retention, some IFAs have also started to develop pension schemes and long service rewards. Although financial incentives are important, it seems that the various types of support provided are also highly valued and these are also a major factor in successful recruitment and retention (Sellick et al. 2003).

All carers need support especially those who are caring for young people with very challenging behaviours, or severe disabilities. Large scale evaluation about the support need of foster carers is somewhat limited (Fostering Network 2004) and there

are still gaps in the information about the recruitment, retention and support needs of particular groups of carers including those from black and ethnic minority communities, and single carers.

The majority of local authorities offer some support services to all of their carers, but these are not as extensive as those provided by many IFAs. Some also pay high allowances, but due to budget constraints, this is not universal and is often only paid to foster carers who work with difficult children (Fostering Network 2003).

There are various concerns about the increased use of independent fostering agencies (Sinclair 2005). Placements are usually time limited and there are likely to be children who may need to stay for longer periods. However, extending placements can also block the intake and 'silt up' the system. Children are often placed with agencies that are not within the local authority boundaries (DfES 2005), thereby removing them from their local networks. Sinclair also argues that careful consideration needs to be given to ensure that specialist foster care does not have a detrimental impact on mainstream fostering.

Do IFAs achieve better outcomes?

The research literature on outcomes in the specialist foster care is limited. Berridge (1997) in his review of foster care literature concluded that assessments of specialist foster care in England and Scotland had generally been positive, especially those for children with special needs. Nonetheless Sellick & Connolly (2002) argued that more information was needed about IFAs and the care and services they provide; in particular they identified a need for more information on the outcomes for the children using these organizations.

“Are they healthier, better educated, more secure or better planned for?” (p119)

To date, the evidence about the success of IFA is still limited, but the studies suggest that the intensive community based 'treatment' approach is a promising way forward for children and young people with particular difficulties (Jones et al. 2004).

A detailed study of the CAPS specialist foster care project that compared young people in foster care with those in secure units (Walker et al. 2002) found that the outcomes were comparable. It provides some preliminary support for the use of community foster carers, as a viable alternative to placing young people in more expensive secure units.

The ROSTA therapeutic foster care service is a useful example of joint working. The project's aim is to support young people in specialist placements in the local community, with the provision of ongoing support until they are 21. This project is now being evaluated in a long term study. The early indications are that this scheme has been successful in achieving placement stability, reintegrating young people into the community, and getting them back into education (Biggins 2003).

Specialist and independent foster care has also developed internationally (Hill et al. 1993; Sellick 1999), and some schemes have been subject to rigorous research (Fasulo et al. 2002; Barber et al. 2004). One useful example is The Oregon Social Learning Model multi-disciplinary team work approach that was developed in the 1980s²⁵. These large scale programmes have been evaluated using randomized clinical trials. The results have been statistically significant and the service inputs were associated with improvements in the young people's functioning (Chamberlain et al. 1998; Chamberlain 2005).

In the UK there are now two new initiatives to improve outcomes for young people. The first builds on the use of remand foster care and this will be delivered by the Youth Justice Board in three pilot schemes. The aim is to provide supervised intensive foster care and joint work with the parents to improve their children's behaviour (Youth Justice Board 2004; Mitton 2005).

The second initiative is the 'multidimensional' treatment foster care model (MTFC) and is also for older children. This is a wrap-around²⁶, multi-level programme that is

²⁵ This model was designed to bring together child welfare, mental health and the youth justice system to treat children with severe behavioural problems. The foster care placements are 6-9 months with multi-method interventions.

²⁶ This term is used to describe a co-ordinated system that puts the child at the centre of service provision.

underpinned by the social learning approach and it is supported by consultants from the Oregon Social Learning Centre. The scheme will offer assessment, therapy, education, close supervision and family support; and the foster carers will be a core part of the multi-disciplinary team (Department of Health 2005). The pilot schemes for these new initiatives became operational in 2005. However the issue of successfully transferring the Oregon model of treatment programmes needs to be carefully considered, especially when taking into account the differences in populations in the UK and the USA. (Sinclair 2005).

Recent research has indicated some success by IFAs. But the numbers of studies are small and so is the length of follow-up for many of these (Sellick et al. 2002; Wilson et al. 2004). However, it is expected that the new integrated framework for inspecting all types of foster care provision will be helpful for comparing outcomes for children in IFAs and other types of foster care placements (DfES 2004).

Services and cost implications

The research on the costs of different types of service provision for teenagers is limited. Berridge et al (2002) used a production of welfare model²⁷ to explore the costs and consequences of differing services for adolescents. They argue that:

‘Differences in costs of services need to be understood in the context of the needs and problems young people present’ (p118).

Some young people are a strain on resources especially when they are in high cost placements and require additional support services (Ward et al. 2004). Secure accommodation is often the alternative for difficult adolescents and the cost of providing local authority secure accommodation for young offenders ranges from £1,800 to £3,500 a week. These costs include education, health and accommodation. Interestingly the costs of prison service accommodation are lower at £400 to £600 per week (The Youth Justice Task Force 1998). This may be linked to size and economies of scale and a reduced level of services.

²⁷ This model includes: costs, resource inputs, non resource inputs, intermediate outcomes, and final outcomes.

The majority of IFAs have a transparent breakdown of their fees that reflect the additional services they offer. These can include; education, therapy and family support. Transport can also be included if the placement is outside the child's home area. In addition to the services to the young people and their families, the foster carers normally receive training, 24 hour support and respite services (Walker et al. 2002; Sellick et al. 2003; Fostering Network 2004).

All of these services add to the costs of each placement. The fees charged by IFAs vary depending on the size of the agency, the number of services provided, the salary costs and the level of allowances paid to the foster carers; charges range between £400 and £2000 per week. This differs from local authorities where, at times, very little is known about the actual costs of their in-house services (Social Services Inspectorate 2002). However, many local authorities feel that the fees charged by IFAs are too high and a study by Sellick et al (2002) found that young people were often referred to IFAs on an emergency basis because a local authority placement could not be found.

Definitions of placement stability

Placement stability is important and yet there is an ongoing conceptual problem about how to define this (Berridge et al. 1987; Rowe et al. 1989; Palmer 1996; Jackson et al. 1999). Jackson & Thomas (1999) aimed to provide an international overview on this topic and were surprised to find a lack of detailed research that had placement stability as its main focus.

As long ago as 1989 Rowe et al were arguing that straightforward counting of placement moves could be misleading, as there were difficulties in comparing the reasons for a child's change of placement and the effects of different types of moves. Some placements, such as those with IFAs, are planned for short, intensive periods. Yet this factor is not taken into consideration in the Quality Protects definition (Department of Health 2000) that focuses on the number of placement moves in a year. This is not particularly appropriate for placements that are planned as short term. More generally, Jackson & Thomas (1999) suggested that there is a need for a revised conceptual framework to include stability and continuity; they argue that

staying in one placement does not, necessarily, constitute stability and this is confirmed by other research (Williams et al. 2000).

Placement stability can also be affected by respite moves, holidays with the carers or natural family and short visits home (Farmer et al. 2001). These moves are not counted as a change of placement and as such are excluded from the official statistics.

Some studies have defined success as when all of the parties involved with the placement consider it has been successful from the child's viewpoint, and the recent SCIE review of the foster care literature (Wilson et al. 2004) has now linked together the four main factors that can be used to measure stability and outcomes. These are the stability of the placement, safety, developmental outcomes, and the children's views.

However, it should be noted that relating outcomes to interventions can be complex as some variables are difficult to capture (Parker et al. 1991; Ward et al. 2001).

Factors that can affect placement stability

Detailed planning and assessments are considered to be crucial in maintaining placement stability for children and in particular difficult adolescents (Hazel 1989; Sinclair et al. 1995). The preparation of a detailed care plan for every child is thought to be essential (Warren 1997). A recent study of the use of care plans by Harwin et al (2003) found that there was some evidence that plans with detailed specifications about the young people's needs, and how these needs might be met were more likely to achieve better welfare outcomes and increased placement stability.

Many different researchers have sought to isolate the variables that can either stabilise or destabilise placements, but this is difficult. Berridge (1997) differentiated three main areas of focus that were found to impact on placement outcomes: the child's characteristics and individual needs, the child's care career and maintenance of social networks, and placement related features. These were derived from his earlier work (Berridge et al. 1987). Triseliotis et al (1995) also offered a useful summary of the predictive factors, listing these under four headings: child related negative factors, foster home related positive factors, social work related positive factors and natural parent/s positive factors. A recent study by Sinclair & Wilson (2003) found that

success depended on the child's characteristics, the qualities of the foster carer and the interaction between the child and the carer and 'chemistry' is an important element too.

Organizational factors can also have an impact on placement stability (Berridge & Cleaver 1987, Waterhouse 1997, Ward & Skuse 2001). These are:

- the availability of financial resources,
- the poor co-ordination of specialist services to support the placement
- the transfer of children's cases to different departments as they age through care.

The difficulty with all of the factors outlined above is that they can have individual or cumulative effects on a placement. The following section sets out the key areas that can impact on placement stability. These need to be taken into account when planning joined-up services delivery for young people.

(a) – The importance of listening to young people's views about what they want and involving them in decision making.

The Children Act 1989 provides the statutory framework to ensure that young people are consulted about their wishes and feelings and are made aware of their right to make a complaint against the local authority with regard to their care. Since the introduction of the first advocacy service in 1975²⁸ there has been growing recognition that young people need help to make their views known when they are dissatisfied with service delivery and they rarely use the formal complaints procedures (Simpson 1998; Harnett 2002; Padbury 2002).

One of the central themes of Quality Protects was the introduction of children's participation²⁹ (Department of Health 1999). Young people can participate in decision

²⁸ Voice for the Child in Care was set up as a result of the death of Maria Colwell who was removed from foster care against her wishes. The organization aims to work directly with young people to ensure their voices are heard when decisions are made about their care.

²⁹ The need to empower children and encourage their participation in the decision making process has been growing over a number of years. The government's adoption of the UN Convention on the Rights of the Child in 1991 and the Human Rights Act 1998 has strengthened many aspects of children's rights.

making at several levels, these include being involved in meetings about their individual care needs, contributing to organizational planning, and being involved in recruitment and training (Utting 1997; Harwin et al. 2003; Voice for the Child in Care 2004; Morgan 2005).

As part of the Adoption and Children Act 2002 the government introduced national standards for advocacy (Department of Health 2002). This legislation places a duty on local authorities to ensure that advocacy provision is available for children and young people who want to make a complaint under the Children Act procedures. A cautionary note is offered by Dalrymple (2003) who argues that although advocacy is important, the adults who take on this role need to ensure that the young people are not placed in a subordinate position that denies their rights as social actors.

Young people have now suggested that meetings are not always the best forums for hearing their views and that professionals should now consider providing a variety of forums where they can be more involved (Voice for the Child in Care 2004). Similar recommendations were made in a study by Morris (2000).

(b) - Successful matching of foster carers with young people is thought to increase placement stability.

Matching appears to be a complex task that involves a range of variables. What is not clear is how far matching improves outcomes (Waterhouse 1997; Pearce 2002; Department of Health 2003; Wilson et al. 2004) and whether there are essential aspects that must be matched. Early studies identified a number of factors to be taken into consideration when matching; these included the age of the foster mother, the age and gender of any natural children in the household, and the foster child's previous care history (Trasler 1960; Parker 1966; George 1970; Berridge et al. 1987).

Berridge (2000) also cites the good practice of matching ethnicity, culture, language and religion, suggesting that matching by ethnicity is of greater importance than matching by colour. Where children are classified as mixed heritage, it has been suggested that there should be a cautious approach and assumptions should not be made about young people's perceptions about colour (Caesar et al. 1994). Other issues to be taken into account alongside the matching process are the locality of the

placement, access to siblings and maintaining other family relationships (Triseliotis et al. 2000; Wilson et al. 2004).

Matching requires detailed knowledge about the child and yet the social workers often work with limited information (Berridge 2004). This can be due to deficiencies in their own records and also because records have not always been shared across agencies (Bullock 2003). It is, therefore, important that the potential foster carer has the opportunity to consider the risks and also that there is agreement from the child before the placement goes ahead.

(c) - The quality of the fostering relationship can be crucial.

The role of the foster carer can be an essential element in managing young people's personal difficulties, their contact with family, and in stabilising the placement (Sinclair et al. 2004). Cairns (2002) discusses the complexities involved when caring for children who are old enough to remember the care given to them by their natural families. She argues that foster carers need to have a theoretical understanding about how children's previous experiences can result in differences in their reactions to the same situation. Safe caring is essential, particularly when it is known that children have experienced abuse and trauma. It is worrying that children can be subjected to abuse whilst in care (Farmer et al. 1998) and allegations that are not adequately investigated and resolved can impact on the stability of the relationship. Therefore child protection procedures are important. Additionally, some children and young people are known to make false allegations (NCFA 1996; Bray et al. 2001) and this can be a contributory factor leading to placements breakdown. Support for foster carers in these and other circumstances is now being addressed (Green 2001; South London and Maudsley NHS Trust 2003; DfES 2004; Quinton 2004).

To help foster carers maintain their own stability, many local authorities and IFAs provide them with specific support services. Access to nationally recognized training, 24 hour support services, respite breaks and foster care support groups are all thought to be essential services that can help placement stability (Berridge 2000; Triseliotis et al. 2000; Sellick et al. 2002; Walker et al. 2002).

The relationships that young people build with their carers can also help young people during transition into adulthood, and many young people remain in contact with former foster carers for advice and support (Walker et al. 2002; Lipscombe et al. 2003; Voice for the Child in Care 2004).

(d) – Adolescents are particularly vulnerable to placement instability.

Instability during adolescence is recognised as a normal part of growing up. This has to be distinguished from abnormal behaviours that may be related to their life experiences before and during their care careers (Winnicott 1964; Aldgate et al. 1989; Biehal et al. 2002).

Berridge et al (2003) used five criteria to define ‘difficult’ adolescents (criminal behaviour, school exclusions, using alcohol, drug usage and absconding from placements). Several of these features are similar to the categories used to define the group of adolescents described as ‘disaffected’ in a study by Farmer (1996).

Older teenagers are susceptible to placement breakdown and the rate has been estimated to be about 50% (Wilson et al. 2004) and yet the research on foster care for this age group is still limited (Farmer et al. 2004). However, throughout the literature on placement breakdown there is a strong association between adolescence, anti-social and challenging behaviour, and mental health problems (Berridge et al. 1987; Farmer 1996; Strijker et al. 2002; Wilson et al. 2003).

“Children who are disruptive, aggressive and/or dangerous to others are likely to be moved to a different setting” (Newton et al 2000, p1372)

An interesting study by Strijker et al (2002) was able to successfully predict outcomes for 68% of children³⁰ using the child’s age, their length of stay in foster care and whether their behaviours were ‘internalised’ for example depression, or ‘externalised’ such as violence against others. The results were considered to be statistically significant, confirming the relationship between older children and externalised

³⁰ 120 children were categorised by age and types of behaviour and length of stay in foster care placements. Type 1 behaviours were externalised and Type 2 behaviours were internalised.

challenging behaviours. This study was conducted in Holland. It would be interesting to develop a comparative study to assess whether this formula can produce similar results in this country. However, studies by Barber et al (2001) and Delfabbro et al (2002) in Australia have also concluded that older children with emotional and behavioural difficulties are unlikely to achieve stability in traditional foster care placements. They confirm the need for alternatives such as treatment foster care and/or residential units, where additional support services are provided.

Foster carers who agree to accept difficult adolescents need to be prepared for the challenges ahead. Farmer et al (2004) stressed the importance of providing foster carers and the young people with 'full and honest' information before the placements; failure to do this increased the possibility of disruption.

(e) – The importance of focussing on young people's health.

The health needs of looked after children in foster care was under researched for a number of years (Berridge 1997). Bullock (2003) reviewed recent research on the health of looked after children. This revealed a lack of continuity in record keeping which often resulted in poor knowledge about their ongoing needs and this could affect other aspects of their lives.

“Poor health is not just a medical matter; it is likely to affect children's performance at school, relationships with peers and family, confidence and self-esteem. The effects can be widespread” (p50).

Providing services to improve the emotional, mental and physical health needs for young people can help to bring about improvements in other aspects of their lives (Social Exclusion Unit 2002; Social Exclusion Unit 2003).

Jackson & Thomas (1999) argue that there is a need for continuity of mental and physical health services for young people. However this can be difficult to achieve when young people move to a placement in a different health authority. Statutory mental health services are provided by the Child and Adolescent Mental Health Services (CAMHS). Nationally there are considerable variations in CAMHS (Audit Commission 1999); some areas have long waiting lists (Stanley et al. 2002). The

need for CAMHS to improve and develop their services by 2006 has now been addressed in the Children Act 2004 (Street 2004). One problem is that CAMHS is only available up to the age of 16. After this the young people are transferred to adult services where there is a very different approach to treatment (Rix 2004). A study by Farmer et al (2001) found that counselling for difficult adolescents in foster care was important, not only for the young people, but the carers also felt supported when this service was in place (Sellick et al. 2003).

For many years the view has been that inter-agency working is necessary to protect children and promote their well-being. But achieving this has been difficult (Murphy 2004). The Every Child Matters programme has now set out five long term outcome measures for the new children's services³¹. It is hoped that the introduction of the National Service Framework (Department of Health 2004) will improve the national co-ordination of services and have a positive impact on outcomes..

On a much smaller scale, some studies have found that it can be beneficial if children's difficulties are identified and managed at the point of placement, using therapeutic foster care (this is similar to the Oregon Social Learning Model and the new MTFC) (Newton et al. 2000; Ward et al. 2001; Sellick et al. 2002; Strijker et al. 2002; Biggins 2003).

(f) – Emotional and behavioural problems can result in risk taking behaviours.

What also has to be considered is the often unseen interaction between different types of challenging behaviour and other difficulties. Very often the main research focus on a particular issue throws up information about other problems. Running away from placements, often described as 'absconding', has been linked to a number of issues. These include: offending; substance abuse; self harm; sexualised behaviour; abuse and exploitation; physical and mental health problems and truanting (Newman 1989; Wade et al. 1998; Biehal et al. 1999; Biehal et al. 2002).

³¹ Children should have help to: 1) Be healthy, 2) Stay safe, 3) Enjoy and achieve, 4) Make a positive contribution, 5) Achieve economic well-being.

A substantial report (Biehal et al. 2002) identifies running away as a teenage problem, with young people in care more likely to run away than those living at home; this confirms findings by Newman (1989) and Fasulo et al (2002).

There also seems to be a link between abuse, a lack of education, and offending behaviour (Jerrom 2004). The introduction of Youth Offending teams (YOT) has benefited some young people who have reduced, or even totally stopped, their offending behaviour, but others continue to be at risk when there is a lack of joint working with social services departments. This has been raised as a matter of concern by the YOT Inspectorate (Stephenson 2004).

The research on substance misuse and self harm is still quite small (Hewitt 2003; Howell 2004). However, children in care are more likely to use drugs, smoke substances and use alcohol than those living with their families. These are considered to be types of deliberate self harm (Bird et al. 2000). Services other than CAMHS are provided by statutory and voluntary organizations, but these are often limited due to resources issues. Here again the interaction between agencies is essential to ensure that the underlying and surface causes are assessed.

The research literature confirms that looked after children display a number of risk taking behaviours. It is now recognised that these should not be addressed in isolation and that strategies and interventions are needed across professional and occupational groups if the needs of these young people are to be understood and met (Howell 2004). There are also additional risks when using foster care placements for children who have been sexually abused and/or who abuse others. Farmer (2003) argues that these children need supervision, sex education, therapy, and behaviour modification. Their carers and support workers also need appropriate training to ensure that they are able to contextualize the children's behaviours

(g) – Education is a powerful influence on placement stability.

For many years it has been recognised that there is a relationship between placement instability, educational instability and underachievement for looked after children (Jackson 1987; Fletcher-Campbell 1997; Jackson 2001). Looked after children are a heterogeneous group and therefore their individual needs and educational abilities

differ. For some young people, factors such as gender and ethnicity can have a positive or negative impact on their educational achievements (Brodie 1998; Comfort 2001) and the significance of these factors are the subject of ongoing research (Harker et al. 2004).

Education Protects guidance (Department of Health 2000) identified 15 barriers to success in education. These included changes of placement, changes of school and being out of school for long periods:

“There is a clear relationship between schooling difficulties and placement breakdown, either may precipitate the other. Supporting schooling as a central part of care planning and placement support is therefore preventative” (DoH 2000, p 18).

Young people also recognise that moving between placements is a factor that can impede their educational progress and some felt that their social workers did not prioritise their educational needs (Harker et al. 2003).

Non-attendance at school has been linked to offending behaviour and again this can affect placement stability. Young people often enter the care system because of their offending behaviour (Sinclair et al. 1995; Farmer 1996), but others start offending during their time in care, sometimes this can be age or placement related. Recent government statistics show that the rates of looked after children aged 10 and over who have been cautioned, or convicted for an offence, is 3 times higher than their peers (DfES 2004) .

In recent years there has been a greater focus on putting measures into place on to improve young people’s education³² (Martin & Jackson 2002). Despite these improvements a large number of young people are still leaving care without any qualifications (DfES 2004) and only 1% go on to university (Ellinor 2004). Public service agreements have now been revised so that by 2006 no more than 10% of

³² These include: the use of personal education plans and designated teachers, the use of education mentors, specific guidance for social workers and carers, support with out of school activities, the provision of space to do homework, and the necessary resources to improve studying.

looked after children should leave school without having sat an appropriate examination (Social Exclusion Unit 2003). Coombes (2004) argues that this will require partnership working between social services and education, together with financial investment.

To improve young people's educational achievements some IFAs have developed specific educational services; examples include school liaison teachers, one to one and/or group learning, regional education centres, computer and internet access, and educational training and support for the foster carer (McGlone-Healey 2003; Sellick et al. 2003). Nonetheless ensuring that looked after children are in mainstream education is important and are not over-represented in other forms of educational provision, such as Pupil Referral Units, is important.

(h) – The importance of young people's social and leisure needs

Providing opportunities for social and leisure activities can help young people to stabilise in a placement, make friends and settle into a new area. Young people have stressed the importance of peer relationships (Voice for the Child in Care 2004) and this input can also divert adolescents from risk behaviours (Lipscombe et al. 2003). However stable relationships can be difficult to achieve when young people have frequent moves.

Carers and young people believe that greater consideration should be given to leisure activities, but many social workers do not consider this to be a high priority (Walker et al. 2002). Sometimes when 'play' services are provide, this is for therapeutic purposes, or to improve education (Young Minds 2001); enjoyment is often the secondary reason (Community Care 2003). For example in some parts of Scotland looked after children have been given free access to play and leisure services, but this is to improve their educational attainment (Scottish Executive 2002). Sixty six percent of IFAs in the study by Sellick & Connolly (2002) provided a formalised social and leisure service for young people.

Holidays can also be normalising and enjoyable experiences for young people which can help to broaden their horizons. This time away from everyday strains can also improve the relationship between the young people and their carers. Many looked

after children miss out on holidays because this is not considered to be a high priority. Access to holidays is also affected by changing placements and the need for permission from parents, and difficulties with passports. A study by Lewis (2001) found that, as a result of a holiday 74% of the young people had more ideas about what to do when they left school and 60% also felt calmer and more relaxed.

(i) – Family contact: the reasons for children coming into care and the planning for their return home or independence can impact on placement stability.

There is an ongoing debate about the benefits of direct or indirect contact with family members and the quality of the evidence (Quinton et al. 1997; Quinton et al. 1999; Ryburn 1999). Nonetheless, family contact is accepted as good practice unless there is a risk of harm (The Hadley Centre for Adoption & Foster Care Studies 2001). The government's aim to increase family support and improve parenting (Family Policy Unit 1999) has resulted in an expansion in policy, practice initiatives and academic research (Moran et al. 2004; Quinton 2004).

For some children the quality of family relationships can be important, especially for older children (Triseliotis et al. 1995; Liabo et al. 2004). Where children are expected to return home, the involvement of parents in all stages of the care process has been found to increase the child's stability in care and afterwards (Millham et al. 1986; Aldgate et al. 1989; Triseliotis et al. 1995; Palmer 1996; Sellick et al. 1996). Whereas, Farmer (1996) found that negative parental influences often resulted in the placement breaking down and the child being returned home before the planned time.

A study by Strijker et al (2002) found that half of the children whose placement ended before the agreed time, returned home to family, and this may be because they were older.

“Stability implies that changes would follow the child's inclinations and not be forced by other circumstances. The child remains part of a living community or neighbourhood and there is continuity in the child's membership of a cultural reference group which is recognisably theirs (p 18).

Farmer (1996), and Delfabbro et al (2002), argue that providing a greater focus on parents is likely to contribute to better outcomes for children during their time in care and for successful reunification with their families.

Parents of adolescent children may also need help to find effective strategies to improve their parenting and understand their rights and responsibilities (Henricson et al. 2000; Henricson 2003; Moran et al. 2004) and this is part of the focus of the new Youth Justice intensive fostering schemes and other support and training schemes (Liabo et al. 2004). When there are child protection concerns, contact centres are one form of support used to facilitate the continuity of relationships between looked after children and their families (Wigfall et al. 2001; Sellick et al. 2003). The government's parenting initiative has also highlighted the complexities of managing the relationship between children, their families and foster carers (Quinton 2004).

j: Transitional support and after-care arrangements can provide a measure of continuity and stability.

Transitional planning is a statutory requirement, and it is part of the allocated social worker's role to support young people when they move. Unfortunately given the high staff turnover in social work, there are times when cases are dealt with by the duty team and this can affect planning and the efficiency of moves.

After-care is also important for the young people who do not return home and age out of care into independence; this a particular issue for orphans and unaccompanied asylum seekers (Voice for the Child in Care 2001). NCFCA (1998) offered a range of recommendations for improving transition and after-care services.

Developing joint working to improve service delivery

It seems that it will be difficult to evaluate service provision across agencies. Waterhouse (1997) identified a number of variations across local authorities in the use of management information systems, data collection methods and the measures used to evaluate the effectiveness of services. See also (Ward et al. 2001; Delfabbro et al. 2002). There were similar issues in the independent foster care sector (Sellick et al. 2003).

Several recent reports have drawn attention to problems that need to be addressed to co-ordinate and improve service delivery to protect children. The Kennedy report (Department of Health 2004) the Laming report (2003) and the Bichard inquiry (The House of Commons 2004) have all highlighted gaps in service provision and poor communication between services and across agencies, recommending that these and other problems must be tackled. An alliance of public and voluntary sector organizations have argued that local partnerships are the most coherent way of providing children's services (Children's Interagency Group 2003). What is now needed is a co-ordinated approach across agencies and some agencies, particularly youth and play, have been concerned about their lack of equality and status (NCVYS 2004). Ensuring equality will be important to make certain that children have the opportunity to improve in all five areas of well-being and also that their needs are considered holistically.

A key message from Sellick & Howell's (2003) study of innovative foster practice was that:

“Partnership working and commissioning enables many agencies to improve the availability of both general and specialised placements”
(p3)

They also refer to the value of information technology for bringing about improvements and evaluating user satisfaction with service delivery. The scoping review of foster care literature by Wilson et al (2004) also concluded that there is a need to develop a coherent approach to foster care. They highlight the need for a shared understanding between the statutory and voluntary services that support looked after children.

The new Children's Trusts are being introduced with measures to improve assessment, planning and co-ordination of service provision for looked after children. There will be new workforce strategies and inter-agency planning (DfES 2003), but it is recognised that there will need to be cultural coherence, as well as structural change, if agencies and professionals and occupational groups are to work together effectively (Edwards 2002; Shardlow et al. 2003; Murphy 2004). There will be an

integrated inspection framework and this should help to identify strengths and weaknesses (DfES 2004)

As part of the implementation for this new legislation, a substantial financial budget has been agreed to ensure that targets are rationalised to meet common objectives (DfES 2004). This will be important. Although the focus on children's needs is welcomed across agencies and professional groups there are concerns about the viability of implementing some of the new measures. One example is the current anxiety about the effectiveness and confidentiality of shared databases that will be used (Jerrom 2004). There are also apprehensions about finding the experienced, high quality, managers that will be needed to drive the structural and organizational changes forward, whilst at the same time ensuring there is a sensitive inclusive approach that will reshape the individual professional work cultures (Dobson 2003). The newly appointed Children's Commissioner has recognised that this will be an issue.

“We are going to need to find leaders in the stakeholder groups and to give them time, support and resources to be effective leaders, without which fine words by themselves will do nothing” (Aynsley-Green 2005, p4)

In the current effort to bring together children's services, he has stated that key themes will be openness, transparency, and access. The goal is also for children to be active participants in the process of change (Aynsley-Green 2005).

Concluding discussion

This review of the literature has highlighted the numerous legislative organizational and structural changes that have been introduced to improve services for looked after children. Despite the earlier studies that concluded that there did not seem to be a direct link between the structural organization of foster care services and patterns of outcome, there still remains a strong reliance on organizational reform to protect children and improve their well-being in the longer term. Given the amount of previous reforms and reorganization, what has to be questioned is how far these

changes will benefit children directly? It will remain to be seen whether the resulting reforms will be more 'new wine' in old bottles (Packman 1981; Little 2000).

What is worth noting is that the modernisation of social services, and the purchaser/provider split in organizational management, has benefited the foster carers who now have the option of providing their services through IFAs instead of working directly for the local authorities. The profile of professional foster care has been enhanced by the introduction of training and the national standards. In some schemes they are now a core part of the multi-disciplinary teams. IFAs have introduced high levels of support for their carers and the research suggests that this has helped to improve recruitment and retention in this sector.

The terms 'treatment' and 'therapeutic' 'intensive' 'wrap-around' and 'specialist' seem to be used interchangeably to describe short-term focussed foster care for particular groups of children and young people. What is important to note is that IFAs are continuing to develop. They are now embedded in the system and appear to offer a viable alternative for particular groups of children and young people. The evidence so far is promising suggesting that this intensive service is the way forward for the young people with challenging behaviours. This includes young people with identified mental health problems and those who offend. One of the main advantages is that the young people can remain in the community, although this is not necessarily their home area.

IFAs have pioneered the approach in joining-up service delivery. They have introduced innovative in-house services to meet the needs of the child, but at present there isn't a consensus about which services are the most important. The provision of services differs, depending on the agencies specialism, and links with statutory services are essential. A number of key services have been identified. These are: education; mental and physical health; parenting support; and social services. Currently some services, such as the use of parenting support, contact centres and play and youth provision, have a lower profile.

Because the majority of IFAs only offer time-limited placements the ongoing links with local authorities to ensure assessment and transitional planning are essential. Continuity of other services are also important and this is recognised in the government's focus on partnerships with voluntary agencies, educational continuity, improving CAMHS services and the introduction of leaving care support. Working in partnership with parents to improve their understanding about their children's needs and parenting skills is also at the forefront of the new reforms.

This review of the literature has identified a range of issues that have the potential to impact on placement stability and continuity of services. Hopefully the development of children's trusts with the planned improvements to encourage partnership working and cooperation between agencies will bring the essential services together, thereby improving outcomes for children and their families.

Introducing systems and procedures to identify and gaps and weaknesses in service provision will be particularly important and the new integrated inspection framework is essential. What will be difficult is transforming and integrating the individual professional and occupational work cultures, as these have developed over time and are firmly embedded in specialised training and work practices. The implementation of common standards together with improvement in education and training in social care may help to bring about the required changes, but this will take time. The management of change will be important and staff and foster carers will need to feel valued and supported if their services are to be retained. Methods for improving retention and rewards for achievements and long service will also need further consideration.

A major task will be transforming the structures to ensure the participation of service users. The current legislation states that the young people should be involved in the decision making process, but this is not routinely done. Recent research identified in this chapter has established that young people are still continuing to give strong messages about the need to involve them and listen to their complaints. Young people want the introduction of structures and systems that will ensure that their voices are not only heard, but acted upon, in all matters relating to the provision of care and services.

This review of the legislation, social policy and literature has revealed that the voluntary sector and independent fostering agencies, such as ILFC, will have a useful part to play in the newly reformed children's services sector. At the moment, what isn't clear is what will be the most effective method for joining up these services. One identified problem is the lack of authoritative data about the comparison costs when services are provided directly by the local authorities. This has made it difficult to compare and contrast these with the charges made by IFAs. There is also still a gap in the knowledge about how far these specialised services benefit the young people in the long term and improve their outcomes; these issues will be addressed through the case study evaluation of ILFC in this thesis.

Chapter 3 - Methodology

Introduction

In the current research climate, many projects are developed in affiliation with other establishments. Therefore methodological stance is not, necessarily, something that is chosen freely by individual researchers. Organizations which are involved in developing a research partnership need to find ways to work together to complete a project. In addition to this, they may have to satisfy different academic and/or funding bodies. This can lead to tensions when deciding whose needs should take priority and how these differing needs should be met.

This particular research project was developed as a partnership between three well known and prestigious organizations: Brunel University; the National Children's Bureau; and Meso - a large charitable organization. The thesis offers a useful example of a multi-player approach, highlighting some of the advantages, disadvantages and dilemmas that have emerged from the dual process of carrying out an in-depth research study alongside a full-time PhD programme. To separate the two entities, they will be referred to as the 'multi-party research study' and the 'thesis'. The multi-party research report had to meet the aims and objectives agreed with Meso, who were part-funding the studentship. The thesis had its own agenda and the second part of the funding was provided by the university, which also expected this thesis to meet its academic requirements.

The advantages and disadvantages of partnership in the research

There were distinct advantages and disadvantages in this dual process. The advantages were that access to the main research site and ILFC's documentation was guaranteed, as was the co-operation of the managers and staff. Meso also provided additional money to cover some of the fieldwork costs. Co-operation from local authorities and access to the young people in their care was also expected, and acceptance of the research project was written into the contracts and signed by the local authorities.

The dual supervision and support mechanism was also a key advantage. Because of the obligations to the funding organization and the need to meet the three year

deadline, there were regular supervision meetings to ensure the multi party research process stayed on track. There were also similar supervision meetings with the PhD supervisors. This level of supervision offered the opportunity to observe, discuss and understand the different perspectives. In addition, the research benefited from having ongoing access to NCB's in-house training and specialist library, together with a wide range of training and service inputs from Brunel University.

A major disadvantage was that, at times, the dual process seemed to be singular. This was because the process was often driven by the deadlines of the multi-party research project. These were determined by Meso, who were funders and stakeholders. Robson (1993) argues that difficulties can be created when funders seek to have their interests taken into account. It was, therefore, necessary to keep a clear distinction between the project and the thesis. The documentary evidence and the fieldwork have been used for both, although the analyses and perspectives have differed for each piece of work.

The multi party research study was designed as a comparative evaluation case study focusing on young people in care placed with ILFC. It was intended to develop an understanding of the process and outcomes for the young people. A second part of the study was planned to compare the experiences of young people who were placed with ILFC, and a further sample of young people who were not. This group of young people would have been selected from those who had met the organization's criteria for assistance but had remained in mainstream foster care with the local authorities. The comparison would have sought to compare child outcomes and the types of services received over time.

The planned approach soon had to be amended. There were two reasons for this. Firstly, ILFC achieved a contract with only one local authority 'Northborough'. Secondly, the numbers of children fostered at ILFC were very low and some of these only stayed for a short period of time. Therefore the original aim of providing a meaningful, comparative study was no longer achievable. In the light of these difficulties, the multi-party research was modified to produce a small scale evaluation (Robson 1993). ILFC's work would be evaluated against its stated aims and objectives (these are set out in Chapter One).

Research design

The research design for the thesis was also revised. This was amended to develop a small scale process evaluation and, as such, is located in the tradition of much research within social care (Robson 2000). It draws on the practice of applied social research (Sinclair 1998; Pawson et al. 2003) in that it seeks to identify lessons for policy and practice based on the collection of fresh, empirical data by means of an in-depth case study. The foci became the organizational arrangements, the extent to which the services provided by ILFC were joined-up internally and externally, and whether this was beneficial for the young people's stability. A case study definition that fits the aims of this thesis is offered by Greig and Taylor (1999)

“A case study is an in depth look at an individual, in context, a situation or an intervention, but each case also has a number of elements within it, which make up a total picture or vignette which ‘says it all’ (p103).

This research focuses on the organization and the key elements are: the young people; their internal and external service providers; and the range of responses to meet their needs. Evaluation of these elements should provide a full picture revealing the connections that are needed to establish joined-up service provision. This case study could be further clarified by using the term ‘site’ study proposed by Miles and Huberman (1984). The site or case is ILFC and all of its component parts.

It is also important to ensure that, as far as possible, the case study is significant (Robson 1993; Yin 1994). In this context, Yin describes significance as being something unusual, of public interest and/or of national importance, and it is hoped that this research will highlight some of the broad issues for specialist foster care projects where the aim is to achieve joint working relationships.

“At present there is little information on the range and extent of such services, their impact and effectiveness. The present project (ILFC) needs to be seen in this larger policy context” (Harwin 2000, p1)

This research is entirely congruent with the current government's agenda for bringing services together to meet children's needs (DfES 2004; Revans 2004).

The main thrust of this evaluation is to examine the extent to which ILFC has succeeded in achieving an integrated approach to service delivery in accordance with its original aims. The aim is then to provide insights into the viability of these initiatives and consider the impact of these on the life experiences of the young people for whom they are intended. As such, the approach is essentially one of reflective analytic practice. Finally, as noted above, the general lessons learned from the case study will be singled out for discussion.

Theoretical approach

The study did not start with a set of theoretical questions, but draws on a range of theories to enrich the case study and evaluation.. It draws on a diversity of theoretical traditions within the disciplines of sociology, psychology and social policy in order to do justice to the multi-disciplinary perspective of this thesis.

The work of John Bowlby and others (on separation and maternal deprivation) are used to underpin the conceptualisation of the nature and the attachment needs of looked after young people (Winnicott 1946; Bowlby 1951; Rutter 1981; Holmes 1983; Howe et al. 1999). Attachment to a main care giver is seen as an essential prerequisite for children's development (Department of Health 2000). However, achieving this can be difficult for children who have been removed from their birth families, and then experience frequent placements moves within the care system (Sinclair 2005).

Bronfenbrenner's ecological systems theory has also been used because it is relevant to the analysis of the integrated approach to service delivery (Bronfenbrenner 1979; Bronfenbrenner 1986). This perspective acknowledges the importance of the child, the family, other carers and service providers in the wider context of personal and professional networks. It also takes into account the possible impact of transitional events and geographical movements on stability and ongoing development (Quinton 2004).

In the wider context, the theoretical approaches that consider the possible influence of different organizational structures on the staff and service users have been particularly useful (Gerth et al. 1948; Foucault 1978; Giddens 2001) Group dynamics theory has also proved to be helpful when analysing the internal working dynamics within the multi-disciplinary team. (Tuckman 1965; Borgatti 1996).

Of equal importance has been the ongoing discourse about children's development as competent social actors and the importance of involving service users in social research to ensure their voices are heard (Kirby 1999; Christensen et al. 2002; Harker 2002; Prout 2002; Alderson et al. 2004). The UN Convention on the Rights of the Child (Article 12) provided the first clear lead on this but the potential of children to contribute to policy formation as well as responding to matters affecting their lives has become increasingly important in current social policy.

It might be considered that the adoption of such a wide range of theories runs the risk of excessive eclecticism and that the theories are not necessarily all compatible. As noted above, the multi-disciplinary nature of the thesis has required different kinds of explanatory models. With regard to potential conflict between theories, it is the case that if the differing theories outlined above are grouped together, they are not necessarily compatible. However, in the context of this thesis it has been useful to draw on these separately as they have been useful when analysing the component parts of the project.

Methods

When developing the approach for this study, it was important to understand the issues that fuel the paradigm debates (Taylor et al. 2005). This helped to determine my own perspective, which is to have a pragmatic approach to methodological choices. Clarke (1999) suggests that evaluators should not limit the breadth of the research through attachment to a particular paradigm, and this is the approach taken in this thesis.

“This will hopefully ensure that the methods chosen will be determined by the nature of the research problems

rather than by the methodological prejudices of the researcher” (Clarke 1999, p38)

Patton (2002) and Verschuren (2003) also emphasises the need for a practical and flexible approach to methodological choices, blending quantitative and qualitative methodology.

The methods used in this research include: documentary research; literature review; postal questionnaires; semi-structured questionnaires for use in one to one interviews; structured and informal interviews; formal meetings; and a focus group. These quantitative and qualitative methods make it possible to compare and contrast the information gathered from a variety of sources (Clarke 1999).

Research participants

The aim was to gain the views of the research participants through the development of questionnaires and interview schedules. This would include the relevant stakeholders.

The following groups were identified for inclusion in this research:

1. Young people currently in foster care at ILFC and those who had left.
2. Foster carers currently working for ILFC and those who had left.
3. Staff currently working for ILFC and those who had left.
4. Local authority social workers for the young people currently in placement.
5. Local authority social workers for the young people who had left.
6. Local authority managers involved in the placements.

These groups were chosen for four reasons: (i) to gain an overall picture of service delivery; (ii) to understand how the services worked at an individual level; (iii) to assess outcomes; and (iv) to test the local authorities’ understanding about ILFC’s services. The young people were included to ensure that their views about their individual care experiences were heard, and to assess ILFC’s operation from their perspective.

From the outset it was decided not to include the foster carers’ own children in the research, although it would have been useful to include this group of participants, as

they can have a significant effect on placement stability (Wilson et al. 2004). They were excluded on the grounds that they were not directly involved in service delivery, nor did they receive services from ILFC. This decision might have limited the completeness of the case study, but it should not limit the understanding of organizational relationships and service delivery.

Birth parents were also left out initially. This was a practical decision because of the restricted timescale for the fieldwork, and the potential difficulties that could arise when attempting to contact and include this group. Rather than completely ruling out the involvement of the group, however, it was decided that if opportunities arose where contact could be made, this decision would be reassessed. This occurred during the process of contacting the young people who had left ILFC. Opportunistic contact was made with five families and four mothers agreed to be interviewed.

Involvement of young people in the research

From the outset, my plan was to involve young people fully in the research. As an advocate working with children in care, my role has been to support them to make their voices heard and I wanted to carry this through into this research. Fraser (2004) highlights the importance of involving young people in empirical research.

“We have come to understand that a positive engagement with children and young people is not only desirable it is also necessary to improve the credibility of the knowledge we derive from research” (p 26, Fraser 2004)

Research with young people can be perceived as a continuum with young people being involved in different ways, from least to most active involvement. At one end of the continuum, young people would have very little involvement and be respondents whose views are sought by researchers. This is perhaps the most common approach when young people are involved in research (Greig et al. 1999). The most active involvement would involve them in all stages of research formulation, design and implementation (Kirby 1999). For example, young people can also work in partnership with adult researchers and social care professionals to

plan and develop research and play an active part in rigorous research studies³³ (Voice for the Child in Care 2004). Greater active involvement in the design and conduct of the research increases the degree to which the young people are empowered to tell their own story.

A useful schema for understanding the relationship between participation and empowerment was developed by Beresford and Evans (1999). When the proposals for this research were analysed against the schema, it was clear that trying to implement full participation and user empowerment for the young people presented some insurmountable challenges (Beresford 2005). The main problem was that such a detailed process to achieve true empowerment (Kirby 1999) would have been extremely time consuming, and would not fit the time scales required by the multi-party research project and the university deadlines for the thesis. Another difficulty was that the multi-party research process had already been designed and the young people's influence would be limited. However, as the young people are the main focus of ILFC's work, it was essential to involve them in this research.

Due to the limitations described above, the young people in this research have mainly been individual respondents who have provided information about their experiences. These are defined as 'aware subjects' by Alderson (2004). This is because they have given their informed consent to take part in an adult designed project, rather than becoming active participants and/or decision makers. However, the inclusion of their views in the report, and the PhD thesis, will enable their voices to be heard by a wider forum, and this could influence policy and decision making in the longer term.

Ethical considerations

Throughout this research process ongoing consideration has been given to issues relating to ethics, power and equal opportunities (Alderson et al. 2004; Fraser et al. 2004). Interviewing young people about their lives has the potential to be voyeuristic and exploitative. Many young people in care have experienced abuse, neglect and trauma and for these reasons it was essential to ensure that ethical practice

³³ This substantial research project was managed by the National Children's Bureau and Voice for the Child in care, this included young people. It involved a European seminar with representatives from 12 countries, the staff and young people from 8 linked local authorities, and the Family Rights Group who interviewed parents.

underpinned the development of the research. These issues were reviewed on a regular basis in supervision meetings.

Several codes of ethical practice were also consulted (British Educational Research Association 1992; Greig et al. 1999; British Sociological Association 2002; Harker 2002), as was the literature on children's involvement in social research. (Alderson 1995; Mahon et al. 1996; Thomas et al. 1998; Greig et al. 1999; Kirby 1999; Christensen et al. 2002; Harker 2002; Alderson et al. 2004; Fraser et al. 2004).

In the research process it was important to maintain an ongoing awareness of individual differences and specialised needs. These could be related to age and understanding, race, class, gender, sexuality, cultural or linguistic differences, religion and/or physical or learning difficulties. Chronological age and developmental milestones do not always match. Some children may have delays in their social, emotional, intellectual, physical, creative or moral development, while others may exceed their milestones. Similarly, among adults, some may have physical disabilities, specific learning difficulties or other special needs. What is important is not to make assumptions based on limited knowledge. This is where ethical symmetry comes into play (Christensen et al. 2002; Prout 2002). Using this perspective, the starting part is the same for adults and children.

The Ethical Principles for this Research

Set out below are the ethical values, principles and practice guidelines developed for this research. These are based on the ethical codes of practice referred to above.

Researcher standards: The researcher provided evidence of all relevant police checks to the supervisors before contacting and carrying out interviews with young people. To ensure that safe practice guidelines have been followed, the interviews with young people were tape recorded. These tapes provided a form of evidence, should any of the young people want to make a complaint or an allegation, and this was explained to the young people. The use of tape recording was also necessary to ensure accuracy in the use of the material.

Every effort was made to ensure the integrity of this research. This was monitored through the dual supervision provided by Brunel University and the National Children's Bureau. All of the report findings were reported accurately and honestly. For this purpose, all of the sources materials has been maintained for verification and has been stored safely to maintain confidentiality and guard against theft or loss.

Respect and confidentiality: All young people and adults involved in this research are individuals and should be respected as such. Respect for individual views and the provision of anonymity were paramount. Confidentiality may only be breached if allegations are made about significant harm to another person. In these circumstances, the way forward would be discussed with the participant and the research supervisors. These issues were set out in the young peoples' information leaflet (Appendix 2).

Empowerment: Wherever possible the research aimed to empower the participants. The research process and materials were reviewed regularly to ensure these did not prejudice the involvement of young people and adults due to individual differences. This would also be achieved by providing open and clear information about the aims and purposes of the research, and how the data would be used. The information was provided in a range of formats including letters and leaflets. The information was also discussed in simple terms with any potential participants who had learning difficulties and might not have been able to access the written information that was provided. This was to ensure that all participants had all of the details they needed to make an informed decision about their involvement. The parameters of the participant's involvement were explained and details about how to complain, and who to contact, were provided to the participants.

Participation in the interviews: Permission to interview the young people was obtained from social workers in the local authorities involved. Once this was given, the young people were asked if they wished to participate. They had the right to refuse.

At the start of the interview, the young people were given a copy of the information leaflet. This leaflet contained full details about the research; the aim being to ensure

that the young people were not disadvantaged or discriminated against during the process (Rubin et al. 1995; Owusu-Bempah 2001).

A simple set of help cards, developed by the researcher, were also used during the interview process³⁴. The aim of these cards was to provide a small shift in the balance of power between the interviewer and the young person. Every effort was made to ensure that the young people were not adversely affected by their involvement in the interviews. Attention was given to body language and/or other signs of emotional distress, and all participants were given an option of having a friend or other person of their own choice with them in the interview.

Clarification and Feedback: Information provided during the interviews was transcribed and returned to the young people for checking and approval before it was used. Wherever possible, the participants were informed about the research outcomes in a format suitable to their individual needs.

Implementing the research methods

To gain an understanding of the operational processes and interactions between Meso and ILFC, the first task was to review the background reports that gave information on the development of ILFC. To achieve this, a wide range of reports was reviewed. They included reports to Meso governors, the ILFC advisory group, the project manager's annual reports, the annual reports written by the chair of the fostering panel, the report documenting the end of the contract with Northborough and a brief research report produced by Vernon (2000).

Information gathering meetings

After reviewing the background reports, the second stage started with a series of information gathering meetings. These were essential to expand my understanding of the roles and relationships within the organization, the day to day operational systems and the policies and procedures that underpinned the project's work.

³⁴ The cards had symbols for: I don't understand the question; I don't want to answer this question; I want to stop the interview now.

Six meetings were held with the senior staff between November 2000 and September 2000. All of the meetings were minuted. This gave the participants the opportunity to correct any errors and/or omissions and ensured the accuracy of my understanding about the organization.

A meeting was held with the current foster carers to discuss how their individual files were to be used in the research. During the recruitment, assessment and approval process the prospective carers' lives are subjected to detailed scrutiny, and this process continues during their caring careers. Although these files are the property of ILFC and permission had been given to analyse the contents, it was essential to give the carers assurances about confidentiality.

Other formal and informal meetings were held with ILFC's staff and foster carers because they had a gate keeping role for the young people and could either ease, or obstruct, my access. The aim of the meetings was to elaborate on the research process, describing the methods that would be used when interviewing the young people and informing them how confidentiality would be maintained. Information letters were also sent to the carers and staff who did not attend the meetings.

Data collection - Documentary research

Part of the research involved a review of the wide range of documentary information produced by ILFC. The aim was to capture and then provide a complete analysis of the project's documentation between September 1997 and August 2002. This documentary evidence would be used to provide information for the multi-party research study and for the thesis.

The Children Act 1989, and more recent government reports and legislation, point to the need for social work practice to be underpinned by good record keeping practices. This is to ensure that the young people's care history is properly documented.

“Numerous inquiries in the past have called for higher standards of case recording and the more thorough maintenance of case files by professionals from all agencies involved in the welfare of children.” (Walker et al. 2003)

Research has found that this area of work is often neglected, leading to gaps and mistakes in the records that, in some cases, can result in poor practice (Doorley et al. 2003; Laming 2003). Problems with the record keeping had to be taken into consideration.

Quantitative methods were used to assess and analyse the factual information found in the records. Excel and SPSS were used, depending on the size of the data set. These statistical packages provided the flexibility needed to reproduce the data in a variety of formats.

A qualitative approach was used to interpret the narrative information in the records. Walker et al (2003) suggest that much of the information in records is not factual. Instead, it is based on the opinions and assumptions of the individuals who complete the records. Errors can also be found when several people have been involved in completion.

To ensure the efficiency of data collection, a series of forms was devised to record detailed information from ILFC's files. This information was then transferred onto computerised spreadsheets for analysis. Tables were also developed to provide information on the staff, foster carers and young people. Together with a series of time lines (Appendix 3), these provide a series of visual snapshots of everyone at ILFC at specific points in time (Robson 1993).

Forms representing individual profiles for all of the young people and the foster carers were also developed from the documentary evidence. These profiles set out their personal details, start and ending dates and information about placements. Confirming this data in the individual interviews also helped to establish the reliability of the file information.

Local authority social worker postal questionnaires

The use of postal questionnaires can be a relatively inexpensive method of gathering a large amount of data (Newell 1993). It is also a form of research that is familiar to adults. The main disadvantage of this method is that there is often a low response rate

(Newell 1993). To improve the return rates, Rowe et al (1989) recommended limiting the required information to make this manageable for the respondents. They also refer to a minority of 'delinquents' who needed constant reminders to return information and the need to regularly monitor the return of information in an effort to maintain steady progress.

“Checking and chasing is time consuming but essential” (Rowe et al. 1989, p9)

Knowing how difficult it would be to get a written response from local authority social workers, two very short questionnaires were developed³⁵. These mainly contained closed questions with pre-coded tick-box responses, one relating to young people currently in placement and the other relating to those who had left.

Forty nine postal questionnaires were distributed. Young people were excluded if they had only stayed overnight or for a very brief time. After several reminders by letter and email, thirteen completed questionnaires were eventually received from social workers in four local authorities. The majority of these were from social workers who were currently working with the young people. Although the response rate was very poor (26%), the thirteen questionnaires that were returned added a further dimension to the research.

Because some of these social workers had not been working with young people at all during their time at ILFC, or only some of the time, the information they provided was limited. It was worrying that, where young people had moved to the leaving care service, many of these social workers did not have access to previous records, but when information was available it was useful to verify ILFC's documentary records.

Interviews with local authority managers

A semi-structured interview schedule was designed for use with the local authority service managers; the aim being to use these in face to face interviews. Letters were sent to the managers of the four local authorities who had purchased the most placements from ILFC. They were asked if they would take part in an interview and a

³⁵ Samples of questionnaires have not been included because they contain ILFC's real name.

copy of the interview schedule was enclosed with the letter. It was extremely difficult and time consuming trying to make direct contact with the managers to arrange the interviews.

After a series of letters and phone calls, one manager from Northborough took part in a personal interview, but she failed to give detailed answers to some of the financial questions. One senior manager at Southborough distributed the schedule to several team managers and then amalgamated the responses and returned these by email. The service manager at the third local authority did not have time to be interviewed and chose to email responses to the questions. The fourth local authority did not take part, despite several follow up letters, phone calls and verbal promises to complete and return the interview schedule.

Postal questionnaires for staff and foster carers

My intention was to devise questionnaires that would enable me to obtain information from the two main stakeholder groups at ILFC. These questionnaires had to serve two purposes: (i) they had to provide the answers for the multi-party research study; and (ii) the information needed for the thesis. To maximise the use of the questionnaires, they were developed to contain a series of open and closed questions (Newell 1993). These questionnaires were sent out to all staff and carers for self-completion.

The format used for the staff and foster carer questionnaires was broadly similar. The first section of the questionnaires asked the recipients to provide factual information, which would be used to confirm the documentary information found in the files. The main section contained closed questions about ILFC's objectives (for the research study) and the service provision (for the thesis). These questionnaires had a series of pre-coded tick box answers and open questions. The quantitative information was analysed using SPSS, and the qualitative answers to the open questions were coded and analysed on a thematic basis.

Table 3.1: Distribution of questionnaires and the final sample

Grouping	Distribution	Returned
Current staff	19	14
Ex staff	32	5
Current foster carers	18	9
Ex-foster carers	13	6

The response rate from current staff was high and relatively easy to achieve, although the responses were quite slow to come in and several reminders were needed. This differed from the current foster carers where, despite several prompts, only half returned their questionnaires. Several said they did not want to give their views, but they refused to give their reasons for this. One foster carer who was dyslexic, agreed to take part in a telephone interview to complete the questionnaire.

The low response from ex staff was probably due to Meso's data protection policy. Contact had to be made through either Meso or ILFC. It was also hampered by their difficulty in locating personnel records. Eventually responses were received from three staff members who had left. One of these completed the questionnaire via email from Australia and one questionnaire was returned half completed. The following information was written in the additional comments section:

“I find the questionnaire very difficult to relate to because it suggests for instance that ILFC was/is an organization with a cohesive face. It is not! There were levels within the organization that created disharmony. The questionnaire does not give room to explore these”. (ex staff member)

Fortunately, this person provided contact details. It was then possible to make personal contact and the completed questionnaire and additional information was returned at a later date.

The final staff research sample comprised twenty members of staff, fifteen of whom were currently working at ILFC and five who had left. The majority of those who took part were females. However, this sample of thirteen females and seven males was reasonably representative of the whole staff group where forty one were females and seventeen were males.

It was not possible to compare the age and ethnicity of the interview sample against the whole staff population, as this data had not been retained by either ILFC or Meso. Ten were in the 30-39 age band. Ethnicity was varied; the largest group defined themselves as white British (n=7). Black staff described themselves as Black British, African, or African Caribbean. Only one member of staff was of mixed heritage³⁶. There were variations in age, ethnicity and the length of time they had stayed at ILFC. The views of all of the different staff groups were represented, although the response from sessional workers and freelance assessors was poor. This may be related to their self employment and lack of identification with the project.

During the documentary research stage, it was apparent from reading the files that a number of carers had expressed strong feeling about ILFC management before they left. Because of this, I naively thought that these ex-carers would be very eager to provide me with their evaluation of the organization. I was, therefore, extremely surprised when none of the ex-carers responded to the initial letter and postal questionnaire.

After several written reminders, an eye catching leaflet was sent, together with a more personalised letter. This achieved its aims when two ex-foster carers phoned and spoke about why they, and other ex-carers, were reluctant to become involved in the research. They gave several reasons for this. Firstly they cited the experience of a previous researcher, who they said had been sacked when the project manager did not agree with the research findings. Secondly, several of them were still very angry and/or hurt about their time at ILFC. And thirdly, some of the carers did not feel they could answer all of the questions because they did not have any knowledge about some of ILFC's objectives. These concerns were discussed.

³⁶ This term has been used rather than dual heritage because the ethnicity of some adults and young people derived from more than two ethnicities, see Sinclair and Hai 2002.

After gaining the confidence of these carers, a snowballing technique was used to make contact with others (Robson 1993; Atkinson et al. 2001). Finally a few of the ex-carers completed questionnaires. One ex foster carer, who was living in Africa, completed a questionnaire using email and others took part in telephone interviews. Some also agreed to meet together to take part in a focus group interview. This focus group generated a large amount of qualitative data and helped to pinpoint what these carers saw as some of the key issues.

Summary minutes of the meeting were produced setting out the main discussion points. There was also a full transcript of the whole meeting. Both documents were sent to the carers to confirm the accuracy of the information. One of the carers tape recorded the meeting separately, saying that she might want to 'write a play or something'. This was agreed by the other carers. It was also possible that this separate recording was done because of their lack of trust.

There were eighteen respondents in the final research sample of foster carers. Seventeen carers were registered to provide one full-time and one respite placement; the other carer only provided respite placements. This interview sample of just over half of the total number of foster carers (32) provided a useful cross section of current, and ex-carers, and their reasons for leaving. There was also a variation in the length of time the carers had been with ILFC. This ranged from five months to more than three years.

The majority of carers who took part in the research were female. The sample of fourteen females and four males was reasonably representative of the whole carer group, where twenty three were female and nine were male. The age range was also similar to that of the total group of carers of whom half were aged between 40 and 49. In terms of ethnicity, thirteen in the total group of foster carers were white and eight of these white foster carers were interviewed.

Although the procuring of this sample had been opportunistic, the continual snowballing technique was effective in producing a sample that was reasonably representative of the total number of carers employed by ILFC.

The process and theoretical approach for interviewing staff and foster carers

In addition to the questionnaires and the focus group, the plan was to hold one-to-one interviews with staff and foster carers to enrich understanding of the individuals and the organization through collection of in-depth qualitative data. Involvement in the interviews was by a self selection process. The manager took part in four separate interviews, discussing all aspects of ILFC's work. Some of the carers and staff opted to take part in telephone interviews, rather than meeting face to face, and this was agreed (to increase sample size), although it is recognised that telephone interviews can limit opportunities to develop trust and assess non verbal clues (Robson 1993). To take account of this potential problem, it was important to listen carefully for hesitation in the conversation, and also for emotion in the voice. An empathetic response sometimes encouraged the participants to expand on the issue being discussed.

A person-centred perspective (Rogers 1970) was utilised for all the face to face and telephone interviews with the aim of 'actively and effectively listening'. The plan was to conduct semi structured interviews, sometimes described as conversation with a purpose (Clarke 1999). This approach was chosen to ensure there was a balance between the needs of the research and respect for the participants' needs. To create a trusting environment, all participants were given information about the purpose and boundaries of the interview (Warfield 2002).

All of the interview participants were provided with copies of their individual transcripts and their completed questionnaires. Transcripts were also produced for the telephone interviews. This gave everyone the opportunity to confirm permission to use the data and make any amendments. Some of the adults provided feedback,

When the transcriptions were agreed, they were then coded and thematically analysed (Rubin and Rubin 1995, Denzin and Lincoln 1998). This was an ongoing and circular process. As the themes emerged, they were compared within the individual staff and carers groups and then across the whole sample.

The young peoples' questionnaires

To focus the interviews and enable some of the young people's answers to be triangulated against the adults' questionnaires, it was decided to use detailed semi structured questionnaires. There were separate questionnaires for the two different groups of young people - those currently at the project and those who had left.

The main focus of both questionnaires was on the services the young people received, their satisfaction with the foster carers and the other service providers. However, as ILFC's main criterion was to accept young people with challenging behaviour, the standardised Strengths and Difficulties Questionnaire (SDQ) (Goodman et al. 1998) was included in the body of the questionnaires. These questions are now being used widely to evaluate young people's emotional and behavioural problems (Walker et al. 2002; Harwin et al. 2003).

Ideally these questionnaires would have been used with the young people twice, once as they joined ILFC and then repeated again as they were leaving (to monitor change over time.). However, it only proved possible to collect SDQ data at the end of the project. This was because of the difficulty in obtaining permission from the local authority social workers, and then contacting the young people who had already left. This inevitably limited the potential benefit of the Strengths and Difficulties Questionnaire as it was not possible to identify any changes. Therefore, the data from the SDQs has not been used in this thesis.

The potential interview sample and gate keeping issues for young people

Fifty five young people had been fostered by ILFC. Two young women had been fostered twice. Before the interviews could take place, up to date information was needed about the young people, and also consent from the local authority. Obtaining consent had the potential to create delays, but this is good practice and is thought to be in the children's best interests.

“When young people are in public care their social worker often functions as the ‘gatekeeper’ with the aim of safeguarding their well being and interests” (Harker 2002).

The local authorities who used ILFC's services appeared to operate a hierarchical gate keeping system. Initial permission had to be obtained from a senior manager and sometimes the team manager, before a social worker was allowed to give their consent and the young person's contact details.

The social services' team managers and social workers in all of the different local authorities proved to be a hard group to reach. They needed numerous written prompts and verbal follow ups. Permission was eventually given to contact twenty five young people.

Obtaining contact details for the young people who had left care was difficult because their main files had often been archived. There were also a number of young people who were not currently in contact with the leaving care team, either because they were missing, or because they had moved without providing a new address and/or phone number.

Additionally, two social workers from one local authority would not give their permission for the interviews. One young person was only at ILFC for a short time and was then moved to a placement in the Midlands. This social worker provided a written response:

“I confirm that I discussed your proposals to interview X as part of your research with my manager. We felt that X would find this very difficult – particular in regard to past placements. He has a mild learning difficulty and does not find it easy to talk about his feelings or circumstances”.

This young person's placement at ILFC ended after he violently attacked the foster carer. As the young person was only at ILFC for 5 days and was now placed in a different part of the country, this decision was accepted. The second young person was still in placement at ILFC. The social worker said she always refused requests for this young person to be interviewed:

“This is a highly disturbed young person who can be very volatile, aggressive and violent. Everyone who works with her – the Guardian, solicitor and my manager – feels that she shouldn’t be interviewed.”

The staff at ILFC did not share this view and thought this young person would want to take part in the research. The young person in question successfully settled in her ILFC placement and eventually stayed for the full placement period, therefore her views on how she achieved placement stability would have been useful.

Four other young people were excluded because they were just beginning their placements at ILFC. The staff and foster carers felt that taking part in the interviews at this stage might affect the stability of the placement.

The final interview sample – young people

After the difficulties and exclusions referred to above, contact was eventually made with seventeen young people. Of these, two young women refused to be interviewed³⁷, resulting in a final interview sample of 15 young people. The first young person was interviewed in April 2002 and the last in January 2003.

Table 3.2: Characteristics of the young people who were interviewed

ID	Age	Sex	Ethnicity	Current Placement	Time at ILFC	Planned Ending
1	17	F	Mixed Heritage	B and B Hotel	1 yr.5 month – 1998/99	No
2	18	M	Black African/British	YOI (prison)	2 yrs 1 month – 1998/2000	Yes
3	16	F	Mixed Heritage	Family home	1 yr 11 months – 1998/2000	Yes
4	18	F	White British	Own flat	15 weeks – 1999	No
5*	17	F	White British	Semi Independence	18 weeks – 1999/2000	Yes
6	16	F	Black British	Residential unit	1 yr 15 weeks – 2000/2001	No
7	17	M	White British	Foster Care	6 weeks - 2000	Yes
8	13	M	Black Caribbean	ILFC foster care	1 yr 9 months - 2000 current	N/A
9	14	M	Mixed Heritage	Residential unit	27 weeks – 2000/2001	No
10	16	F	Black British	Residential unit	12 weeks – 2000/2001	No
11*	15	M	White British	Family home	4 weeks - 2001	Yes

³⁷ One had been placed twice, and during her second stay she had made sexual allegations about the male foster carer. The other was absconding and caused damage to the carer’s house before she left.

12*	15	F	Mixed Heritage	Family home	8 weeks - 2001	No
13	16	F	White British	Residential unit	6.5 months – 2001/2002	No
14*	14	F	White British	Temporary with a relative	3 months – 2001/2002	No
15	12	M	Black African	ILFC foster care	7 months – 2002 current	N/A

* indicates parents also interviewed.

The interview sample was made up of fifteen young people of whom nine were female and six were male. The proportion of different groups in the sample was close to that in the ILFC population and so the sample was representative of the total ILFC population. When they were interviewed, only two of the young people were still in placement and the other thirteen had already left. This was similar to the total group, where nine were still in placement and forty six had left.

In terms of care status, the interview sample was also representative in that eleven of the young people were accommodated under S20 of the Children Act 1989, and four were on a full S31 care order.

There were a number of different ethnicities represented in the sample; six young people were white, five were black and four were of mixed heritage. Once again, this was similar to the total group. Five young people had special needs due to physical and/or learning difficulties. Unfortunately, it was not possible to compare this group to the total population because of the gaps in the records for some young people.

As can be seen in the above table, the majority of the young people had left the project when they were interviewed and they were aged sixteen and over. This gave them the opportunity to assess their experiences retrospectively.

The table demonstrates that the young people's placements were spread across the total time period; from the very first young person to be placed at ILFC to young people who were currently in placement. The interview sample also included five young people, whose placements had ended as planned, and eight whose placements had ended before the planned date. The variations in their length of stay and reasons for leaving were helpful when evaluating the provision of services over time. All

fifteen young people agreed to take part in personal interviews using the semi structured questionnaires.

Payments to young people

Young people can be reluctant to take part in research. The guidelines produced by the National Children's Bureau were used to debate the issue of payments (Paylor 2001). A token of appreciation seemed important because these interviews were likely to take approximately 2 hours and the young people were being asked not only to evaluate the project, but also to discuss their personal experiences which could be painful.

Before the interviews, the local authority social workers were told that the young people would be given £10. This was to ensure they did not have reservations about particular young people being given cash. In the event there was only a problem with one young person who was interviewed in a Young Offenders Institution. In this case, a postal order had to be given to the prison.

The interview process and participation of the young people

The young people were offered a choice about where the interview would take place. The majority chose to be interviewed in their current home environment in a private room. Details about their current placements/homes are set out in the table above.

Using the semi-structured questionnaires in an interview situation provided opportunities to spend time with the young people, building the conversational partnerships that resulted in their personalised evaluations of ILFC (Rubin et al. 1995; Kushner 2000).

All of the young people agreed to have their interviews tape recorded and transcribed. Robson (1993) argues that this is essential to ensure authenticity and accuracy. However, another advantage was that the tape recorder allowed me to remain focussed on the participant when participants were talking about difficult events, as lack of attention and/or empathy (due to note taking) could have become a barrier to further revelations. These tapes provided verbatim information.

The protocols developed for these interviews, together with the visual aids, helped the young people to have greater control over the information they provided. One young woman asked for the tape recorder to be turned off when she was upset retelling the process of her child being taken into care. This was done and it was only turned on again when she wanted to resume the interview.

With some young people it was necessary to reframe questions. Very occasionally, the young people either refused to answer a particular question, or said they didn't remember some experiences. In these instances, their views were respected and they were not probed for further details. The questionnaires were marked where information was refused and in some cases, explanations were found in the files.

There was often a noticeable difference between the young men and young women during the interviews. The young men tended to give brief answers to the questions and did not want to explore their feelings, or expand on the answers they gave. Some of the younger boys were also easily distracted and kept asking how long the interview would take. By contrast, all of the young women were more focussed. They also took much longer to complete the questionnaires because they wanted to give a wide range of personal (and often quite painful) information about their previous and current experiences. It is possible that these differences were related to the young women feeling more comfortable talking to a same sex interviewer (Oakley 1981; Finch 1993; Fielding 1995).

Including the individual profiles forms as part of the interviews proved to be very useful because ILFC's records were not always accurate. Several young people had queries about their records. Some wanted incorrect names and/or dates altered, some added in extra respite moves and others said they had not stayed in placements listed in the files. The interviews also revealed that some moves within the project were planned, but did not eventually take place.

After the interviews, copies of the completed questionnaires, interview transcripts and amended profile forms were sent to the young people. None of the young people wanted any amendments made to their questionnaires, or interview transcripts, when they were contacted at a later date.

Involving parents in the research

As mentioned previously, opportunistic contact was made with some parents of young people who had left ILFC. In total, contact was made with five mothers; four agreed to be interviewed and one refused, as had her daughter.

A brief semi structured questionnaire was designed for this group. The purpose was to elicit their views about ILFC, their contact with the organization and their children during the placement period. The bulk of the questionnaire contained pre-coded questions, but there were also some open questions to give the parents the opportunity to expand on their views. Two parents were interviewed by telephone and two in their own homes. All of the parents expanded on many of their answers to pre-coded questions.

This group of parents did not provide a representative sample; they were all mothers. Three were birth children and one had adopted her child. They were all white British, although one had a child of mixed heritage. However, the information they provided does offer some insight about their involvement with their children and ILFC during the placement period.

Other interviews

The work of the fostering panel is an essential part of ILFC's services. During the research period, the chair of the ILFC fostering panel took part in a personal interview. The questions were specific to the work of the panel, its organizational relationships and the relevant ILFC objectives. Due to time constraints, other panel members were not interviewed.

From the outset, it was decided that Meso's chief executive would be included in the interview sample. Unfortunately, due to pressure of work, the chief executive did not have time to be interviewed. Instead, a written response was provided about how far ILFC had met each of its objectives. The data were very short and to the point. Only limited information was given about some of the objectives and services. Had it been possible, a one to one interview would have been more useful, especially as the chief

executive was instrumental in the initial service development, and for a long period of time was responsible for the overall management of ILFC.

Ensuring authenticity, validity and reliability of the data

Verification of the authenticity of the data has been made possible by maintaining all aspects of the raw data. This includes minutes of meetings, tape recordings, completed questionnaires, letters, memos, emails and information from telephone conversations. To ensure security and confidentiality, the data is stored in a locked filing cabinet. Computer files have been password protected.

During the preparatory stages, difficult concepts had to be operationalised. This was achieved by making use of ILFC's objectives and the sub-questions set out in Chapter One, which provided the basis of the questionnaires and interview schedules. It was planned that the analysis of these would provide the appraisal of joined-up service provision and the young people's satisfaction with the services they received.

Because the young people's questionnaires were very detailed and contained sensitive questions, they were piloted with a young people's group called 'Shout for Action'³⁸. This helped to guarantee the soundness of the individual questions and the appropriateness of the format for this group of young people.

The questionnaires for all of the staff and foster carers also contained a series of standardised questions. The quantitative data in the questionnaires were coded and analysed using SPSS. This was used to compare and contrast the answers within, and across, the groups.

Providing the research participants with the opportunity to amend their profile forms and interview transcripts helped to ensure the accuracy of the data. The rich individualised data from the interview transcriptions and the information in the semi structured questions in the questionnaires was coded and thematically analysed (Rubin and Rubin 1995, Denzin and Lincoln 1998). The first interviews were double checked to compare theme identification. At a later stage, the findings from other

³⁸ This is a diverse group of care leavers who are involved with Voice for the Child in Care.

research studies were used to identify and compare themes (Walker et al. 2002; Harwin et al. 2003; Sellick et al. 2003; Wilson et al. 2004)

Triangulation

Macdonald and Tipton (1993) argue that nothing in documentary research and analysis can be taken for granted and that triangulation is an essential part of the process. Patton (2002) takes the view that one of the main purposes of triangulation is to test the consistency of the data.

“Thus, understanding inconsistencies in findings across different kinds of data can be illuminative and important”
(p556)

ILFC is a very small, well staffed organization and it should not have had difficulties with record keeping. However, a previous research report indicated there were problems.

“a general lack of attention to the detailed strategic development of the project in the form of management information systems and procedures”. (Vernon 2000, p12)

It was evident from my search of the records that, although there had been some improvements, there was still inconsistency in the record keeping. Many of the documents were incomplete, the dates and the spelling of names often varied and some information was missing completely from files.

Therefore triangulation was a necessary part of this research. To address the inconsistencies in ILFC's documentary records, two of the four types of triangulation identified by Denzin (1978) were used. These were data triangulation and methodological triangulation.

Data triangulation was established by analysing different sets of information from ILFC's files. Where there appeared to be discrepancies, the manager was asked for clarification. These emailed responses have been retained.

Methodological triangulation was achieved by the use of multiple research methods. Triangulating the information from the documentation, questionnaires and interviews has helped to make this case study more complete.

Research limitations

As noted earlier in this chapter, the original intention was to use a comparison sample with young people fostered elsewhere. This would have given the thesis additional robustness and, above all, would have helped to address the question of whether the ILFC model of service delivery offered greater benefits to the young people than those provided in the traditional way. In terms of advice to service planners and policy makers, this is a very important question. In the event, the aim of the thesis and the questions addressed are more modest but do provide illumination on the processes required to establish a multi-agency response to meet the needs of difficult adolescents.

This small scale case study has focussed on the work of ILFC and its working relationships internally and externally. Although it has not been possible to generalise, comparisons have been made with other specialist independent fostering agencies where there are issues in common. However, the differences in finances, geographical areas, personnel, community and culture are likely to have had different impacts (Sellick et al. 2002; Walker et al. 2002; Biggins 2003). Ward and Skuse (2001) also highlight the difficulties when comparing research studies that have used different methods.

Taylor et al (2005) argue that it is beneficial for monitoring and evaluation to be built in at the start of a project's development and this was planned by ILFC (objective 11). However, this was not implemented, due to a lack of funding, and therefore consideration about what were the main elements to be evaluated was not considered until several years later. One of the main limitations for this research was created by ILFC's lack of focus on implementing the systems and procedures to ensure the completion and accuracy of statutory and internal documentation. This hindered some aspects of the research severely, resulting in gaps in the data relating to assessments and outcomes. Practical problems also arose because ILFC moved

premises several times. Access to staff and documents was often limited and staff changes and other problems within the authorities also impacted on the progression of the fieldwork. Wherever possible, triangulation has been used to verify the accuracy of records but in some instances, where documentation has not been fully completed, the only option has been to note the size of the 'unknown' sections and comment on how this has limited the analysis.

The research has also been limited by the gate keeping role played by the social workers and foster carers, who refused access to some of the young people, and others who did not respond to requests at all (Fraser et al. 2004). ILFC's data protection policy also added to the problems of trying to make contact with people who had left the organization. It is unfortunate that these delays served to limit the range and numbers of adults and children who were interviewed.

The various delays also meant that the young people could not be interviewed at the beginning and end of their placements. Therefore it was not possible to obtain comparative data about any changes over time in the young people's emotional and behaviour problems, as noted earlier. Disappointingly, the information obtained from the use of Goodman's standardised strengths and difficulties questionnaires had to be abandoned. The case study was small scale and permission could not be granted for all potential respondents to be involved in the research. Consequently, the numbers involved were small. However, the research did provide valuable insights and illumination into the lived experiences of the young people which could be used to inform further research.

Concluding discussion

This chapter provides detailed information about the methodological choices made for this thesis and the multi-party research study. The decision to carry out an evaluative case study was undertaken, as this would offer opportunities to 'observe cases in their natural context in a broad and open way' as described by Verschuren (2003). The methodological choices and the inclusion of qualitative, as well as quantitative, methods have made it possible to take a holistic approach to this case study. As recommended by Yin (1994) the boundaries of the case study have been defined.

These relate to various aspects of the organizational relationships for service delivery at ILFC.

Social research cannot be considered as objective or value free (Robson 1993; Taylor et al. 2005) and it is possible that, from the outset, the process and outcomes have been shaped by my personal and political values, those of my supervisors and the evidence presented by the research participants. However, to provide an open approach, full details have been provided on the ethical principles, the process, the participants and the level of their involvement. The methods used for data collection and the differing research samples have been included to provide information about how authenticity, validity and reliability of the data have been achieved. The characteristics of the research participants have also been provided. Although these participants were self-selected, it is noteworthy that they are broadly representative of the total populations.

Real world research presents real world challenges and the limitations that will affect the completeness of this thesis have been discussed. Some were insurmountable, the research would have been greatly strengthened if there could have been an external comparative element (Chamberlain 1990; Walker et al. 2002), but this was not possible. Others could have been challenged, but consideration had to be given to issues relating to timescale and workload. It might have been possible to overturn some of the gate keeping decisions made by the social workers. However, attempting to overturn these refusals would have required a decision from a more senior manager. This could have jeopardised the goodwill that had been established between this local authority and ILFC and led to extra delays.

Although there were limitations, the majority did not create insurmountable difficulties. The multi method approach helped to create transparent and reflexive processes that were open to challenge and/or evaluation by the research participants, and examples of this have been provided. The person-centred approach gave participants the opportunity to tell their individual stories in a bounded environment.

The wide ranging data described in this chapter will be used in the following chapters to: (i) identify ILFC's organizational model and relationships; (ii) provide an

appraisal of service delivery operation at ILFC; and (iii) the young people's satisfaction with the services they received.

Chapter 4 – The Organizational Model

Introduction

Chapter Two reviewed the long history of amending organizational structures as one of the methods for improving service delivery for looked after children (Hall 1976; 1981; Parker 1990). The twentieth century saw a growth of interest in the organizational structures for the delivery of foster care (Berridge et al. 1987; Rowe et al. 1989; Pithouse et al. 1994; Waterhouse 1997; Triseliotis et al. 2000). However the data about the organizational models and management systems in IFAs is still somewhat limited (Wilson et al. 2003).

The relationship between social services departments and the voluntary sector has been highlighted as an important organizational link, although these partnerships have not always evolved in a planned way (Social Services Inspectorate 2000). Joint working has been affected by variations in the systems and structures (Social Exclusion Unit 2003). These issues are now being addressed by the government (DfES 2004).

This chapter provides a useful example of the complexities involved when trying to establish a viable organizational model to implement joined-up service delivery. To achieve this understanding, it was necessary to explore how ILFC's parent company (Meso) operated and also the relationship between ILFC and Meso, which is ILFC's main organizational relationship. The two different models and operating methods used by ILFC in their purchaser/provider interactions with local authorities have also been examined; the first is the professional partnership relationship with Northborough, and the second is the spot purchasing relationship with other local authorities.

The management structure within ILFC has been identified and analysed to assess the working relationships between the multi-professional and occupational groups. One of the strengths of IFAs is considered to be their ability to offer services without bureaucratic hindrance (Sellick et al. 2002). Their smaller size and scale reduces the hierarchical management tiers that often exist in local authority structures. Nonetheless, there does not seem to be definitive evidence of the impact of different

types of structural arrangements on service delivery in foster care, although it is thought that agency factors can have an effect on outcomes (Berridge et al. 1987; Waterhouse 1997; Wilson et al. 2004).

Documentary content analysis (Hakim 1997) has been used to develop an understanding of ILFC's organizational models. Diagrams have been included to provide representations of the organizational models that have evolved. It is hoped that these will provide a guide to operational relationships and will also aid the analysis on service delivery (Robson 1993).

Creating systems to ensure the participation of young people has been identified as a key theme for developing child focussed services. The final aim of this chapter is to assess whether these organizational models enabled ILFC to achieve their objective 'To incorporate the wishes and feelings of the young people and their families into the development of the project' (objective 7).

Organizational theories

Giddens (2001) points to the differing organizational theories that have developed over time. These range from the classical hierarchical model through to the post modernist models that are pluralistic and diverse. Shifts in patterns of work and managerialism in contemporary society have resulted in more fluid patterns of organization (Burns et al. 1966). Whereas the need to improve the delivery of child protection services have led to the development of multi agency-working (Dingwall et al. 1995; Hallett 1995; Murphy 2004).

Weber coined the term 'rational bureaucracy'. This has become synonymous with the view that hierarchical organizations are based on formal relationships and power is operated through an open and clear cut decision making process (Gerth et al. 1948; Borgatti 2002). However others have argued that this approach ignored the effect of the human element and the informal relationships that are known to develop within organizations (Blau 1963; Blau et al. 1971). It has also been suggested by Foucault that there is a more covert operation of power in organizations. According to Foucault power is not always explicit and often operates through collusion and subjugation (Foucault 1978; Hughes et al. 2000). It seems that the above theories are

complementary as they consider formal and information organizational relationships, horizontally and vertically, and applying these models will be useful when analysing the nature of Meso and ILFC's separate organizational relationships and the links between the two. Giddens has also argued that organizational models can sometimes impact on the internal workings of an organization and this will need to be taken into consideration.

What is also recognised is that the nature and management of organizations is constantly changing and Clegg (1990) has argued that a broad approach is needed when examining modern organizations. This is due to the variety of organizational arrangements that evolved and the influence of cultural contexts. Apart from organizations still based on the traditional hierarchical models, other new models have evolved; these can be linked to globalisation and political and industrial changes. Corporate uniformity is a factor here. There is what is now termed 'McDonaldization' with identical small organizations operating in different countries (Ritzer 1996) and the 'Japanese' model with an emphasis on large scale team working. Conversely, there is also the smaller scale partnership networking approach, with separate organizations coming together to customise services to meet diverse needs. These community based networks are said to be the government's answer to globalisation and the problems of social disintegration (Ozga 2002). To operate effectively these networks require flexible structures that can respond to different situations and they have sometimes been described as 'ad hococracies' (Giddens 2001). This model seems similar to the current approach used in child protection when separate services come together to meet children's needs, but it is now recognised that more formality is needed (Laming 2003).

Atkinson et al (2005) argues that different models are adopted for multi-disciplinary and multi-agency working and these centre around the nature of the tasks to be performed. Murphy (2004) and others have outlined the difficulties that can impede seamless co-operation within and between agencies and these include differences in organizational functioning, roles, responsibilities and accountability, definitions of risk, the lack of a common professional language and financial resources (Dingwall et al. 1995; Hallett 1995; Calder 2004). These factors are particularly relevant in the joint work between ILFC and the local authorities, and how the different groups of

professionals work together within the project and these factors will also need to be taken into account at the level of service delivery.

The review of literature in Chapter Two confirms that in the public welfare sector organizational models have been adapted to meet the changes imposed by social policy and legislation (Pithouse et al. 1994; Waterhouse 1997; Triseliotis et al. 1999). The introduction of quasi social care markets and the development of care in the community have brought about changes in the former bureaucratic models of organization. With the split between purchasers and foster care providers some social services managers are purchasing services from other departments, in other cases services are provided from external agencies.

Organizational partnerships have also evolved between local government and voluntary organizations with the aim of improving service delivery to clients. To operate effectively these partnerships require close co-operation between statutory and voluntary agencies. Taylor (1997) argues that partnerships are not easy to manage and their effectiveness can be assessed in two ways; firstly in their capacity to release resources, and secondly in their effectiveness for service users. Successful partnerships require identified targets, clear allocation of responsibilities and mechanisms for reviewing and monitoring the effectiveness of the partnership. Taylor's approach will be useful when assessing the effectiveness of ILFC's partnership arrangements. Public sector management has a key role to play in these reforms (Waterhouse 1997).

The debates about the role of professionals in social welfare and the ideology of 'new managerialism' have been an ongoing since the latter part of the twentieth century (Clarke et al. 1997). The debate centres on the divisions between the increasing role of the new style business managers who are considered to be 'more objective' than managers who are also professionals in their field, and the needs of professionals whose work is carried out in the quasi social care markets (Leung 2000). However, the participation of service users in the decision making process in social care is now thought to be essential and this will need further consideration.

It has been suggested that market forces and business management in social care have created greater divisions between resource management and the needs of the service users; this can be linked to differences in theoretical perspectives and work cultures (Jones et al. 1999; Evers 2003). Business management is driven by finance and objectivity, whereas in social care the primary focus is the clients' needs. Nonetheless, if voluntary social care providers such as ILFC are to maintain their status and viability in the quasi markets they need to operate and compete effectively. To this end Leat (1995) has suggested that it is essential for voluntary sector managers to improve their leadership and financial management skills. This need was confirmed by MacKeith (1996) who found that some voluntary organizations were experiencing difficulties when scaling up their services for the wider markets and at times they were subsidising the services they were providing through other sources of funding. This analysis highlights that ILFC management needs to ensure there are organizational procedures for monitoring financial efficiency. Operational structures are deemed to be important and without these Freeman (1970) has argued that it is possible for a tyranny of structurelessness to develop, with the growth of cliques that have the potential to disable the effectiveness of the group or organization. However, what has to be recognised is that organizations are not uniform and, therefore, the impact of weak structures and power of cliques are likely to differ (Giddens 2001).

This brief review of the relevant theoretical perspectives associated with organizational development suggests that a multi-layered framework for examining the development of ILFC's organizational relationship will be useful. This will require an examination of the structures that have been developed within and across ILFC and Meso and also the inter-agency relationships with the local authorities who have purchased ILFC's services. What also needs to be explored are the differences in the partnership arrangement with Northborough and then the change to spot purchasing contracts. As it is possible for the organizational model to have an impact on the internal workings of an organization it will be essential to examine how the component parts are managed to create a system where joint working can be delivered. Murphy (2004) has suggested that there can be tensions in multi-disciplinary working and these are confirmed by Atkinson et al (Atkinson et al. 2005). These are related to professional cultures and differences in working arrangements and these factors can impact on the work of the organization. It is recognition of the

differences in professional cultures within and across the statutory and voluntary sector that has now resulted in the move towards developing common standards and operating procedures (Shardlow et al. 2003). It is hoped that this will facilitate improvements in joint working across the social welfare sector, and it will be useful to see if the system and procedures implemented at ILFC have created successful joint working relationships.

Meso's role in the voluntary public welfare sector

Meso has approximately 50 projects. This includes ILFC. Some operate as a multi-agency child care network. Others, such as ILFC, operate on a more independent basis and are sited across the London area. Similar to many other children's charities it has evolved from a small philanthropic child rescue movement, into a large and multi-faceted hierarchical organization that is managed by a governing body. It is one of the influential children's charities and as such has developed a range of services for children and young people; these are said by the organization to be 'innovative, replicable high quality services' (Meso website). The organization has developed its own areas of social care expertise and they have entered into partnerships with other organizations thereby extending their working relationships and influence.

Voluntary charitable organizations have a long history of providing services to support provision directly funded and managed by the state (Parker 1990). During the period when Meso was engaged in the development of ILFC, broadly similar models were evolving. Small foster care projects were being set up by larger organizations or as partnerships. Useful examples cited in Chapter Two are the Community Alternative Placement Scheme (CAPS) and the ROSTA project.

The role of the voluntary sector has grown in recent years broadening the organizational relationship with the statutory sector (Kendall et al. 1995).

“Independent voluntary organizations are the backbone of civil society and a vital indicator of democratic health...The sector is constantly changing and currently being called on to perform

new tasks which may be testing to the limit its capacity to cope.”

(National Council for Voluntary Organizations 1996)

This growth of quasi markets and the purchaser/provider and ‘Best Value’ culture has led to a greater dependence on some of the services provided by voluntary organizations. This reliance on voluntary and private agencies to provide essential services has resulted in some tensions between the sectors. This is because the local authorities need to maintain control of their budgets and the services they purchase. Whereas external organizations want to retain their flexible approach and independence (MacKeith 1996; Fletcher 2000).

As with many of the larger voluntary charitable organizations the Meso governing body has a great deal of autonomy. The governors and committee members are bound by the rules of the charity commissioners and their own constitution. The financial arrangements to support Meso’s projects and services are complex. The voluntary charitable nature of this organization enables them to obtain funding from many different sources³⁹; they are able to take decisions about setting up and funding individual projects that meet their aims and objectives. They are also able to fundraise or bid for additional resources to fund their work. This can be described as an ‘ecology of funding’ (Alcock et al. 1999). ILFC accounts for approximately 15% of Meso’s charitable spend.

Meso’s organizational model is multifaceted with groups of volunteers managing the overall structure⁴⁰. These voluntary positions are not subject to formalised recruitment or external election procedures. The voluntary governors are often recruited through personal and professional networks to provide the expertise and public personae that are perceived to be needed by the organization.

³⁹ The operation is underpinned by charitable investment in the equities markets, unrestricted voluntary income, property income, restricted funds for particular projects, grants, and fees earned from the services provided.

⁴⁰ The Meso voluntary members serve on the Court of Governors and the various committees that have been set up to manage the finances, the physical environment and the work of the paid employees. The decisions to develop and fund projects are approved at this level of operation, so to are the decisions to revise or close projects and services.

The Charities Act 1993 placed considerable responsibilities on the unpaid trustees to ensure sound financial management. Bond (2000) has questioned the ability of some trustees to understand the complex nature of large charitable organizations. She also argues that the difference in understanding, and roles and responsibilities between the voluntary trustees and paid employees can lead to tensions when deciding how organizations should progress.

All of Meso's projects have organizational and professional support built into the services through the formation of professional 'advisory groups'. ILFC's advisory group is chaired by Meso's Chief Executive. It contains a number of professionals from the social welfare field and two Meso governors. None of the advisory group have executive or decision making powers. The purpose of these groups is twofold, firstly to provide support and advice to project managers, and secondly to supply a channel for information between the project and Meso's governors.

At an operational level Meso's work is overseen by the Chief Executive, the Operations Director and the individual service or project managers. For a long period of time Meso's Chief Executive directly managed ILFC's manager. Surveillance of activities is organised through formal line management relationships and the use of written and verbal reports. These are processed through to the level of voluntary management.

The development of ILFC

ILFC is part of Meso's intervention programme⁴¹. The development of a specialist foster care project was first proposed to the governing body in 1994. The plan was to establish 'a model of working with difficult adolescents that is pioneering in approach and replicable across London' (Bishop 1996). In the development phase Meso worked in partnership with The National Foster Care Association (NFCA). The projected model was based on a comprehensive report that set out the requirements needed to develop a London Adolescent Resource Network (LARN). This was designed to develop residential and community care across London to support difficult to place adolescents (Blackmore 1991). It was deemed to be unique because

⁴¹ One of Meso's main aims is to work with children separated from their families.

it would establish a London wide 'cluster' approach to foster care with support from other services. The aim was for ILFC to develop a contractual partnership network with several inner London local authorities. All would be geographically close to one another, and they would share the development costs.

“To work in partnership and develop a viable inter-borough approach with three partner authorities to develop resources and practice for young people with difficult and challenging behaviour” (ILFC objective 10).

The goal was for ILFC to become self financing, although the initial setting up period would be financed by Meso, the partner boroughs and grant aid. Seven local authorities entered into discussions and negotiation with Meso; they were all in North and East London. Although this was a partnership proposal it was also a purchaser/provider relationship, as the local authorities would enter into contracts to purchase placements from ILFC (Bishop 1996). The impetus for the local authorities was the shortage of mainstream foster carers and some young people were in placements costing up to £3k per week. If the ILFC project came to fruition the costs for each placement would be considerably less and the local authorities would also be guaranteed a set number of placements. However only one, Northborough, decided to enter into a contractual agreement.

“Like any partnership arrangement attempting to work out agreements about working with a charity and then working on some of the across boundary local authority issues is incredibly complex and is a job in itself“ (ILFC manager)

It seems that developing partnerships with local authorities can be difficult and this was also the experience of CAPS in Scotland (Walker et al. 2002). The tensions expressed by both agencies were similar to those outlined by MacKeith (1996) these were related to the local authorities' reluctance to commit financial support to an external organization and their concerns about the lack of control.

Because local authorities would not commit themselves to working in partnership, ILFC's original 'cluster' model was amended to a single three year partnership with Northborough. This local authority contracted to purchase 10 placements at any one time. In addition to the initial start up fee, the additional costs were estimated at a maximum of £1,200 per week for each placement; therefore, Northborough committed £12,000 per week to ILFC for a three year period.

ILFC's organizational model

ILFC's initial model was broadly based on the LARN proposals. The main difference was that this was an exclusive relationship between ILFC and Northborough and there would not be a network of London wide resources.

ILFC's first year of operation was 1997. During this same period there was a prolific growth in the independent fostering sector providing services for teenagers with challenging behaviour. Sellick & Connolly (2002) found that 60% of the agencies in their study were established between 1996 and 1998. This development was in response to local authorities' failure to recruit and retain foster carers, and the lack of placements for older children (Waterhouse 1997).

At first sight ILFC appears to fit within the group of small 'not for profit' IFAs described by (Sellick et al. 2002). However, from the outset this small project has had several distinct advantages. These were the financial backing, plus managerial and administrative support from Meso, and also the benefit of being able to trade on Meso's history and reputation as a well established childcare provider. With this additional level of support and input ILFC did not enter the public welfare sector as a new untried agency. They were a recognised Meso project and this was helpful.

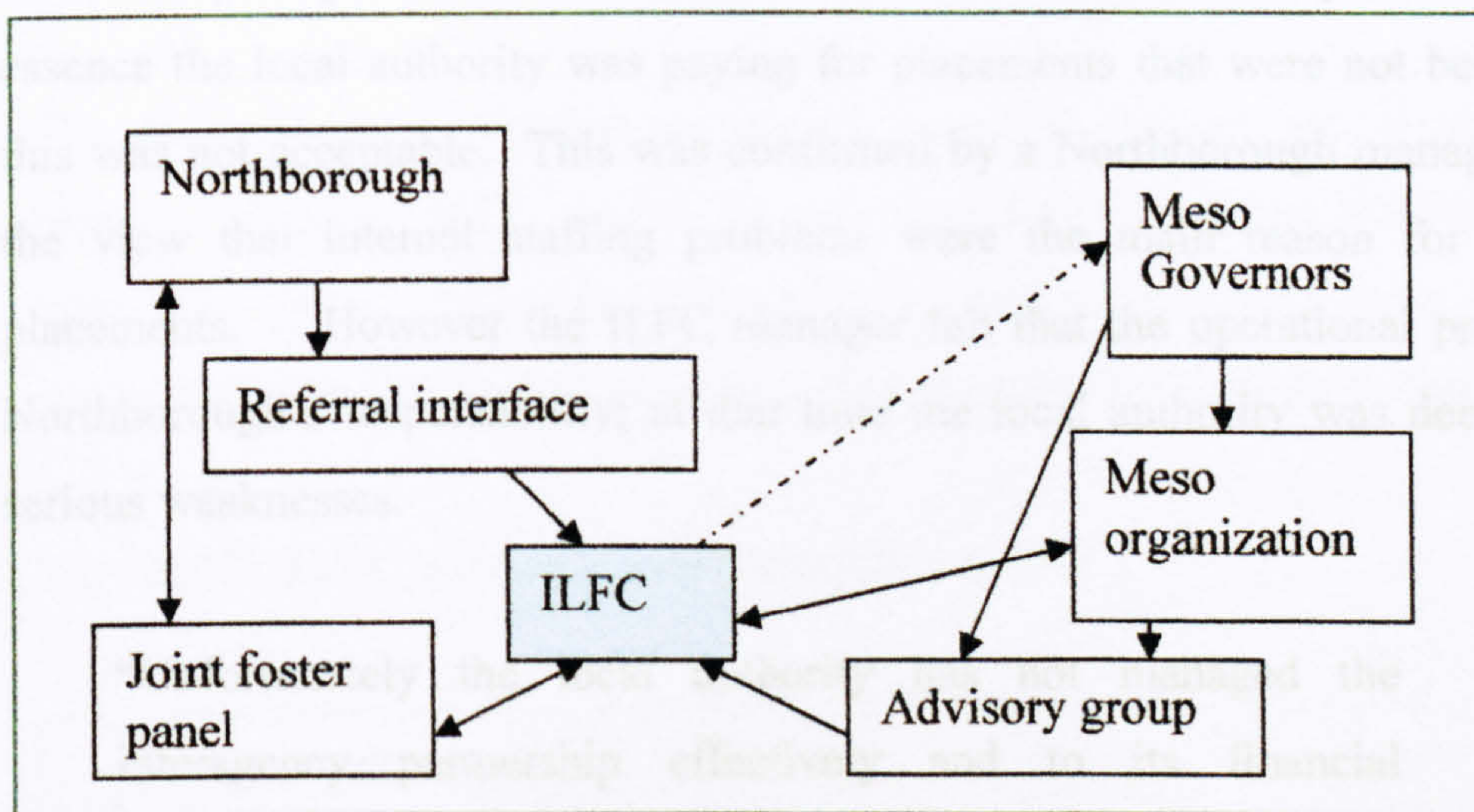
"Meso had a good reputation for providing services" (local authority)

"I was attracted to the links with Meso" (staff member)

"I knew about Meso's name and reputation. That is why I applied" (foster carer)

Even without the additional partnerships, the organizational model was complex. The diagrammatic model set out below reflects ILFC's operational relationships with Meso, Northborough, the advisory group and the fostering panel.

Figure 4.1: ILFC's partnership organizational model



The purchaser/provider contract with Northborough was a professional relationship operated by paid employees. The fostering panel set up to approve and review foster carers was a joint venture to ensure that the foster carers did not have to be approved twice, once by ILFC and then by Northborough. It was independently chaired and was operated by external professionals and Northborough employees.

“It was a joint panel, a Northborough, Meso and ILFC panel. There were members of Northborough on the panel and there were a number of protocols we agreed with Northborough, Meso and ILFC so that the 3 parties were working together”.
(ILFC panel chair)

The partnership arrangement with Northborough also had other advantages for ILFC. Northborough provided their premises free of charge and the office was situated in close proximity to the Northborough's relevant statutory departments. This close

contact helped the direct communication systems for the referral and assessment of young people.

The model set out above remained in operation for the three year contract period (1997 – 2000). After a period of further negotiations, Northborough decided not to renew the contract. From the reports and other documentation it was evident that over the three year period there had been a consistent number of placement voids. In essence the local authority was paying for placements that were not being used and this was not acceptable. This was confirmed by a Northborough manager who took the view that internal staffing problems were the main reason for the unfilled placements. However the ILFC manager felt that the operational problems were Northborough's responsibility; at that time the local authority was deemed to have serious weaknesses.

“Unfortunately the local authority has not managed the interagency partnership effectively and to its financial advantage.” (ILFC report p6)

These differing opinions suggest a lack of agreement between the two parties about why the partnership failed. It is interesting to note that the Social Services Inspectorate (2000) expressed concerns about the working relationships between some local authorities and the voluntary sector and the difficulties in ownership of successful or failed partnerships.

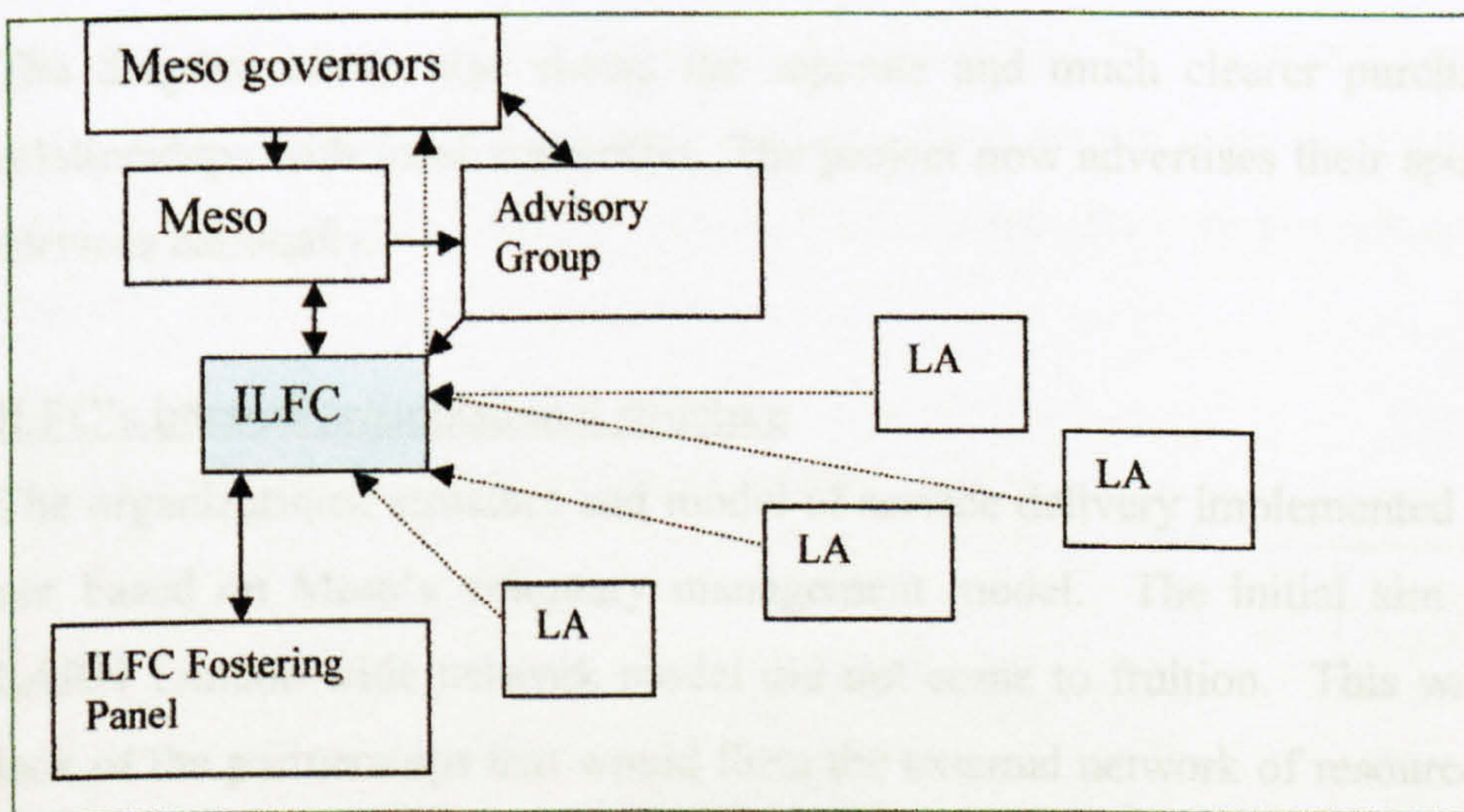
During the period of the Northborough contract ILFC did not fulfil Meso's prediction of becoming financially self sufficient; the placement capacity did not increase beyond 10. The position at CAPS was different, they expanded the number of local authorities they worked with (these were not partnership arrangements), and increased their capacity to 36 placements.

In 2000, despite ILFC's poor performance and financial deficit, Meso's governing body decided to relaunch the project as an independent fostering placement service that could be 'spot purchased' by local authorities nationally. ILFC's manager recognised the high level of support provided by Meso:

“So actually to have a service that purely survives in this manner does not exist in Meso. So it took a lot – a leap of faith to actually run with us....We’ve never made a profit, we’ve never even drawn even...Meso now gives us a budget and we are expected to raise income from local authorities for the placements we provide”. (ILFC management)

The redevelopment required additional financial support and organizational and practical changes. ILFC vacated the premises provided by the Northborough. For a time they moved temporarily into Meso’s main offices, and some time later into permanent premises in South London. The organizational relationships also changed.

Figure 4.2: ILFC’s current organizational model



The joint fostering panel was disbanded and ILFC now has a separate panel. With this new organizational model, ILFC appears to have more autonomy because they are not in a partnership relationship. Although the organizational link with Meso has not fundamentally changed it now appears to be more direct, this was confirmed by the manager.

“In many respects this project has never, really, fully associated itself with the whole Meso voluntary agency. Because we’ve

always been like a satellite project, and it's only since we've been here (Meso offices) there's been more association with Meso as an organization, and in some respects when we were in Northborough there was more consideration of us being linked to the local authority than there was to Meso" (ILFC management)

The organizational arrangements and the operation of the advisory group have not changed. This group has maintained the link between Meso's governing body and professional practice at ILFC.

"The governors have been very, very supportive. It's a very different feel to being in a local authority...it's a very different experience" (management)

The diagram above also shows the separate and much clearer purchaser/provider relationships with local authorities. The project now advertises their spot purchasing services nationally.

ILFC's internal organizational structure

The organizational structure and model of service delivery implemented at ILFC was not based on Meso's voluntary management model. The initial aim of using the LARN London-wide network model did not come to fruition. This was due to the lack of the partnerships that would form the external network of resources to support ILFC's work.

ILFC's internal model is complicated because some operating functions and policies and procedures are shared between Meso and ILFC. One of ILFC's objectives is to work to Meso wide policy, procedure and standards (objective 12). Financial accounting, personnel and recruitment are shared and the complaints procedure

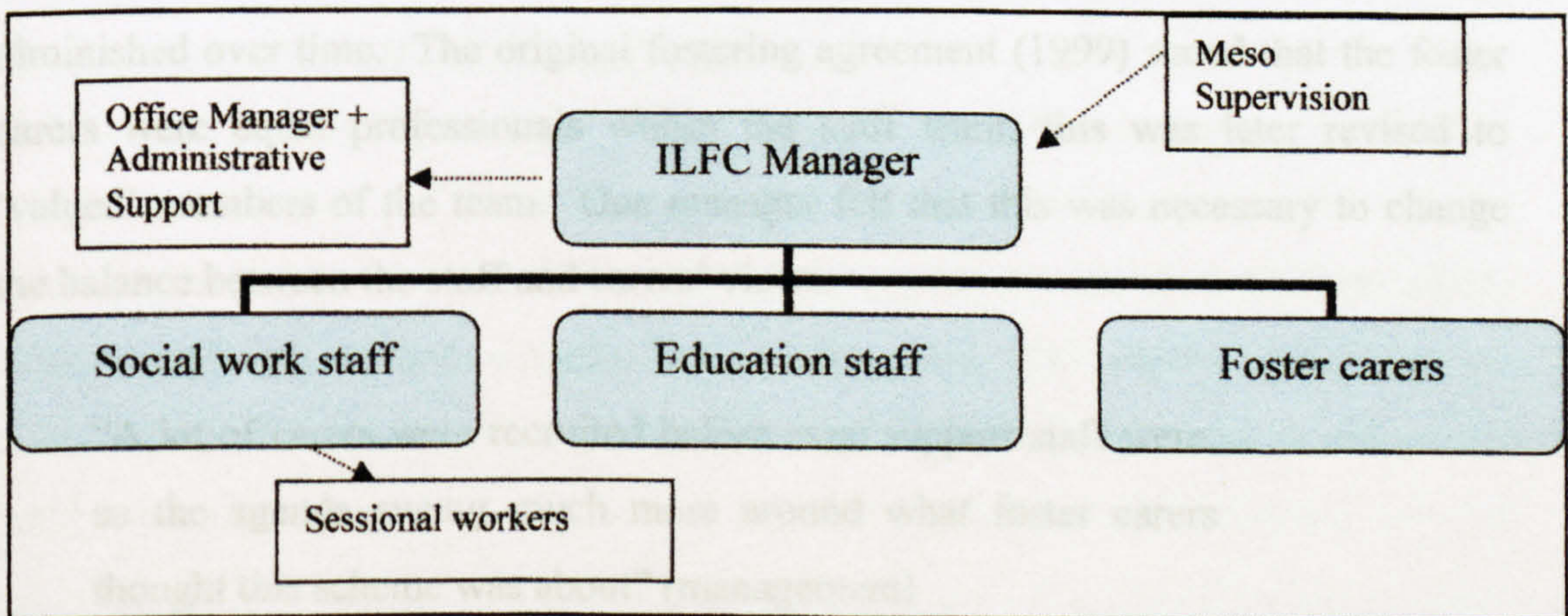
involves Meso during the latter stages. The line management structure is hierarchical and formal supervision is provided for all staff and the foster carers⁴².

The main organizational relationships are operated through the team meetings.

“Consultation regarding major decisions is the preferred manner of operating within ILFC. It has been agreed by team members that the regular forum for decisions, will be team meetings.” (policy T6).

The team functions through formal and informal meetings. The main forum is the fortnightly whole team meeting. The meeting brings together the managers, social work practitioners, teachers, foster carers, the senior young person’s development worker, the young person’s support worker, and the office manager. Although the carers are members of the team they do not always attend when they have young people in placement. The team’s work is serviced by the administrative workers. Ancillary to this are the sessional workers. They are not team members, nor are they party to the internal processes; instead they are brought in to provide a service as and when necessary.

Figure 4.3: The internal organizational structure



⁴² This differs from the systems that operate in many local authorities where carers have link workers who provide them with support rather than supervision.

Without the benefit of more formalised structures the effectiveness of the team is important and this is recognised by the manager who directs the team.

“Its great strength is the team work approach. It’s that multi-layer of different views, different disciplines coming together, but unless you’ve got the staff to implement it and staff that can organise themselves and work effectively as team players then this type of model doesn’t work well” (manager)

However, Tuckman (1965) argued that group dynamics can affect the functioning of a team and that the dominance of particular groups and/or cultural alliances can have an impact on outcomes. Social work is the dominant culture and the majority of the social work practitioners employed at ILFC, including the manager and deputy started their careers in the statutory social services sector, as did the majority of the foster carers. The teachers had more varied backgrounds and several had not been employed in mainstream schools.

The team is also affected by variations in employment tenure. In addition to permanent contracts, staff are employed on freelance, temporary, short-term or agency contracts. These variations are now common in social services (Community Care 2003). The foster carers are self-employed and their status within the team has diminished over time. The original fostering agreement (1999) stated that the foster carers were equal professionals within the staff team; this was later revised to ‘valued’ members of the team. One manager felt that this was necessary to change the balance between the staff and carers’ views:

“A lot of carers were recruited before even support staff were, so the agenda swung much more around what foster carers thought this scheme was about” (management)

In the interviews with foster carers and in the focus group, there was a distinct theme about their reduction in status and feeling marginalised. They felt that their professional knowledge and input into the decision making process had been eroded, although it is possible that their views were biased.

However it was difficult to confirm where the operational decisions were made. Previous research by (Vernon 2000) indicated that there were gaps in the operational procedures.

“A general lack of attention to the detailed strategic development of the project in the form of the use of management information systems and procedures” (p12).

This does not seem to have improved; the project has not introduced management information systems, and they do not have formal procedures for team meetings. There was also a lack of agendas and/or minutes.

“A lot of the meetings are quite informal, we don’t always have minutes” (management)

From the documentary analysis and interviews it appears that the main function of the team meetings has been to discuss the routine operations related to placements and the day to day working arrangements; the members of staff team does not seem to have been involved in the major developmental decisions.

The capacity of the team working structure

ILFC has an informal operational structure and this has had an impact on the stability of the team and staff and foster carer retention. Freeman (1970) argues that without a formal structure it is much easier for covert groups to operate and form elites. Without clearly defined organizational procedures, the impact of the roles, relationships and cultural differences between professional and occupational groups need to be considered.

The ILFC staff team is culturally pluralistic. This is because there is representation from social work, education, fostering and administration. Although the foster carers operate within the social work field their professional status and cultural norms are different (Warren 1997). All of these different groups have their own professional work cultures and preferred operating procedures; in addition to this each person has

their own individual cultural norms, professional expertise and experiences that they bring into the team. In the interview discussions there also appeared to be some cultural and professional divisions between social workers with different specialisms and between the managerial social workers and the front line support social workers.

Working in the voluntary sector can be a very different experience from local authority social work. In the statutory sector the bureaucratic operational and decision making systems are largely determined by statutory and corporate requirements. Social work, education and mental health practice is often far removed from the decision making structures. Many of the staff and foster carers commented on the intensity and closeness of working relationships at ILFC compared to those in local authorities.

At ILFC the manager's task was to mould these diverse groups into a high functioning team. In an organization where joint working is essential, policies and procedures are necessary and these should underpin the day to day operations⁴³. In the interviews with staff and carers and in the questionnaires there were references to the difficulties created by the lack of systems, policies and monitoring procedures (n=16).

“Before the actual launch date there was a developmental period that Meso paid for. All the infrastructure and all the groundwork should have been sussed, sorted and in place” (ex foster carer)

The manager's previous experience of business management in the voluntary sector was limited and this seems to have affected project development. The lack of systems and procedures resulted in a 'tyranny of structurelessness' that enabled cliques to form within the team (Freeman 1970). The difficulties in team functioning and staff retention were recognised; these issues were discussed in team meetings and during a team 'away day'. The manager was also given additional training and support to

⁴³ The current ILFC's Policy and Procedure Manual (Spring 2002) still contains headings for important policies that are marked 'to be written'.

improve the functioning of the team. She had a very clear notion about the main attributes that were needed by team members.

“They have to be extremely good team players...their huge ability to be able to reflect, to be relatively quite humble about learning...if you come in here with the view that you’ve been there, you’ve done it and you’re here to impart that knowledge, then there is no way you’re going to survive basically”
(manager)

This notion of an ‘ideal type’ of team player that was not related to job roles or person specifications was recognised within the team (Giddens 2001). It was felt by many of those who had left, and some of the current staff, that those who were not sufficiently humble were soon excluded from project.

“We were encouraged to be open and honest in the team meetings, but if your views differed or you criticised the project then your views are ignored and then you are marginalised”
(staff)

A number of examples were given to illustrate how staff and foster carers were sacked or ‘counselled out’ after publicly disagreeing with dominant clique. The manager also referred to ‘counselling out’ staff and carers and some felt that they were marginalised.

“It’s like being in the Spice Girls – but I’m not one of the girls....basically the powerhouse in this place is X and if she likes you, you will hang about...but I think the staffing issue, that for me is what will drive me out and I think I am at the edge of moving on” (social worker)

In contrast, many of the current staff and carers expressed their satisfaction with the way ILFC was operating; strengths were identified as the team spirit, fairness and aiming for quality:

“The management structure which holds to the aims and objectives and is supportive of staff and carers” (support social worker)

“Flexibility to change and develop” (senior worker)

These differing views reflect the lack of cohesion within the team and in the questionnaires and interviews there were numerous references to communication problems.

“My experience of working both ‘inside’ and ‘outside’ the project has given me a flavour of what that feels like. It has possibly brought me in touch with some boundary issues which I do not fully comprehend and made me wonder if carers feel a similar sense of division between those who work together on a regular basis and those who work peripherally”. (current staff member)

It was noticeable that for many the team was not a supportive or comfortable environment. One theme that arose in many of the interviews was the lack of respect for some members in the team. There was also a strong feeling that at times inequality was related to race and gender with suggestions that black staff and men experienced discrimination. The differences in employment status were also an issue.

With the introduction of equal opportunities policies and training it has become quite rare to witness overt racism or sexism in the public welfare sector. However, it is recognised that covert racism and sexism is much harder to detect (Owusu-Bempah 2001). Because the project and the interview sample of staff who had left was small, it was not possible to confirm or refute the views expressed by some team members.

Nonetheless, Meso has an equal opportunities policy and one of ILFC’s objectives is to ensure that systems are in place to regularly evaluate compliance with this policy

(objective 9). ILFC's manager argued that when there was a lack of adherence to this policy it was in some part due to the insecure financial situation.

“It's interesting we've had the most stable period I think for the last year than I think we've ever had, on the back of having people on very short term contracts. OK for those that are not progressing at an amazing rate and bringing on agency workers so we can give them a go – and if they're not up to scratch they depart from us”. (management)

ILFC has not retained a stable team of staff and carers. Using this employment system the manager has been able to assess staff informally to ensure they meet the notion of a good team player, and then either renew or terminate their contacts without dispute or appeal. This differs from the majority of IFAs who have high staff and carer retention rates and diversity is valued (Sellick et al. 2002; Walker et al. 2002; Wilson et al. 2004)

A useful comparison is the Scottish CAPS foster care project. ILFC and CAPS have similar size staff teams (11 and 10 respectively); but the retention rates have been very different. At ILFC between August 1998 and August 2002, thirty three staff had left. During the same period only four staff had left CAPS (Steel 2002). The CAPS carers continue to be equal team members and none have left (Walker et al. 2002); whereas eleven have resigned at ILFC. The constant changes in the team personnel would have impacted on the stability and functioning of the team (Festinger 1957; Tuckman 1965; Borgatti 1996).

At the point of leaving ILFC some of the staff and carers took their complaints about the unfairness practices to Meso's Chief Executive. This was done by writing letters or in meetings. These complaints were not dealt with through formal procedures, but the problems were acknowledged by chief executive:

“There were a number of occasions when systems and procedures lacked clarity, and where a 'them' and 'us' ethos prevailed. I was twice asked to meet with carers to discuss

their concerns. There have been some of the same difficulties with the support staff.” (chief executive)

Unfortunately since these complaints were made there have not been any noticeable developments to improve the informal organizational structure. There is a view that the Chief Executive does not want to recognise ILFC’s weaknesses and has therefore minimised the seriousness of the internal problems.

“It’s almost like, well if she (the manager) fails, then indirectly they (Meso) fail so it’s in everybodys’ interests to keep propping her up” (ex foster carer)

This view has not been substantiated, but the high turnover of staff and carers has continued and this has been costly in terms of recruitment and training. It has also affected the continuity and stability of relationships with the young people and their families.

The involvement of young people and their families

ILFC has not developed formal structures to ensure that the views of young people and their families inform policy development. They are, however, invited to meetings, as and when necessary, to be involved in the decisions made about the young person’s individual needs.

ILFC has a specific objective and several sub-objectives to ensure that the young people and their families are consulted about their wishes and feelings (objective 7). The aim is for these views to be regularly reviewed and where possible incorporated into the project’s general development to respect and reflect individual and corporate needs. Vernon (2000) also recommended that ILFC should establish a pattern of regular consultation with young people. Despite these objectives and recommendations the diagrams set out above indicate that ILFC has not developed an organizational model, or an internal structure for formally involving young people and their families.

The importance of listening to children has been high on the agenda for a number of years (Department of Health 1991). This was introduced as a key part of the Quality Protects and the new Choice Protects' programmes (Department of Health 2000; Department of Health 2003); this is also part of the government's strategy to improve outcomes for children:

“The child must be at the centre of the decision making, and they, their parents, and/or their advocate, must be involved in decisions about their lives, their care, and the opportunities that are available” (Department of Health 2003).

The recent 'Blueprint' project (Voice for the Child in Care 2004) also set out to identify the barriers that prevent children's services from being child centred. This national study concluded that negative perceptions by adults about looked after children and their competence often result in services that are child focused rather than child centred. One important recommendation from this research is that:

“Policy makers should consider a framework to measure how child-centred organizations are” (p9)

The Blueprint team, which included young people, argued that a framework is necessary to assess the impact of bureaucratic practice and procedures on individual children and on whole groups of children. Adult views about young people's competence to understand complex issues and articulate their views are sometimes used as justifications for excluding them from discussions about broader social care issues, but there are strong arguments for creating partnerships with young people at an organizational level.

“Involving young people at all levels in an integrated way allows organizations to develop agendas that fit their lives and prevent the agency from going down the wrong road” (Voice for the Child in Care 2004, p57)

Previous research at ILFC recommended that they needed to draw up a clearly defined structure and a long term work plan to consolidate the project's development:

“With such a structure, an unprecedented opportunity now exists to ensure that the project's strategic development is in future planned and monitored, and that standards are established and maintained”. (Vernon 2000)

This advice does not appear to have been implemented. The project's annual reports do not contain detailed monitoring of all of the individual services, or any future development plans. More importantly the systems to consult young people about their wishes and feelings and incorporate these into the development of the project have still not been formalised. However the young people are invited to attend their individual meetings. There is also a level of formal consultation using evaluation forms for some of the services. Informal consultation is done through telephone conversations and face to face discussions. To improve their work with young people, the senior young person's development worker post was introduced in 2001.

“ we set up a post that specifically focussed on the needs of the young people...developmentally in terms of developing organizational structures for young people to have their voice heard more” (management)

Currently this worker is focussing on working with individual young people rather than developing the necessary structures for wider involvement, but this may evolve.

Although the young people and their families have not been involved in the overall decision making about ILFC's work; those who were interviewed confirmed that they were involved in decisions about individual matters. The parents who were interviewed (n=4) confirmed that they were invited to a range of meetings to discuss their child's care, and it is probable that this invitation was extended to other parents. But parents were not invited to attend meetings to discuss the development of the project.

All of the young people who were interviewed (n=15) were invited to meetings to discuss their care package; and the majority (n=11) felt their views were listened to in meetings. The young people said they were supported in these meetings by individual staff, foster carers and/or family members. Through this contact with the young people it is possible that the professionals were then able to represent their views verbally in team meetings and through group and individual supervision sessions, but it has not been possible to confirm this.

Another method for hearing the views of service users and further the development of the project is through the analysis of evaluation forms. Forms were developed for some aspects of the service and there was also said to be an ending evaluation form; unfortunately these were not routinely completed or analysed.

Concluding discussion

This chapter has explored Meso and ILFC's organizational models and operational relationships. At first sight Meso's organizational model seems to fit the model of the formal organizational relationships described by Weber (Gerth et al. 1948). The hierarchical bureaucratic structure is managed by the voluntary board of governors, where power is concentrated at the top with activities governed by rules and regulations. However with closer examination it can be seen that the model is more complex and this is because Meso's organizational model has evolved organically (Burns et al. 1966). This has been adapted over time as new projects have been developed, resulting in the current multi-agency child care network. In addition to the voluntary management tier there is also another hierarchical structure comprised of paid employees who in turn manage the network of projects. These projects, including ILFC are managed under Meso's corporate identity, but they retain some independence for individual development.

Meso's complex organizational model seems to fit better with the description of a post modern networking organization, as the features are pluralistic and diverse. It combines characteristics of bureaucracy in the management structures, adhocracy in the networking approach and some small scale aspects of McDonaldization because of Meso's corporate branding (Clegg 1990; Ritzer 1996; Borgatti 2001).

The development of Meso's post modern organizational model appears to have had several impacts on ILFC and these appear to have been beneficial. Firstly the project had access to Meso's bureaucratic management structures for decision making and financial support. Secondly the corporate branding enhanced their reputation in the field and thirdly the networking approach enabled the project to operate flexibly.

Foucault (1978) argued that organizational relationships could be understood by studying the physical characteristics of an organization. This has been difficult with Meso and ILFC because they have not always occupied one physical environment. For some of the time ILFC was located within a physical environment supplied by Northborough. Due to this close contact, the shared social work culture, and the formal partnership arrangement, the project appears to have become closely identified with the local authority.

Formal organizational partnerships can be beneficial in the current quasi market as they offer a measure of financial security, but this partnership foundered. Using Taylor's (1997) measures for effective partnerships it was seen that there was an adequate supply of resources from both partners, but these were not used efficiently for the benefit of service users; this appears to emphasise a need for clear responsibilities and monitoring mechanisms to ensure targets are met. Nonetheless this partnership was beneficial for ILFC. During the contract they were cushioned from the need to plan and develop their services to compete with other IFAs. When the partnership ended, access to Meso's financial and physical resources and reputation in the field enabled ILFC to operate flexibly to begin competing in the quasi public welfare markets.

Giddens (2001) suggested that it is also possible for the choice of organizational model to impact on the internal workings of the organization. ILFC was a new and innovative project that was redefined when the original London wide partnership model did not come to fruition. The amended model that evolved was somewhat nebulous and this created complications for ILFC staff and service users because decision making was not always transparent. Although there is the possibility of bias in the interviews they appear to suggest that the internal organizational model created tensions and this provided ILFC management with a high level of autonomy. At

times the lack of operational structures seems to have disabled rather than enhanced project development and decision making (Leat 1995).

Effective service delivery in the social welfare sector relies on human resources and therefore continuity, staff retention, and clarity is essential, especially in projects such as ILFC where protecting children is high on the agenda (Murphy 2004). However this project does not appear to have adopted a formal business management approach as suggested by Leat (1995). Instead the informality and the formation of cliques impacted on the effectiveness of joint working and decision making (Freeman 1970). This served to marginalise those with dissenting views and many resigned or were 'counselled' out, thereby creating instability within the project and affecting the continuity of service delivery to the young people.

Although it is considered to be a strengths of IFAs that they can develop services without bureaucratic hindrance (Sellick et al. 2002) it is evident that viable structures for multi-professional joint working and decision making are necessary (Atkinson et al. 2005). One drawback identified in the current organizational model is that although it appears to be to child focussed in some respect, the operational structure does not contain the systems and procedures for involving the young people at the level of strategic development (Voice for the Child in Care 2004). Currently it is impossible for the young people and their families to be formally consulted about the project's wider development and yet this was one of the project's objectives from the outset. Young people are not represented on the advisory group, nor do they hold positions on any of Meso's committees.

What now has to be considered is whether the organizational structure that has evolved at ILFC, together with the lack of input from young people and their families, have limited the team's understanding of the service users' needs. When implementing a holistic approach to service delivery it is possible that these factors may have an impact on joint working.

Chapter 5 – The Service Delivery Model

Introduction

ILFC's publicity information states that the project is a pioneering service that has developed extensive professional support services for young people, their families, and the foster carers.

This chapter will identify the range and costs of the services provided by ILFC and the service delivery model in operation at the project. Since ILFC started operating in the public welfare sector in 1997 there has been an increasing interest in public service development. The principles of the Choice Protects review (2003) refer to the need to develop services for children in an integrated and coherent manner. The National Service Framework also sets out standards to improve children's health and social care services and these are related to the five areas of well-being that have been identified as essential for children⁴⁴ (Department of Health 2003; Department of Health 2004). The Children Act 2004 now provides the necessary legislation to try to ensure that services are joined together. This will be done through the introduction of a new overarching system for integrated service delivery (DfES 2004; Aynsley-Green 2005).

Although ILFC is a small voluntary project it has now been working in partnership with external agencies to achieve joined-up service delivery for a number of years. From the outset the goal was to develop a holistic approach to their work with young people.

“Carers and support team members will work in partnership with local authority staff and relevant agencies in order to achieve a holistic and comprehensive service to young people” (contract 3.17)

⁴⁴ These are; their physical and mental health, protection from harm and neglect, education and training, their contribution to society, and their social and economic well-being.

The previous chapter revealed that the young people fostered at ILFC were invited to meetings to discuss their own care issues and they also felt that their views were taken into account. However, what was missing was the opportunity for the young people to give their views on the wider project development and service delivery issues. Bronfenbrenner (1979) provides a useful definition of ecological systems theory that seems to encapsulate the principles for holistic service delivery and why children and young people need to be involved in the planning and decision making process.

“The principle of interconnectedness is seen as applying not only within settings but with equal force and consequence to linkages between settings, both those in which the developing person actually participates and those that he may never enter but in which events occur that affect what happens in the person’s immediate environment” (p7)

It has been argued that skilled leadership and effective management is necessary to achieve the linkages required for joined-up services delivery⁴⁵ (Veryard 2002; Atkinson et al. 2005). Managers have a key role to ensure that the component parts operate efficiently. However, Shardlow et al (2003) suggest that this is difficult because there are not universal standards across the occupational and professional groups, nor are there specific standards relating to inter-agency working. This is further complicated by the lack of computerised systems for information sharing across agencies (Calder 2004). These issues have now been recognised as an essential part of the government’s new joined-up approach (DfES 2004).

ILFC’s mission statement aspires to protect and empower young people through a commitment to a comprehensive team work approach. One core principle is to adopt a multi-disciplinary approach to planning young people’s care, social, educational, mental and physical health needs (principal k).

Therefore, to fully understand the service delivery model in operation at ILFC all aspects of the individual services, together with the professional and occupational groups, have been considered.

⁴⁵ All components of service delivery need to be taken into account; this includes direct services and the internal administrative services.

The range and costs of ILFC's services

A description of ILFC's essential services is provided in all of their publicity information and in the service specification for spot purchase placements. The services charged to the local authority are:

- Social work
- Foster care, including respite
- Out of hours support
- Education
- Sessional work
- Parenting services
- After-care
- Management and administrative services

ILFC's current charge is £2,015.70 per week (Appendix 4). However, local authorities who spot purchase placements are only charged £1,937.52 per week. The shortfall of £78.18 is fundraised by ILFC to cover the direct therapeutic services provided to the young people. The fees charged by ILFC are much higher than those found in the study by Sellick and Connolly (2002) where the mean average was £683 and the maximum was £1,250. The difference in the fee rates across IFAs was linked to the services provided by the organization and the level of allowance paid to the foster carer.

When local authorities purchase a placement they are charged for the full support package of care; this is because the young person's needs may change during the placement period and therefore the level of service provision required may alter. The decision to charge the full cost from the outset gives ILFC the flexibility to adapt services to meet individual needs. This was accepted by Northborough as the cost of a placement at ILFC was less than the costs of some of residential placements; it was also felt the services would benefit the young people.

“It was the view of the working group that if a comprehensive and local package of care could be constructed for each young person, meeting their social care and emotional needs

within a specialist fostering placement, then not only could costs be reduced to all the involved agencies but there was a greater potential for success” (Meso report, p2, 4.4)

At ILFC some of the services are provided directly to the young person and others are indirect services that aim to support placement stability. The young person’s care plan is said to be the source document for deciding each individual package of care.

All of the services set out above are clearly linked to ILFC’s objectives to provide a holistic approach to meeting young people’s needs through the provision of services⁴⁶. ILFC’s publicity states that their target group is traumatised young people with challenging behaviour. Rather than providing universal in-house professional therapy, or behaviour management services, the view was that links to the relevant mental health services would meet the needs of these young people. The aim was to develop a London wide partnership with local authorities and the relevant CAMHS teams. However, if it was felt that additional therapeutic services would be helpful these could be provided directly by the project.

The model for service delivery

The initial Meso model for service delivery was based on the London wide proposals contained in the LARN report (Blackmore 1991; Bishop 1996). Essentially these reports proposed a model that brought together a range of services to meet the needs of young people whilst at the same time fulfilling legislative requirements. This model had to be abandoned when the partnerships did not reach fruition. In the light of this Meso and ILFC developed a scaled down model based on service requirements outlined in current legislation and social policy:

“The service was designed to help London Boroughs respond in a holistic way to obligations arising from the Children Act 1989, the Crime and Disorder Act 1998, and the Education Act 1997.”
(ILFC publicity information).

⁴⁶ ILFC’s publicity states that their goal is to deliver all of the services in a culturally sensitive and non oppressive manner giving consideration to race, religion, language and culture. They also claim that equal opportunities will underpin all aspects of the project’s work (objective 9).

The services provided are in response to legislative obligations to safeguard young people and promote their welfare, improve their educational achievements, use intensive fostering as an alternative to secure accommodation, and involve young people's families (Department of Health 2000; Department of Health 2001; Travis 2002; Ward et al. 2003). From the outset effective service delivery has been important, firstly to fulfil their contractual obligations to Northborough and now to compete with other IFAs. The project manager had the responsibility for developing the systems that would ensure that holistic service delivery was achieved.

The contract document for local authorities specifies the areas for joined-up services, these are education, mental health and local authority social work services. At ILFC this work includes negotiating with the local authority referring team and social worker, and working closely with colleagues in the statutory health and education services to facilitate access to the services.

Atkinson et al (2005, p8) identified five models for multi-agency working these are shown in the following table.

Table 5.1 – Models for multi-agency working

Model	Purpose
Decision making groups	To provide a forum for professionals from different agencies to meet to discuss ideas and make decisions
Consultation and training	For professionals from one agency to enhance the expertise of others by providing consultation and/or training for them
Centre based delivery	To gather a range of expertise together in one place in order to deliver a more co-ordinated and comprehensive service
Co-ordinated delivery	To draw together a number of agencies involved in the delivery of services so that a more co-ordinated and cohesive response to need could be adopted
Operational team delivery	For professionals from different agencies to work together on a day to day basis and to form a cohesive multi-agency team that delivered services directly to clients

It can be seen that the models have different purposes. These relate to the nature of work to be carried out by the agencies involved and they require different levels of staff resources, time and financial commitment. The study by Atkinson et al found that attitude changes were needed when implementing the move from single agency to

multi-agency working and they argue that what is needed are ‘hybrid’ professionals who are flexible and can adapt to changing work patterns .

“Multi-agency working is not easy nor easily achievable”

(Atkinson et al. 2005, p16)

They found that some models were used more frequently than others; these were co-ordinated delivery and decision making groups, whereas the model used infrequently was the operational team delivery approach.

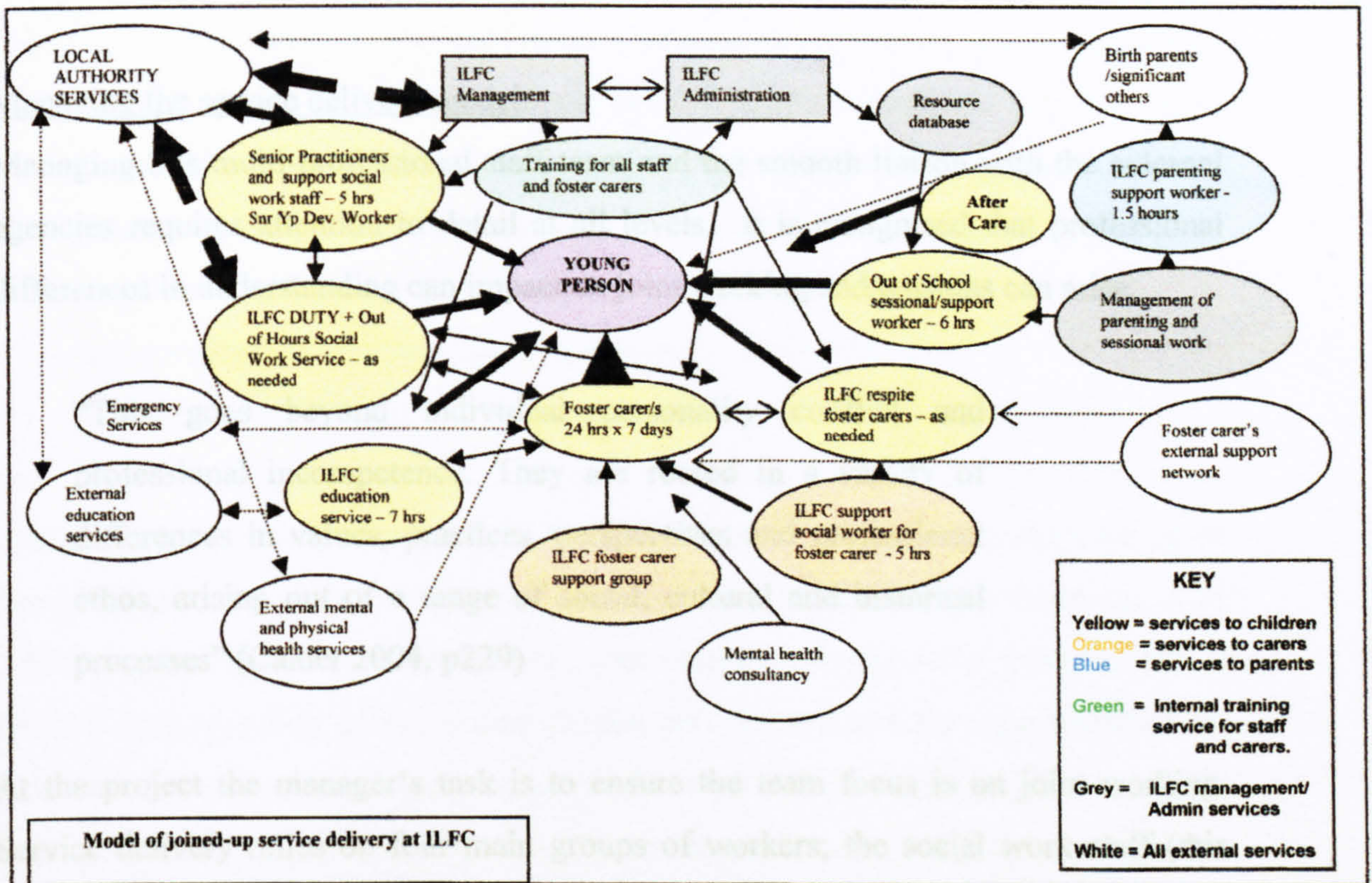
The decision making model seems relatively easy to achieve because it does not require joint financing. Similarly, the partner agencies in the co-ordinated model could also work together and still maintain their independence. However, to achieve a cohesive multi-agency team for operational team delivery would probably require a detailed contractual agreement, a high level of co-ordination and committed finances. To be effective this would possibly involve secondments from the separate agencies and this might be difficult to achieve.

Atkinson et al found seven key factors associated with successful multi-agency working and these are set out below in rank order:

- Commitment or willingness to be involved
- Understanding roles and responsibilities
- Common aims and objectives
- Communication and information sharing
- Leadership or drive
- Involving the relevant personnel
- Sharing and access to funding and resources

To understand fully how ILFC’s complex model of service delivery operated it was necessary to construct a diagrammatic model. This illustrates the complexity of providing multi disciplinary services even on this very small scale.

Figure 5.2: ILFC's model for joined-up service delivery



The unbroken heavy lines specify the main ILFC services that are delivered directly to the young people. The heavy broken lines indicate the two way relationship between ILFC and the local authority social work departments. The connections to the other external services have been indicated by light dotted lines.

Although input from the birth family to the young person is more of a relationship than a service, this has been included because of the ILFC parenting service provided to the family. The average weekly hours specified by ILFC for direct services to the young person, their family and the foster carer have been indicated on the diagram.

Analysis of ILFC's service delivery model suggests that it does not fit neatly with any of the models identified by Atkinson et al (2005). Instead it seems to combine features of the 'centre based' model in that there is a multi-professional team, and the 'co-ordinated delivery' model with services delivered by the external agencies. As the literature does not appear to indicate which models work best in particular

situations, or whether models can be combined effectively, it has not been possible to hypothesis on the impact of the model adopted by ILFC.

Managing the service delivery model

Managing this multi-professional staff team and the smooth liaison with the external agencies requires attention to detail at all levels. It is recognised that professional differences in understanding can impact on joint working and tensions can arise.

“This goes beyond individual personality conflict and professional incompetence. They are rooted in a variety of differences in values, practices, perspectives and professional ethos, arising out of a range of social, cultural and historical processes” (Calder 2004, p229)

At the project the manager’s task is to ensure the team focus is on joint working. Service delivery relies on four main groups of workers; the social work staff (this includes the managers who are qualified social workers), the foster carers, the education staff and the sessional workers. The individual social workers are responsible for providing several different parts of the services; they are on the duty rota and they provide individual support to young people and/or foster carers, they also provide the parenting service, and if agreed aftercare.

The foster carers provide and receive services. They are service providers to the young people; they are also members of the support group for other foster carers and they receive internal and external services to support their work. Administrative support services are provided by the small administrative team.

In the social care environment, service delivery is largely dependent on human resources and the implementation of an efficient supply and demand approach. The majority of the services are focussed on the young person and the term now being used to describe this type of model is holistic wrap around care (DfES 2003) and is considered to be a useful approach for improving outcomes for children and young people, especially those with emotional and behaviour difficulties (Chamberlain et al. 1998).

To ensure that the focus is on the young people's individual needs, ILFC's service delivery is underpinned by a systemic theoretical approach.

“Well the model would be systemic in its foundation because it's about seeing a young person in a system or a myriad of systems – rather than sort of taking a linear approach to young people and their care. So it's about a multi-faceted approach and recognising that a young person will be in any given system at any given time”. (manager)

In social work the systemic model has been used to provide a greater understanding of family life and the wider network of relationships (Herbert 1993). Triseliotis et al (1995) suggest that the systemic model can help to provide social workers with a detailed understanding of the young person and the systems they are involved in. This use of a systemic approach appears to fit with ILFC's aim to work in a holistic way. However as this is a multi-disciplinary team what also has to be considered is that this approach may not be familiar to professionals from other disciplines. Education has its own pedagogy and playwork has a separate set of values and principles. In addition to this the foster carers work to their own national standards.

ILFC's strategic approach to service delivery is set out in their twelve detailed objectives and the policies and procedures. These were developed by the project manager and all staff and carers are given copies of these when they are appointed.

Joint training is a key factor for developing a shared understanding of the project's aims, objectives and methods of working. A culture of learning and continuous improvement has been implemented through the project's training programme and individual supervision sessions. Examining ILFC's training programme between 1998 and 2002 (Appendix 5) it was noticeable that although service delivery is said to be underpinned by systemic theory, training in this approach was not included in any of the training programmes. It is therefore possible that the different staff groups make judgements about children's needs using their own professional values.

It is recognised that approaches to risks and needs differ in the professions working with children (Dingwall et al. 1995; Hallett 1995; Calder 2004) and much of the project's training relates to the work with young people. Some joint training was provided for all staff and some for specific groups. However, only the full-time staff and the full-time foster carers are paid when they attend training sessions and attendance is not a mandatory requirement. The sessional workers do not have access to ILFC's training programme, nor do the administrative staff.

Team building sessions can be useful to enable the members of the multi-disciplinary team to develop a co-ordinated approach to their work. However, over a three year period only two team building sessions were provided.

The ability to work in a team is an essential requirement in most of the project's job descriptions. In addition to this team working function the staff members and the foster carers have to work effectively within their own services and these are described and discussed in the following sections.

The social work service

The social work team has a multi-functional role to play in relation to the local authorities, the other external services and internal operation. They are responsible for:

- Services to local authorities – initial assessment of the young people's suitability, placement matching service, liaison with the young people's local authority social workers, the CAMHS team, and the local authority education service.
- Services to foster carers - recruitment, assessment and individual support and supervision, allocation of respite services and maintaining the out of hours duty service.
- Services to young people - individual support, out of hours duty service, liaison with other internal and external service providers, and after-care support.
- Services to sessional workers – supervision and support.

- Services to parents – routine liaison, and when allocated one to one support.

The size of the social work team that is responsible for delivering these services includes:

The manager,

The deputy manager

The senior young person's development worker,

At least two senior practitioners, and

Two/three social workers at any one time.

The actual number employed in the social work team has varied over time. During the five years of operation 28 social work professionals were employed in the various posts. The majority of the social workers were women, and all of the senior staff were white. There were only four male social workers, they were all black and they were employed as basic level social workers. None of these were promoted to senior positions; however opportunities for promotion would be limited in such a small project.

“I left to develop experience outside of Meso, and I now manage a local authority fostering team” (ex support social worker)

With such a high turnover of staff, induction, regular training and supervision is essential and these services are said to be routinely provided. To support the team's work, freelance assessors are brought in when there is a foster care recruitment drive, but they are not part of the team.

The social workers are designated as 'support' workers; this term was used to separate them from the local authority statutory social workers who continue to have an ongoing relationship with the young people. The term was also considered to be friendlier. In this thesis the ILFC professional social workers will be defined as 'support social workers'. This is to ensure their social work role is recognised and to

differentiate them from the unqualified sessional workers and the young person's support worker which is also an unqualified post.

The role of the ILFC support social workers is to work specifically with the young people to address individual needs in accordance with the care plan and the wishes and feelings of the young person (Objective 2.5). This entails regular contact with the young people throughout their time at the project. Their contact can be at formal meetings, school, court appearances and/or informally at the carer's home, parent's home, on outings, or in the office etc. They also act as the main link person to other staff working on the case, particularly the foster carer's support social worker. They are also responsible for maintaining the young people's files and compiling reports and assessments.

In addition to this internal focus they are the main link to the young person's allocated local authority social worker. This liaison is essential because of the local authority's statutory role in decision making and referrals to other statutory agencies.

When the young people are due to leave the project it is the responsibility of the support social workers to organise the transitional planning, and also after-care services as this will provide a measure of continuity from the project to their next placement.

Out of hours service

The 'out of office hours' service is operated by the social work team; the service is available to the carers for 365 days a year and is operated on a duty rota system. The carers are provided with details of the rota and the relevant out of hours phone numbers. The only proviso is that only unforeseen emergencies calls should be made between 10pm and 8am the next day. When a call is made to the duty phone, the duty worker is expected to respond by telephone within one hour of receiving the message; if necessary the duty worker will then respond in person. The service was developed to meet the following situations:

- To deal with emergencies that cannot wait until the next day.

- To provide critical information that will need to be actioned the next day.
- To provide advice and consultation to carers regarding decisions and actions.

Between 1998 and 2001, this service was provided solely for the foster carers. However, the policy states that the duty worker should always refer to the young person's care plan and placement agreement when providing the foster carer with advice and guidance (policy O1). The young people fostered at ILFC often have very challenging behaviour. This can include: running away, criminal activities and violence to themselves and others (Biehal et al. 1999; Biehal et al. 2002). This service can help to resolve immediate difficulties and disputes between the carer and the young person.

Sometimes it is necessary to involve external statutory services and this will be agreed between the duty worker and the foster carer. For example, if a young person does not return home at the agreed time, the carer and the duty worker will agree a strategy and an ultimate time limit before informing the police. On occasions, in emergency situations, the foster carers have to take immediate decisions about whether to call a doctor, an ambulance and/or the police; this action is reported to the duty worker as soon as possible.

At the end of 2001 the project set up an out of hours service for young people. In interview it was reported that all of the young people were provided with a card that contained the out of hours contact number. This is not a free phone number; therefore some young people may experience difficulties using this service if they do not have access to a private telephone, or a mobile phone with credit. Another issue is that this service is delivered by the same duty worker who provides the out of hours service for the foster carers. Complications could arise when there is conflict between a foster carer and a young person and they both phone at the same time.

All calls to the out of hours service must be documented on the appropriate form, with a copy sent to the local authority social worker. Parents are not provided with copies of these records, nor are they routinely informed about problems, because this

responsibility remains with the local authority, but exceptions are made in some cases:

“If we have a particularly good relationship with parents at that point in time, then what we will do is get the foster carer who is reporting the young person missing to the police, to also ring the parent if it is deemed that it’s in the young person’s best interest at that point in time” (management)

The foster care service

The goal of the fostering service is to offer young people with challenging behaviour a home placement with professional foster carers. The service also has a specific aim to recruit a diverse group of carers to meet the young people’s individual placement needs (objective 3). The smooth supply and retention of foster carers is an internal ‘linchpin’ for this model.

The quality of the service is managed by the fostering panel that assesses, approves and reviews the carers. The deputy manager co-ordinates the foster carers’ support group and the support social workers supervise individual foster carers. ILFC approved a total of 32 foster carers, living in 25 fostering households; they were approved either as full-time carers to supply one full and one respite placement at any time, or to provide respite only placements.

Matching young people with foster carers can have an effect on placement stability, and similar to other IFAs, the characteristics of the carers employed by ILFC have been more diverse than the national population of carers where the majority of carers continue to be married couples who are white (Wilson et al. 2004).

ILFC employed a total of six full-time carer couples. Only one of these was a white male/female married couple. One was a white male gay couple and four other male/female couples were in black or mixed race households. Of the single carers, only one was male, he was also black. The other 15 were female, nine were black, five were white and one was of mixed heritage. One of the white female carers was also a lesbian who had children, but was not living with a partner.

Successful foster care is often associated with the age of the foster carer (Berridge 1997). At ILFC the majority of the carers were aged 40-49 when they were approved and none of the carers were under 30.

It is recognised that the foster carers' own children can have a positive or negative impact on the placement (Wilson et al. 2004). At ILFC 18 of the full-time households had their own young, teenaged or adult children living at home and two had relatives' children living with them.

Independent fostering agencies are said to attract applicants who are new to fostering and this has been related to the higher allowances and the provision of training and support services. ILFC recruited ten first time carers; several of these were from minority ethnic groups that are under represented in the national foster care population.

When the foster carers have been approved they are allocated their own individual support social worker who supervises their work and personal development. All of the foster carers have access to ILFC's main training programme and some are being supported to attain NVQ level 3. To provide ongoing support with difficult children the foster carers are also given access to consultations with an independent psychologist.

All of the full-time carers are self-employed, but they contract to work exclusively for the organization (only a partner is allowed to work elsewhere). The full-time carers are paid a regular fee of £449.45 per week. When a young person is in placement an additional weekly allowance of £197.20 is paid into the household with a percentage of this being given directly to the young person for pocket money, self care and travel. Additional monies are provided to the foster carers to meet Christmas, holiday and birthday expenses.

Although ILFC provides a professional foster care service the full-time foster carers contract to provide a 24/7 home placement with the agreement that:

‘Any young person placed with me/us will be cared for as a member of my/our own family’ (fostering agreement).

The foster carers also agree to provide additional services. Although some of these appear to be the same as those provided by a natural parent to their child, there are added dimensions in foster carer:

- Be involved in the young person's contact arrangements with members of family and significant others.
- Make arrangements for medical and dental treatment.
- Be involved in arrangements for education, training and/or work.
- Encourage and promote the young person's religious and cultural practices.
- Provide the relevant professionals with access to the home and the young person.
- Provide verbal and written monthly reports about the young person

Contact with family can be a critical service for young people. Where the young person does not share the same ethnicity or culture as the carer it is important to ensure the young person's needs are met and respected. Foster carers also have to ensure that where and when it is necessary they obtain all relevant consents from the local authority, the young person's family and the young person before any action is taken. The consents will differ in relation to the child's care status and age (Department of Health 1991).

The respite service

This service is provided as part of the non-rejection service for the young people and planning is deemed to be important. Good planning is said to include identification of need, together with assessment and preparation for the move. The aim is to offer the young people access to other foster care placements, as necessary, on a short-term basis. This provides a 'community' of foster care where the carers and the young people are known to one another if a move is necessary.

Respite can be used for several different purposes. Firstly when carers feel they need short breaks, secondly to cover carers' planned holidays when they are not taking the fostered child with them, and thirdly for individual needs, these can include; health

problems, family commitments or personal circumstances and the need for carers' to focus on their own children.

The young people can also make a request to have a respite break from their main carer. In addition to this, emergency respite care can be organised if a placement has broken down completely. This gives ILFC and the local authority time to decide if the young person should move to another placement within the project or move on. Respite placements are also used whilst the local authority is finding the young person a new external placement.

To create a system of joined-up service delivery, the respite service needs to be closely linked to the overall fostering service. This is to provide a smooth system that offers either well planned movements from one household to another or the implementation of contingency arrangements for emergency moves.

This service does not have an overall manager, it is organised on an individual basis by the full-time carer's support social worker. The policy requirement is for the support social worker and the carer to jointly identify the contingency arrangements and organise the more long term respite needs. All parts of any respite arrangement should be documented on a series of forms⁴⁷. The policy documentation is very thorough and covers every likely eventuality.

Many of the young people fostered at ILFC have suffered rejection in their lives and may also have moved many times in the past. The policy discusses the impact that a change of placement can have on the young person's stability, health and education. It also recognises the issue of different caring styles between the main and respite carer.

“Discussions must be held between the two carers regarding the style of caring and any particular agreed strategies which have

⁴⁷ Requests for respite should be submitted on form R4A, the parents should be notified on form R4B, if this affects the young person's education the school should be informed on form R4C, financial arrangements should be agreed (R4D), and at the end of the respite period an evaluation form should be completed (R4E).

been agreed which will need enforcing.....This should include a clarity of response to education issues”. (R4, f)

To ensure continuity of care, the statutory records⁴⁸ must be copied and given to the respite carer. Other essential information such as medical treatment and the progress of the young person’s Individual Action Plan⁴⁹ must also be shared with the respite carer to ensure they have a detailed understanding of the young person’s difficulties and needs. At the end of each period of respite an evaluation form must be completed by all parties. This is to ensure that positive and negative experiences are explored and discussed to improve future arrangements.

Although three respite only fostering households were approved by the panel, only one of these provided placements. This was a single white female carer, aged 50-59. This carer had adult children who did not live at home. This type of short term foster care is attractive to those who don’t want the burden of permanent placements.

“I know my own limitations and I knew I didn’t want to have a young person all of the time. My own son was very difficult as a teenager and I didn’t think I would have the resilience to deal with a difficult teenager on my own on a permanent basis. I like working from home and this was something that could fit in with my life where I could use my skills with young people. I have my own business and this would give me a regular income. The respite carer not only cares for the young person but is also caring for the carer. I am very interested in caring for carers”
(respite carer)

One disadvantage was that the respite only carer was not paid a regular weekly fee; instead a set fee was given for each day the young person was in placement. The main carer also transfers a proportion of the young person’s allowance for the duration of the respite visit. Because this respite carer had the flexibility to take on outside

⁴⁸ Essential Information Record and the Placement Agreement Form

⁴⁹ The purpose of the Individual Action Plan is to agree behaviour that need to improve, the strategies to achieve this, and the young persons comments about the plan.

work, and needed the income, her sometimes limited availability had to be taken into account when planning respite placements.

Due to the lack of 'respite only' carers, the respite service has mainly been provided by the 22 full-time carers. Availability for respite care is deemed to be part of their contact with ILFC. This gives the project three advantages; one, they can make up the shortfall of respite only carers; two, it reduces costs as full-time carers are already paid a regular weekly fee and; three, it increases the size and diversity of the community of carers available when young people need to be moved.

Supervision for foster carers

All full-time and respite foster carers are provided with regular supervision from their allocated support social worker, this is to support their work with the young people and to ensure their personal development. This is similar to the 'link' worker system used in local authorities, but it is more formalised due to the expectation that the carers will be operating as professional team members.

Physical and mental health services

Services to meet the young people's physical health needs are provided by the foster carers. This is done in liaison with external health agencies, the support social workers and, where it is considered appropriate, the young people's families.

Due to ILFC's decision not to provide a direct therapeutic service, the foster carers manage the young people's mental health problems in the placement. This work is supported by sessions with a consultant psychologist/psychiatrist and training. Wherever possible, ILFC works in partnership with the local authorities and external mental health agencies to ensure the young people receive the services they need.

It is important to note that ILFC can ensure that young people are given access to appropriate mental and physical health services, but in many instances they are not able to insist that young people accept these services (Hamilton et al. 2002). The legislation on children's rights in relation to their health care is complicated and often appears to contradict the need to keep children healthy and to protect their well-being. Young people's consent to health care, sexual relationships, abortion and

contraception is determined by ‘Gillick’ competence⁵⁰. The young people’s right to refuse services, or alternatively to access services without the consent of adults can have an impact on their placement stability.

The education service

ILFC provides direct education support for young people and liaison with the statutory education services. This service is managed by a senior qualified school teacher, with oversight and direct line management from the project manager. Initially the senior teacher worked alone, but over time the education team has fluctuated, with other basic grade teachers being brought in as and when necessary. In total the project has employed seven teachers⁵¹. All of the teachers were experienced, but some of them had not taught in mainstream schools either at all, or in this country before they joined the project. There are therefore likely to be differences in pedagogy. The basic grade teachers were all employed on short-term, or agency contracts and they were managed by the senior teacher.

This service was developed because looked after children form a very small percentage of a school’s population, this can be as low as 1% (Jackson et al. 2001). The role of the teachers is to liaise with the schools’ ‘designated’ teachers⁵² and other professionals to improve the young people’s educational progress and stability within the mainstream education system.

At ILFC the education service comes into action as soon as the young person has been accepted for placement. To achieve in education these young people need support and encouragement from their teachers, foster carers, social workers and their families. Regular attendance, normalisation and opportunities outside of school are known to be important, together with the provision of practical resources (Martin et al. 2002; Social Exclusion Unit 2003).

⁵⁰ Gillick v West Norfolk & Wisbech Area Health Authority (1985). Young people’s consent cannot be overridden by those with parental authority only by the courts.

⁵¹ Information about the teachers is included in the full staffing list at Appendix 3. The senior teachers were employed consecutively, whereas some of the basic grade teachers worked concurrently.

⁵² As part of the Quality/Education Protects framework mainstream schools are required to appoint ‘designated’ teachers who will have an overview and act as an advocate for the LAC children in their school. The guidance also highlights the need for effective cooperation and between agencies.

As mainstream education services often have limited resources for meeting identified additional learning needs, support is provided by the project teachers (Fletcher-Campbell et al. 2003).

Some education services are provided directly to the young person and others have been implemented to support educational continuity and stability. The services provided to the young people can include all or some of the following:

- Direct educational assessment
- Meetings to discuss educational issues
- One to one lessons in the office
- One to one lessons in the placement
- One to one homework support
- In school support
- Educational outings
- After-care education support

ILFC has a separate teaching room that contains a range of teaching materials and is used to provide the young people with one to one educational assessment and support. The direct educational input for each young person from the teachers is set at 7 hours per week. The teachers also provide indirect education services, these require joint working with other agencies and/or professionals, and these are:

- Assessment of the young people's educational background reports.
- Liaison with previous schools and teachers to confirm written information.
- Liaison with schools, pupil referral units (PRU) and designated teachers.
- Classroom support for teachers in mainstream and PRUs.
- Liaison with foster carers.
- Co-ordination of meetings that bring together professionals, foster carers, young people and their families.
- Delivering education training for ILFC staff and foster carers.

The direct services offered to young people will differ according to need. This is dependent on their educational history, the education plan, and whether they are in some form of education when they arrive at ILFC.

When young people are not in school, the primary focus will be liaising with the relevant education authority and local schools to find an appropriate school, or Pupil Referral Unit (PRU), that can meet the young person's needs. Some young people who are in education will also need to change schools to be nearer to the new placement. Where young people change placement, but do not change their school, the focus will be to support educational stability in the initial stages of the placement. This is to ensure that the move has minimal disruption on the young person's education.

The young people are allocated to a teacher as soon as they arrive at the project; however the ability to match the teachers and young people is limited because of the size of the teaching team.

The sessional work service

The aim of the sessional work service is to enhance the support for the young person during their time at the project (policy S4, 1.2). This service is managed by a social work senior practitioner. The sessional workers are paid on an hourly basis and the project maintains a 'bank' of sessional workers who are brought in to work with young people as and when needed.

The sessional workers are required to have at least two years previous experience of working with young people.

“I think a lot of them are residential workers, we've got two who have been mentoring in schools as classroom assistants and they've done a lot of voluntary work, one is a care assistant”
(management)

The job description sets out the main purposes, duties and essential criteria for this work. Two of the main purposes are firstly to help young people in developing their

interests and skills, and secondly to support them in the transition from the project to settle in their next home. There is a weekly allowance of £23.66 to fund the costs of any planned activities.

Unfortunately, because the sessional workers are not permanent employees the project has not maintained detailed records. Although the project had a long list of names, it seems that only ten sessional workers have actually carried out work for the project. It also seems that some people applied to become foster carers and when they were not suitable they were asked if they would like to do sessional work instead. Because these workers do not have to be trained and/or qualified youth or play workers it is possible that some of these workers will not have an understanding of the theoretical values and assumptions that underpin playwork:

“The child must be at the centre of the process; the opportunities provided and the organization which supports, co-ordinates and manages these should always start with the child’s needs and offer sufficient flexibility to meet these”
(Tassoni 2001, p,vi).

It can be seen that these values are child focussed. In addition to their direct work, the sessional workers are also expected to attend meetings, write reports, consult with families and initiate and develop links with existing and new resources.

On a practical level, sessional workers have to be willing to work flexible hours. This is because much of their work is done during evenings and weekends, and/or during school holidays. When young people are not enrolled in school, sessional workers can be employed during the day time to provide activities.

Although this service is costed and charged in each young person’s package of care, it is not automatically provided to the young people. To access this provision a joint request has to be made to the co-ordinating senior practitioner by young person’s support social worker and the foster carer. All requests are supposed to define the purpose and focus of the work to be done, together with a preliminary programme that sets out the aims and objectives and the number of sessions. The sessions can be

provided for a particular hobby, leisure activities, family contact or other forms of support that will help to promote the young person's self esteem and build confidence.

When a sessional work contract has been agreed, the aim is to match the young person with a suitable worker. Because the sessional workers are not paid travel time, ILFC tries to find a sessional worker who is living in the same locality as the young person.

The individual sessional workers are supervised by the foster carer's support social workers. Formal supervision was not developed until 2001 and is only provided on a three monthly basis.

“It depends on the quality of the sessional worker. If it's someone who just sees it as a couple of hours work to get some money or access to work I think that needs to be monitored a bit to look at their background and the skills they really have.”
(current staff)

The sessional workers are normally engaged to carry out six week blocks of work ranging between 6 – 12 hours each week. Supervision every three months does not seem to be adequate, especially as this work is often done alone with difficult young people. It seems surprising that this length of time was chosen, especially when the timescale for blocks of work are six weeks. It would seem more appropriate to have a supervision and debriefing session at the end of each block of work.

Sessional workers can also be used to provide young people with group or individual support when carers need to attend training or meetings. The provision of this service to meet the foster carers' needs is agreed with the managers.

To improve the sessional support and provide other support services to young people a new permanent 'young person's support worker' post was created in 2001. This post has a different job description, and the post holder is supervised by the senior young person's development worker.

The parenting support service

The parenting support service offers time limited work with the aim of improving relationships. The aim of the 'inclusive' foster care model is to include families and other significant people in the child's life. Involving parents and consulting them about their children's care is also a requirement of the Children Act 1989. The project has a sensitive role to play when seeking to understand and develop the young people's relationships with their families. Any parenting work has to be carried out with consent from the local authority.

ILFC provides a service directly for parents to meet two of its main objectives. The first is to establish, maintain and improve contact with families and work towards rehabilitation if this is an option (objective 6) and secondly, to consult families about their wishes and feelings (objective 7). This service is currently co-ordinated by a senior social work practitioner.

There are two types of parenting work in operation at ILFC. The first is the general liaison with the family. This can be done by any or all of the following: the managers, the young person's support social worker, the foster carer, teacher, or sessional worker. The majority of this contact will be about day to day issues, permissions and contact arrangements. This type of parenting work will also be done in other contexts; it is not specific to IFAs and/or specialist foster care.

The second type of parenting work is direct case work. The majority of this work is done by the support social work team, and the task can be specifically allocated to individuals as part of their job role.

Initially, direct parenting work was funded through the allocation of staff time. In the first eighteen months the service was piloted with two families. As the outcomes were deemed by ILFC to be positive this resulted in applications being made for external funding. During 2000/2002 funding was provided by a charity and a substantial contribution of £28,088 from the Youth Justice Board; this was given with the specific aim of working with the parents of young people who were involved in crime and offending.

The parenting work done at ILFC differs from that done by many other organizations in the Youth Justice Board programme. This is because the parent and child are living separately. Although most young people have some contact with parents and family, the level and types of contact can vary. Some parents can be involved on a regular basis with their child, the foster carers and other professions. Other parents may have infrequent contact. Some will have no contact at all.

“Goals for parenting work have to be realistic and acknowledge that some parents have deeply entrenched attitudes and ways of behaving from which it may be difficult to shift. But they have a right to their parental responsibilities and their role in the their young person’s life must be validated and promoted”
(Parenting Coordinator)

When considering the parent-adolescent relationship Henricson & Roker (2000) argue that providing the parents with support is a necessary strategy to address their children’s behaviour problems. A national reunification study (Farmer 1996) found that social workers had an important role to play in ensuring contact during the period of separation into care. This has also been confirmed by other studies reviewed by Wilson et al (2004). However, the benefits of contact for some children are disputed (Quinton et al. 1999; Ryburn 1999).

When the funding from the Youth Justice Board ended, the parenting support service was charged to the local authorities. This has been costed at 1.5 hours input per week. Similar to the sessional work service, this support is not automatically provided to every family. The decision to allocate an individual parenting worker is taken in liaison with the local authority who remain the statutory case holders. The project’s parenting report⁵³ states that this service has developed organically. It has evolved in response to identified need rather than through focused planned interventions.

⁵³ This report was written for the Youth Justice Board.

The criteria for allocating a parenting worker are not explicit. Decisions are made on a case by case basis with key consideration being given to children who are either expected to return home after their time at the project and/or where there is the possibility of working with the family to reduce the young person's offending behaviour. When a support social worker has been allocated to provide one to one parenting support they will not have any other involvement in the case; this is to avoid a conflict of roles and responsibilities.

The theoretical perspective that underpins this work has been termed by the parenting co-ordinator as a brief solution therapy approach. This fits within the contemporary systemic family therapy model (Cottrell et al. 2002).

“It starts where the people are. They set their own goals and they are small, achievable and realistic” (Parenting Coordinator)

What is surprising is that training on this approach has not been provided to the support social workers who are expected to carry out this work.

Other types of family support work can be provided. Help can be given with supervised contact, tracing family members, and compiling a photograph album that can go with the young person to their next placement, or home. The young person's agreement to all or some of these services should be recorded in the care plan.

In addition to working directly with the families, the young people are also given support to improve their family and peer relationships; this can be provided by the foster carer, sessional worker, or the young person's support social worker.

After-care services

To provide an ongoing measure of continuity and stability, ILFC states that it offers an after-care service as part of the young person's package of care. This service is linked to their objective to ensure that there are clear and supportive transitional arrangements made for the young people when they leave the project (objective 8). This focus on endings and after-care is connected to the project's aim to provide

planned placements. The National Fostering Standards suggest that the trauma young people experience can be alleviated by the provision of information and reassurance (7.11). After-care has been costed at £6.85 per week; this appears to be a small amount and no time allocation has been specified in the service level agreement with local authorities.

This area of work has not been directly managed by any of the senior staff and seems to be implemented on an ad-hoc basis. The requirement is for provisional ending plans to be written into the young person's initial placement agreement. This should include arrangements for a planned and/or a crisis ending. Although the intention is for ILFC to develop a 'Moving on-transitional arrangements' and 'After-care' policy these have not been written. Because of this it is not possible to gauge how this service should be organised and the required level of input into each package of care.

The comprehensive database service

This service is specified as part of the young person's package of care (objective 2.6) but it is not charged to the local authority. ILFC's publicity information states that they will provide:

“A comprehensive database of relevant resources and information to assist in developing a tailor-made package of care for every young person”

The aim of this database is to provide links and contact details for the adolescent resources available across London, but it does not provide direct contact to other agencies via the database. This resource database has never been fully developed and the manager's view is that this is no longer necessary because of the growth of the Internet.

Administrative support services

Joined-up services require good record keeping and the work of the multi-disciplinary team is supported by the administrative service. This is managed by an Office Supervisor. There is also a permanent administration assistant, and at various points there have been several other administrative assistants who have been employed on a

short-term or temporary basis to carry out specific pieces of work. In total 12 administrative staff have been employed by the project.

A previous formative report on the project's work (Vernon 2000) highlighted problems in the recording and monitoring systems. This report recommended the introduction of a series of information gathering forms and the development of a database for storing information. Although some forms were developed, the networked computer systems were not installed; this was due to premises moves and financial constraints. However one internal database was set up to store information about foster care recruitment and assessment.

The coherence of records maintained by ILFC's multi-disciplinary team is essential. All of the professional job descriptions refer to the need for good assessment and report writing skills. Although the administrative staff support the professionals by organising some files, the professional staff are responsible for the maintenance and completion of the individual files for the young people and the foster carers they support. The teachers hold separate education files.

The purpose of the contact sheets in the young people and carers' files is to provide a chronology of joint work. Social work staff, teachers and sometimes sessional workers will enter information onto the contact sheets, and they will also sometimes contribute to joint reports.

Some services such as recruitment and assessment and the out of hours service are managed by duty staff. Foster carers are also required to write monthly reports and fill in other forms. These are stored either in the young people's files or in the foster carer's own file, whichever is deemed to be more appropriate for the particular piece of information. When the young people and foster carers leave the project the professional staff are responsible for closing their own records and the administrative staff are responsible for archiving these.

There are concerns across the social care sector about the differences in record keeping and poor recording practices (Laming 2003).

“An important challenge for managers and practitioners in social care is to record the work done with the clients. Being people-focused, social care workers feel that once the work is done then recording it is a lesser priority – not least given that the next urgent piece of work is already in pressing need of attention”. (Doorley et al. 2003)

This recognised difficulty has resulted in a proposed standard to record inter-agency communication and assessments (Shardlow et al. 2003). Information technology is seen as the way forward for information sharing, but systems are still in the developmental stages and have not been rolled out nationally (Taylor 2004).

Concluding discussion

ILFC has an ambitious and complex service delivery model that does not fit discretely into one identified model. This is because it requires multi-professional and multi-agency working. It also relies on hourly paid sessional workers and the foster carers’ external support networks. The systemic theoretical approach is used to assess the young people’s needs for these services. It can be argued that this holistic approach to service delivery is aligned with Bronfenbrenner’s ecological systems theory and the ‘inclusive’ fostering model, because services are also provided to the young people’s families (Triseliotis et al. 1995).

It was noted that there are many important factors associated with successful multi-agency working (Atkinson et al. 2005). Among these are the professionals’ understanding of their roles and responsibilities together with common aims and objectives, leadership, and ensuring the relevant personnel are involved.

Leadership is fundamental to ensure the smooth operation of ILFC’s model for service delivery and management of the internal services. Nevertheless, it seems that the limited systems and procedures in operation are not fully conducive to delivering joined-up services. Nor do they meet all of the requirements for the effective management of joined-up services outlined by Veryard (2002) who argued that it is necessary to understand how all of the component parts operate. It is possible that with this lack of focus and central co-ordination of services the staff have developed

their own mechanisms for working together, and this has resulted in the 'cliques' in the staff team that seem to have impacted on the effectiveness of joint working. These cliques were discussed in the previous chapter.

What is vital for the young people is that they receive the services they need. To evaluate the effectiveness and assess the impact of the mesh between the individual services, systems and procedures are needed. However, despite previous recommendations, the provision of one potentially helpful system, internal networked computer systems, was not implemented (Vernon 2000). This has placed a high reliance on the effectiveness of other forms of communication. It has been noted that other than written file records, the only possible forum for information sharing is through the meetings' structure, and this does not function with any measure of formality. It is possible that this lack of attention to detail has served to jeopardise the project's understanding of the quality of the services and this can impact on the young people and the foster carers who are the service users.

Equally important is the co-ordination with the local authorities who purchase service, with external agencies that provide services to the young people and the foster carers, together with their external support networks. One important finding in this chapter is that ILFC does not appear to have developed partnerships with the external agencies to develop mechanisms whereby the professionals internally and externally, and the volunteers, can develop an understanding of their differing roles and responsibilities. There are many difficulties that can create tensions in joint working and it is known that gaps in service delivery can arise because responsibilities are not clearly defined (Dingwall et al. 1995; Calder 2004).

What also has to be taken into account is that in some localities services such as CAMHS are limited. Calder (2004) argues that there is not an absolute definition of need and professions develop their own essential criteria for access to their services. These thresholds differ, and where services are in short supply the professionals often play a gate keeping role where only those with high needs are prioritised. Waiting for services can impact on young people's stability and this can also have an effect of other aspects of service provision. For example mental health problems can impact on schooling. It is recognised that where services and systems for joint working are

complex and fragmented, there are more opportunities for errors (Dingwall et al. 1995).

As ILFC's aim is to work with traumatised young people, and the aim is to ensure they are not socially excluded, the links with the external services are important. However as ILFC is a small organization it is probable that co-ordinating, managing and evaluating service delivery internally and externally is achievable, and these will be assessed in the following chapters.

Chapter 6 – Assessing the service users – the young people

Introduction

One of the ancillary research questions set out in Chapter One was ‘Did the young people referred and assessed meet the referral criteria?’ This question is explored in this chapter, taking into consideration the number of placement enquiries, the referring authorities and the role of the ILFC staff. All of the initial referrals will be considered and they will then be broken down into two groupings, firstly the referrals that failed and secondly, the young people who were accepted for placement.

The main focus will be the identification of the individual characteristics of the young people who were accepted by ILFC to become service users, and also the smaller group who formed the interview sample.

Current thinking is that a common assessment framework across services is now needed for all children.

“Integrated services require a basic assessment format shared across agencies and disciplines” (DfES 2002, p47)

The aim is to ensure that children and young people receive the services they need, and also to reduce the repetition and the range of assessments they experience. For this to be effective it is recognised that standardisation across services will be essential (Shardlow et al. 2003; Howarth 2004).

At ILFC the start of the initial assessment process for young people lies with the duty social workers. The efficiency and reliability of each assessment is essential for two reasons; firstly to ensure that the young people meet the referral criteria and secondly to ensure there are enough appropriate referrals to match with the project’s foster carers. In the previous chapter it was identified that there had to be a smooth flow between supply and demand to ensure the project’s viability.

The process of referring young people

To access ILFC's services, the project uses a detailed three stage referral and assessment process⁵⁴. The principle is that all placements will be planned. The project's publicity literature states that, when all of the relevant information is provided by the local authority, assessments can be done within one week.

The project has explicit referral criteria. The placements are said to be for 'traumatised 11 – 18 year olds with challenging behaviour' (publicity leaflet). Sibling groups are not accepted, nor are mother and baby referrals. Because of the extreme nature of their behaviours, the aim is to place only one fostered child per household. The leaflet also provides information on the behaviours accepted and excluded. These behaviours will be considered during the initial referral and assessment process.

Types of behaviour accepted:

- Persistent and/or serious offending behaviour.
- Consistent verbal abuse
- Physical violence, providing it is not of a type which would make family placements inadvisable, such as persistent fire setting or serious assaults against people.
- Criminal damage to property.
- Sexual offences against children.
- Attempted suicide or acts of self harm.
- Alcohol and/or substance misuse.
- Persistent absconding.
- Prostitution.
- Eating disorders.
- Obsessive behaviour.

Types of behaviours refused.

- Persistent fire setting.

⁵⁴ (1) the initial enquiry, (2) assessment against the referral criteria and (3) matching the young person with a suitable foster carer.

- Violence towards children or adults (physical assaults) excluding sexual offences against children.

The information above suggests that the project is willing to accept young people with very challenging behaviours and includes children and young people who have committed sexual offences against other children. In part, the referral criteria seem to be somewhat contradictory - physical violence is accepted and yet violence is refused? In interview the manager explained that, at the point of the initial referral, most types of behaviour will be considered:

“Basically we will look at any type of difficult to manage behaviours other than young people who have evidence of repeated physical violence against others..... The difference being that young people who have committed sexual acts against children we wouldn't place in a household with other children who are vulnerable; which is very different to taking on a young person who we know has an escalating history of attacking individuals with instruments, fists, kicking etc – the view is that young people that have that sort of history, it's not very safe for them in the household generally” (management)

In essence, a large part of the assessment process is a risk assessment and not an assessment of needs. This is to ensure the young people do not pose exceptional risks and they are matched with appropriate households.

The whole process, from referral through to acceptance,⁵⁵ is carried in several stages (Appendix 6). In the majority of cases a full assessment is done. However, the process for a young person referred for a 'remand' placement is much shorter (Appendix 7).

⁵⁵ The diagram at Appendix 6 shows the process and documentation from referral through to acceptance for placement. This also identifies the involvement of the different internal services and correlates with the service delivery diagram set out in Chapter Five.

“What it probably means is that we won’t have a chance to do that one to one session with them in person – without a social worker and foster carer being involved” (current staff).

With remand referrals, the aim is to speed up the process to prevent the young person being taken into custody (Taylor 2004). Comparing the two diagrams it can be seen the process for remand placement does not include assessment by ILFC’s education service, and the process of verifying verbal or written information with the local authority files is excluded. It is, therefore, possible that young people who are suspected of, or who have committed crimes are being placed with foster carers with very little verification of the risks involved.

Placement referrals and enquiries

An examination of the project’s documentary records revealed that between May 1998 and September 2002 there were 316 placement enquiries. It was not surprising to find that during the contract period all of the placement referrals⁵⁶ were from Northborough. This was to be expected because of the exclusive nature of the contact relationship.

After the contract ended in 2000, and spot purchasing was introduced a total of 42 local authorities, including Northborough, made enquiries to place young people. All of these were from English authorities, except for one from Wales, and the majority were from the inner or outer London areas. It is noteworthy that eleven authorities made six or more placement enquiries, and some of these were from the inner London borough that had previously declined to enter into contracts with ILFC. One enquiry was also made by a voluntary organization. The volume of enquiries after the Northborough contract ended suggests that the ILFC was successful in relaunching the project, and confirms that there is a demand for specialist services.

⁵⁶ Referral has been used to describe Northborough’s placement enquiries because the contract specified that 10 placements would be retained. All of the other local authorities made enquiries to find out if ILFC had vacant placements.

Table 6.1: Placement enquiries and outcome between May 98 and Sept 02

ENQUIRIES	1998	1999	2000	2001	2002	Not known	Total
Failed	13	30	52	91	55	18	259
Accepted for placement	5	17	9	16	10	0	57
Totals	18	47	61	107	65	18	316
Percentage accepted	28%	36%	15%	15%	15%		18%

Analysing the statistics year by year it seemed very surprising that there was such a low number of referrals during the period of the Northborough contract and yet the acceptance rate was high. This question was posed to the ILFC manager who thought that there had probably been more referrals. These had been dealt with verbally, without any of the details being recorded, because the young person did not meet the referral criteria. This suggests that the statistics set out in the above table might be an under estimation of the total number of referrals made by Northborough. Unfortunately it was not possible to verify this with the local authority.

The examination of the 259 failed referrals forms revealed that many of these were haphazardly completed; sometimes sections were left blank, names were spelt differently and details varied throughout the records. This difficulty has been found more widely in other research (Doorley et al. 2003; Walker et al. 2003).

The inconsistent recording practices created a number of research problems. Determining the type of placement required was difficult. Firstly, this section was not completed on 87 forms. Secondly, a variety of names seem to have been used to describe what could be similar placements; for example it is possible that short term, respite and emergency were all for comparable time periods. Thirdly, 53 forms merely recorded that a foster care placement was required. To overcome the problem of identifying the type of placement required Wilson et al (2004) proposed the use of a classification system. This was based on the categories developed by Rowe et al (1989). This system uses the length of time and purpose to define placement types.

The project's records also indicated that some local authorities had made placement enquiries for some young people several times. This suggests that these young people were either difficult to place, or their placements frequently broke down. Each

referral was treated separately. When new referrals were made there was not a systematic process to see if there had been a previous enquiry. Instead, when a local authority re-referred a young person, they had to go through the entire referral and assessment process each time which would have been frustrating and time consuming.

Analysis was also affected by the changing format of the referral forms; sometimes the categories changed, and at one point gender was omitted from the form. It was often possible to determine this from the names and other details, but this was not possible with four of the forms. The distribution by gender was not significant, with boys only slightly over represented; 140 enquiries were for boys (54%) and 115 for girls (47%).

Analysing the ages of all of the young people was also problematic; this was not recorded on the forms for 16 boys and 13 girls. Where age was recorded over half of the enquiries were for young people aged 13 - 15 (n=154). Only seven were below the acceptance age, and one was older.

Northborough is a multi cultural inner London area, but ethnicity was not recorded on 41 enquiry forms. This was at odds with the project's aim to be responsive to the young people's race, religion, culture and gender. This lack of reference to ethnicity appears to compare with other social services files. Mistry & Chauhan (2003) argue that better recording is needed on race and culture to improve practice and identify gaps in services. This information is also essential for the matching process (Caesar et al. 1994).

Where ethnicity was recorded, the descriptions were not standardised⁵⁷. This was described in various ways, for example, white UK, white Jewish, black UK, American, African Caribbean, Jamaican, black African. Young people whose parents had different ethnicities were classified using a variety of terms: mixed race, mixed heritage, dual heritage. The young person's first language was rarely mentioned in the records.

⁵⁷ The Children Act 1989 uses race, culture, religion and language to specify ethnicity.

The young person's colour was also explicitly described on many of the forms; 103 of young people were said to be white, 68 mixed heritage and 44 black. However, it is possible that more young people were black. If all of those described as African Caribbean (n=27) and Jamaican (n=1) are included this brings the total to 72. This is to be expected as the main placing authority is an ethnically diverse inner city borough and therefore to match these young people with foster carers is more complex. This differed from the Scottish CAPS project, where all of the young people who were referred and accepted were white, as were the foster carers.

When attempting to assess the young people's level of challenging behaviour it was difficult to separate out actual, or suspected, behaviours and whether the behaviours were current or past problems. Recording appeared to be subjective. For example 'a history of criminal convictions' could also mean the same as 'persistent offending behaviour'. Aggressive and challenging behaviour could also be the same. For these reasons it has not been possible to categorise, or confirm, actual behaviours accurately.

Regardless of the categorising problems, it was apparent that many of the young people who were referred had experienced traumatic events in their lives. Information about sexual and physical abuse was common and many were either still on, or had been on, child protection registers. The majority of young people's files also contained information about behaviours that could create difficulties for themselves and others. What was important was that the majority of the young people who were referred, met the project's placement criteria.

The project did not have information technology systems to complete and store the referral data. When a referral was 'active' a paper copy of the information was held in the 'duty' file. This file was maintained until all of the information had been gathered and the assessment was complete. At this point the young person was either accepted for placement, or the record was filed away.

Unfortunately, the placement referral form did not contain a section for recording why the referral was closed. The closure reasons set out in the table below were arrived at

by reading through the files. This process revealed that, of the 316 enquiries, 82% (n=259) did not result in a placement.

Table 6.2: Failed enquiries with reasons for closure.

Reason for closure of enquiry given on forms	Total
ILFC didn't have a suitable carer available	81
Local authority – no further action	63
Local authority – no response	43
Young person did not meet ILFC criteria	14
Young person to stay in current placement	10
ILFC – no further action	7
Young person decided – no further action	7
Young person returned to family	3
Young person into custody or secure unit	3
Young person placed elsewhere	2
Family decision – no further action	2
Young person assessed by the local authority	1
Young person placed in a special unit	1
Young person missing	1
No further action – no details given	1
Not known	20
Total	259

The information in this table suggests that the main reasons for young people not being placed were connected to service issues. This can be seen in the 81 cases ILFC did not have a suitable carer. These cases were often closed within the stated one week period.

The majority of referrals (n=106) remained open for a considerable amount of time, sometimes for several months, whilst the project waited for a further response and/or additional information from the local authority. Analysing these records, it seemed that sometimes referrals were progressing and then the plans were changed. This suggests that some young people's placement planning may have been drifting during this drawn out negotiating period.

Comparing ILFC's enquiry and referral system with that used at the CAPS project, (Walker et al. 2002) there were several differences. The principle at CAPS was that a formal referral would only be made when there was agreement between CAPS staff and the local authority that the enquiry was appropriate. At CAPS, if young people were assessed as being suitable for placement, the referrals were accepted.

Sometimes a suitable carer was not available at the point of referral. In these cases, the information about the young person was placed on an informal waiting list to be considered when there was a vacancy. This differed from ILFC, who did not maintain a waiting list. If a young person could not be matched with a carer the referral was closed.

The final part of ILFC's assessment process involves the young people and the foster carer. The aim is to ensure the young people want to be fostered; this is done by completing 'the young person's referral form'. The booklet asks specific questions to assess the young people's understanding of their history and their current needs.

We're quite clear that a young person has to want fostering and wants to be able to make it work. We had a recent referral whereby it felt very much like the social worker was trying to cajole the young person into wanting to be fostered... and in the end we wrote to the local authority. (management)

When all of the information has been gathered, the potential foster carer has the opportunity to go through the forms with their support social worker. This is to identify any gaps in the information and potential problems. This will include: effects on the carer's own children (if applicable); possible supervision of family contact; the young person's behaviour history; how any current behaviours will be managed; and the educational arrangements.

In certain circumstances, ILFC will sometimes agree to accept young people for emergency placements. The young person has to meet the referral criteria and there has to be a suitable foster carer available. For these referrals there is a fast track system similar to the remand process.

When the young people are finally accepted, the aim is to convene a placement agreement meeting. This will take place before the placement starts, or soon after.

The young people accepted for placement

As seen in table 6.1, from the total 316 placement enquires only 57 resulted in placements for 55 young people – 33 girls and 22 boys. Two young people from Northborough were placed twice, making a total of 57 placements.

The table below sets out information on the number of placements filled each year by the individual local authorities.

Table 6.3: Local Authorities and number of placements between May 1998 and September 2002

Local Authority	1998	1999	2000	2001	2002	Total
Northborough	5	17	7	3	3	35
Southborough	0	0	1	8	2	11
Authority A	0	0	1	0	0	1
Authority B	0	0	0	4	0	4
Authority C	0	0	0	1	1	2
Authority D	0	0	0	0	1	1
Authority E	0	0	0	0	1	1
Authority F	0	0	0	0	1	1
Authority G	0	0	0	0	1	1
Total placements	5	17	9	16	10	57

As expected, Northborough purchased the highest number of placements 35 (61%). The majority of these were during the contract period, but some were spot purchased afterwards. Southborough spot purchased all of their 11 placements, as did the other local authorities.

Northborough and Southborough are both inner London authorities. All of the other authorities are either in Inner London, or Greater London, except for authorities E and G, both of which are in the Midlands. Although it seems that Northborough exceeded their contracted 10 placements in 1999, this was not the case. The majority of the 17 placements were short term and were consecutive rather than concurrent; during that year the maximum number of placements in any one month was 8 (Appendix 3).

Initially ILFC's aim was to offer all placements on an 18 month full-time basis. However, analysis of the placement plans for the 57 young people fostered by the project shows that only 26 were planned as full placements. Just over half of all placements were planned for shorter periods. Apart from the full 18 month placements, and five 3 month assessment placements, the time scale for many of the other placements was not stated explicitly. In addition, where there were plans for 'assessment' placements, it is not known what type of assessment was required, or who would carry out the assessment. Potentially this could be done by a support social worker, teacher, foster carer, or a combination of these.

The types of placements required were similar for boys and girls, except for remand placements which were requested for boys only. Two young women were accepted and were matched with a foster carer, but after the first overnight visit the placements did not continue - one because the young person changed her mind, and the other because the ILFC foster carer decided not to accept the young person. Because these children were referred and assessed, and these were planned as full placements, they have been included in the total analysis. The situation was similar at CAPS where nine introductions did not go ahead, however it is not clear if these decisions were made after overnight visits.

The timescale from referral to placement varied, but some were planned over several months and the files were substantial at the point of entry. When this process ended in failure, this had the potential to create further difficulties for the local authority, and the young person, who then had to start the process elsewhere.

The project's fostering service was specifically designed to accept young people who met the referral criteria set out above. Age and the types of challenging behaviours are the two main criteria. However in this section other information has been provided to paint a broader picture of the young people's individual characteristics, circumstances and individual needs.

Table 6.4: Young people by sex and age at entry to ILFC.

AGE	11	12	13	14	15	16	17	18	NK	Total
GIRLS	0	4	3	9	8	8	1	1	1	35
BOYS	2	4	4	2	7	2	1	0	0	22
ALL	2	8	7	11	15	10	2	1	1	57

When comparing this information in the table above to the referrals, what is interesting is that although there were more enquiries for boys than girls; the project accepted more girls (60%) than boys (40%). This could be related to the high number of single female carers and the intensity of the boys' behavioural problems. All of the young people accepted by the project met the age criterion. The mean age for all young people at placement was 14.3 years. The highest proportion of boys was those aged between 11-15 years (n=19). This was also similar for girls (n=24). This age range accounts for three quarters of the total project population, the majority clustered in the 13-16 age groups. This was similar in the CAPS study and this is also the peak age group for admission to secure accommodation. CAPS also placed more girls than boys. Again this may be connected to risk, but boys were in the majority on their waiting list.

The project's records indicate that 18 children were white UK and 14 of these were girls. There were 13 children of mixed heritage; again there were more girls than boys. If all the categories of black children are grouped together, there were 24 children. Some were born in the UK and were classified as British and others were born overseas. One young woman, whose ethnicity was not recorded, stayed in placement on an informal basis for two days - the project did not complete any records, although the local authority was charged a percentage fee for this short term placement.

As stated previously, the high number of children from ethnic minority groups referred and then placed at the project appears to be related to the diverse ethnic populations in Northborough and Southborough who were the two main referring authorities.

Local authority statistics for Northborough indicate that the ethnicity of young people they placed at ILFC was fairly representative of the borough's total looked after children population. At 31st March 2001 this local authority had 497 looked after children. 183 children (37%) were white and 314 (63%) were from other ethnic groups. They placed 35 young people at the project, eleven (31%) of these were white and 24 (69%) were from other ethnic groups.

Although the Department of Health asks for local authority returns to be broken down into a range of ethnic categories, Northborough decided that they would only provide the information in two categories - white and other ethnic groups. Given these circumstances it has not been possible to consider the differences between ethnic groups placed at ILFC with the overall statistics for Northborough.

For the first time in 2000/2001 the DoH collected information on the ethnicity of looked after children. The national figures show a very different ethnic mix from those at ILFC. Nationally 80% of all looked after children were white, only 6% were of mixed heritage and the remaining 14% of children were either black or Asian British or from other ethnic groups. The DoH ethnicity figures were not broken down by gender.

Care status

The care status of the young people placed at the project is relevant to a number of issues, such as decision making and parental contact. The Children Act 1989 legal requirements differ according to the young person's care status; these were set out in Chapter Two.

Table 6.5: Breakdown of the young people by care status

LEGAL STATUS	No.
Section 20 (accommodated)	42
Section 38 (interim care order)	2
Section 31 (full care order)	10
Not known	1
Total	55

The table shows that the care status of the population of young people at the project differs from the national trend⁵⁸ where the majority of looked after children were subject to care orders. However, national statistics include children and young people in all groups (DfES 2004). The majority of young people placed at the project were accommodated (n=42)⁵⁹ and it is not known when they first entered the care system.

It should be noted that the young people who were voluntarily accommodated did not, necessarily, have a close involvement or a positive relationship with their families. Many young people are placed in care due to family difficulties and sometimes have problems maintaining support and contact (Triseliotis et al, 1995). A study by Farmer (1996) found that a number of young people have entered the care system because they are considered to be beyond parental control, due to their behaviour. Regardless of circumstances, young people who have been placed in foster care often find it difficult to settle because of divided loyalties (Mitchell 2001; Wilson et al. 2004).

Behaviours, difficulties and disabilities

The majority of the young people assessed, and accepted by ILFC met the challenging behaviour criteria. Their files contained information about a wide range of problems and issues. As previously stated it has been difficult to make a judgement about actual and suspected difficulties because of the variations in recording practices. It is important to recognise that anecdotal information contained in files can sometimes be construed as facts. The research overview 'Patterns and Outcomes in Child Placement' concluded that:

“Generalised statements and unfounded assumptions must be challenged. The consequences of relying on personal values,

⁵⁸ The DoH statistics for 2000/2001 show that 32% of looked after children were accommodated using voluntary agreements and 64% were under a care order. The use of care orders is also increasing. The DoH suggest that “this is consistent with the high numbers of cases involving abuse or neglect” (DoH 2001, p 20).

⁵⁹ The care status of one young person who was fostered twice changed between the two placement periods. On the first occasion she was accommodated under S.20 and on the second there was an interim care order, this suggests there was a change in her circumstances and/or behaviour between the two placements. In the table above she has been included in the S38 section as this was her longest placement.

making false assumptions or distorting evidence can be very serious indeed". (HMSO 1991)

When the project staff are assessing a young person for an eighteen month placement, their aim is to make every effort to collect and collate background information; whenever possible this is shared with the young person. Some young people were said to accept all of the behaviours and incidents that have been recorded. While others negotiated with the project to have information removed and/or amended if it was not accurate.

Howell (2001) argues that the high risk behaviours of young people in care can be linked to poor mental health. However, a study of the mental health needs of looked after children (Richardson 2002) also found that common physical and mental health problems are not always identified and that better assessment methods are needed.

Two young people did not have project files – one file was missing and the other young person only stayed at the project on a temporary basis without a file being prepared; therefore information was not available on their problems and behavioural difficulties.

The table set out below includes all of the risk behaviours, and physical and mental health problems found in the files. Although this information may not be entirely accurate, it does provide an indication of the issues that needed be taken into account when the young people were accepted for placement.

Table 6.6: ILFC file records on the 55 young people's Physical, Emotional, Educational and Behavioural Problems.

ISSUE	GIRLS	BOYS	TOTAL
Behaviours			
Challenging Behaviour	10 [29%]	8 [36%]	18
Physically Violent	10 [29%]	5 [23%]	15
Verbally Abusive	9	5	14
Sexual Abuse of Others	1	1	2
Physical Abuse of Others	0	1	1
Sexually Inappropriate Behaviours	2	3	5
Bullying others	6	3	9
Lifestyle issues			

Alcohol Abuse	6	0	6
Drug Abuse	8	4	12
Substance Abuse	2	1	3
Sexually Active	4	0	4
Pregnancy/Miscarriage	3	n/a	3
Prostitution	5	0	5
Mental Health issues			
Self Harm	8	2	10
Suicide Attempts	5	2	7
Mental Health Periods	2	1	3
Bereavement	4	0	4
Physical Health Problems	3	3	6
Child Protection			
Child Protection Register	5	6	11
Sexual/Allegations of Abuse	15	1	16
Physical/Allegations of Abuse	8	7	15
Neglect	3	5	8
Emotional Abuse	2	2	4
Sexually Vulnerable	6	1	7
Victim of bullying	4	0	4
Criminal Convictions			
Stealing	8	7	15
Robbery	0	3	3
Car Crimes	0	1	1
Use of Weapons	3	4	7
Damage to Property	6	2	8
Fire Setting	2	1	3
Miscellaneous			
Numerous Placement Breakdowns	8	3	11
Running Away	15 [43%]	7 [32%]	22

From the information contained in the files, it seems that girls come to the project with more recorded problems and issues than boys. The highest grouping of girls was those who had 7-10 recorded issues (39%). Whereas for boys the highest grouping was 1-3 (45%). However, it is also possible that there might be gender differences in what issues are seen as concerns for girls and those that are thought to be normal behaviour for boys (Farrington et al. 2004).

Using the criteria devised by Berridge et al (2003) to define 'difficult' adolescents⁶⁰, it was noticeable that a large number of the young people appeared to fit this definition, and this was probably why they were chosen for specialist, rather than mainstream, foster care.

⁶⁰ To be included in this definition the young people had to meet at least one of the following criteria: convicted or cautioned for a criminal offence, excluded from school at some stage, drank, alcohol regularly, used drugs regularly, had gone missing from current placement.

It was surprising that only 6 young people had information about physical health problems recorded in their files⁶¹, however as identified by Richardson (2002) this could be due to under recording.

The statistics published by DfES (2004) show that the largest category of need for looked after children was abuse or neglect. The Royal College of Psychiatrists (1999) argue that, children who are subjected to physical, sexual abuse or severe neglect, will suffer long term consequences as a result of their experiences. Farmer (1998) also suggests that sexually abused, or abusive, children need to be carefully managed to ensure they are protected, and to protect other children.

In total, 30 young people (55%) had detailed information in their files relating to one or more forms of abuse (20 girls and 10 boys). However, when assessing the 55 young people against the more inclusive criteria used by Farmer (2004)⁶², another 20 young people met this criteria, 17 young women and 3 young men.

Shears (2002) argues that gender stereotyping sometimes leads to bias in recognising particular health problems. Farmer also found that some children's abuse experiences were either normalised or denied. Recorded abuse was present in the files of all of the girls who were thought to be vulnerable to prostitution and two of the girls who were pregnant. It was noticeable that there was more information recorded in the girls' files about their sexual experiences than in the boys'. The files for two young woman contained allegations of having been raped, but these did not seem to have been substantiated. Another young woman's file indicated she had recently miscarried a third pregnancy.

None of the files referred to boys being sexually active, although 3 were considered to have sexually inappropriate behaviour and one was thought to be sexually vulnerable. The table above indicates that only one young man had possibly been sexually

⁶¹ One had Neurofibromatosis; this is a genetic defect that has related problems - enuresis, mild epilepsy and learning difficulties. One has pulmonary stenosis (heart condition) and learning difficulties. One had 'Pica Syndrome'. Two had information recorded about their asthma another was said to have enuresis. In addition to physical health problems these young people also had other health and/or behaviour issues.

⁶² Where there were professional concerns about one or more sexual incidents recorded in the young person's file.

abused. This information came from a report written by staff in his previous therapeutic placement. In their view, his level of challenging behaviours and other difficulties indicated abuse. The young person's assessment report from that placement detailed a wide range of behaviours.

“Absconding, issues of sexuality, physical violence (risk to others), criminal behaviour, emotional difficulties, suicide attempts, poor self image, assaulting staff, bullying others, verbal abuse that is sexualised or racist, sexually inappropriate behaviour, damage to premises, sleeplessness, poor skin, depression, obsessive eating habits, bed wetting, stealing clothes from a female member of staff, asthma, eczema and poor self care”. (young person's file information)

If the above information is accurate, and the young person has not yet disclosed previous abuse, it is clear that services would need to be carefully matched to meet this young person's needs. However, it should also be noted that this young person's difficulties were not exceptional when they were compared with many of the other young people accepted for placement. It is, therefore, possible that other young people may have been abused without disclosing this information, or because their allegations and/or disclosures had not been accepted.

In addition to sexual abuse, some of the young people had also experienced physical, emotional abuse and/or neglect. In these three categories the number of boys and girls was similar; emotional abuse was equal (2 boys and 2 girls), physical abuse was almost equal (8 and 7 respectively), as was neglect (5 boys and 3 girls).

Mental health problems were also indicated. Hopkins (2002) reports that there is a higher proportion of looked after children with mental health problems than there is in the general population (9% compared with 0.5%). At ILFC, three young people were defined as having 'mental health episodes'. In addition to this vague description, a total of 10 young people had self harmed and 7 had attempted suicide. Three girls and two boys had done both. Two of the girls and both boys also had records of abuse, suggesting that there is a link between abuse and other problems.

What should be noted is that the project's publicity information stated that they would not accept young people who were physically violent, or had a record of starting fires. However, fifteen of the young people who were accepted were known to be physically violent and 3 had started fires.

Absconding was also an issue. It is recognised that young people in the care system are over represented in groups of children who run away (Taylor 2003). The files indicated that 22 young people (40%) had a history of running away. Previous research has found that gender differences have not been significant in young people who run away from care (Biehal et al. 2002). This differs to the young people accepted by ILFC, where there were more girls than boys with records of running away (15 and 7 respectively).

Three girls had previously been in a secure unit because of their absconding behaviour and these had all experienced sexual abuse. None of the boys, however, had records of being placed in secure accommodation. Again, this might be related to gendered perceptions about the need for protection, or because these girls' behaviour was more out of control because of their sexual abuse experiences. Eleven young people accepted by ILFC were also said to have had numerous placement breakdowns before they joined the project.

Assessing the risk factors

It can be seen that the range of challenging behaviours and other personal problems is considerable. However, by virtue of the fact that these young people were accepted, it seems that the level of risk was acceptable. As soon as the young people have been accepted for placement, the first task for the project staff and the foster carer/s is to weigh up the risks associated with specific behaviours and then to assess how these can be contained and/or improved in a fostering household. This is a complex task.

In his writing about children and young people's antisocial tendencies, Winnicott (1964) poses the question 'What is a normal child like?' He argues that many challenging behaviours have a normal equivalent in childhood, and that these are used to test boundaries and parental stability. Some of the behaviours listed in the table

above can be perceived as normal adolescent behaviours (Department of Health 1996). If Winnicott is correct in his view that testing boundaries is normal developmental behaviour, what has to be questioned is the effect on young people in care when the result of their behaviour is they are moved to a new placement. Of equal importance is the possibility that some behaviours might be dismissed as normal when instead they are an indication of underlying problems that have not been disclosed. Therefore the approach used for assessments and listening to the young people's views about the reasons for their behaviour can be crucial (Beresford 2000; Street 2004).

Educational issues

As part of the joint assessment process, the teachers carried out an educational assessment and background checks. This is important because moving within the care system and behavioural problems can affect the stability of the young people's education. Looked after children are more likely to have missed school and had life experiences that can impact on their learning motivation. They are over-represented amongst those who truant and are more likely to have special educational needs (Martin et al. 2002; Social Exclusion Unit 2002; DfES 2003).

A similar picture was demonstrated in the educational histories of the young people placed at the project. Seventeen young people had information on their files about their special needs⁶³. These comprised mild and severe learning difficulties, dyslexia and emotional and behavioural difficulties, although it was not always known whether they had been formally assessed. Special educational needs was the most common recorded problem, but the records show that smaller numbers of young people were involved in truanting (n=7), bullying others (n=9) and being the victim of bullying (n=4). These problems can create difficulties for the young people and also for their schools (Social Exclusion Unit 2003).

⁶³ This is slightly higher than the 27% of all children looked after who have been continually in care for a year or more which is cited in the SEU report.

Table 6.7: Education before ILFC.

Type of Education	Girls	Boys	Total
Not in School	13	7	20
Mainstream School	7	5	12
Special School	1	1	2
Residential with education	2	3	5
Pupil Referral Unit	2	2	4
Education Project	3	1	4
College	1	0	1
Secure Unit	2	0	2
Not known	4	3	7
Total	35	22	57

Approximately one third of young people were not in school (n=20) or receiving any kind of educational support prior to joining the project. Only twelve were in mainstream education and their files indicate that a number of these were experiencing difficulties. Some were truanting or not attending on a regular basis for other reasons. Other young people were in residential children's homes, or secure facilities, where education was provided in-house.

Being out of school for long periods is one of the main factors that is thought to contribute to towards looked after children's underachievement in the education system (DoH 2000). The young people listed as 'not in school' were out of education for a variety of reasons. Some had not been in school for a long time (in some cases several years) and they were not on a school roll; others were still on the school roll but were permanently excluded. The following comment from one of the young people suggests that testing boundaries can also lead to school exclusion.

"I was permanently excluded. I wouldn't do anything they said – I was a nightmare. I don't like people telling me what to do." (young person).

Another highlighted the impact of an under-stimulating educational environment in a children's home:-

"When I was in the children's home there was a tutor for an hour on Thursdays. I had a tutor who was rubbish – I was like 12 and

she was asking us ‘what is 2 times 2’. Although we used to like it because we used to do whatever – sit there talking and we just used to go away and go outside” (young person).

This kind of observation is not unique (Harwin et al. 2003). What isn’t clear is whether the different educational establishments failed to challenge the young people because there was insufficient information about their learning capacities, or whether there was a culture of low expectation (Community Care 2004).

When the young people joined the project, the challenge for the project’s teachers was to identify the young people’s educational needs, skills and abilities and then create a learning environment.

The characteristics of the young people in the interview sample

The information in Chapter Three provides detailed information about the 15 young people in the interview sample. This includes their ages, ethnicity, sex, care status, the length of time they stayed at ILFC and where they were living when they were interviewed.

The analysis indicated that these 15 young people are broadly representative of the total population of young people fostered by ILFC. Nine are female and six male, this was the same as the gender mix for all of the young people. Similar to the whole group, the highest proportion of young people were aged 13-15 (80%) when they were placed; their ethnicities also reflected the total population, six were white, four were mixed heritage and five were black.

When assessing this small group of young people against the difficult adolescent profile (Berridge et al. 2003) and Farmer’s (2004) categories for young people who have backgrounds of sexual abuse and/or abusing behaviour, it was found that 13 young people matched these criteria, nine young women and four young men. The majority of these also had information about several other types of problem behaviours recorded in their files, including physical violence.

Clearly the majority of the young people in the interview sample were very troubled and fully met ILFC's criteria for placement at the project. Only two young people in the sample did not have high numbers of problems, both were under 14 when they were accepted by the project and they were still in placement when they were interviewed.

Care status was not, necessarily, an indicator of problem behaviours. Eleven young people were accommodated and some of these had experienced abuse and other severe problems. Only four were on full care orders.

Assessing the young people's needs for services

The difficulties set out above indicate that these young people could benefit from the range of services provided by the project. ILFC stated that services would be linked to the care plans. Under the terms of the Children Act 1989 care plans were not mandatory, although over the years they have become routine practice and the provision of a care plan is now a statutory requirement⁶⁴. Drawing up the care plan is the responsibility of the local authority and Harwin et al (2003) argue that care plans are a blueprint for action. However, they also recognise that not all services identified in care plans are in the control of the local authority. Harwin's study also found that fulfilment of the care plan was associated with better welfare outcomes for the child, when they were compared with plans which were not fulfilled. There was also some evidence that plans with detailed aims and specifications of how these were to be achieved were more likely to be fulfilled than those without this information.

The problem for the ILFC staff was that it was often difficult to obtain copies of care plans and other statutory information from some of the local authorities

“It's very dependant upon whether the LA has sent a copy to us. Sometimes they just do not materialise despite repeated requests” (management)

⁶⁴ Section 118 of the Adoption & Children Act 2002 states that a care order can not be made until the court has considered the local authority's care plan for the child.

This created difficulties for the staff when they were trying to plan the packages of care and for the foster carers who felt that they and the young person were disadvantaged when they did not have the opportunity to consider and discuss the previous history and whether earlier plans had been met.

“I don’t feel I knew enough about X, I didn’t get all of those forms until after X came to live here.” (foster carer)

A detailed search was carried out on the files of the eight young people who stayed in placement the longest (five of these were in the interview sample). Six files contained care plans, but of these, one was not dated and another was written two years before the placement started. The two young people who did not have a copy of their care plan in their file both stayed at the project for over a year.

The information in all of the care plans varied, many could not be considered comprehensive and they often did not specifically address the key topics. Some were also difficult to read because they were handwritten. The overall plan for most of these young people was to be placed in a long term foster placement. What is interesting is that the ILFC eighteen month placement appears to have been considered as fulfilling this plan.

Berridge (1997) refers to the importance of pre-placement planning and the role of contingency planning when a placement is in crisis. In these eight files the information about contingency plans was extremely limited and often said ‘look for a new placement’. This is not a plan; it is merely a statement of fact about what would have to happen if the placement broke down. This echoed the findings of Harwin et al’s study, which found that contingency plans were often missing altogether (27 cases) and in nearly half (45) mentioned only briefly. Yet these were subsequently needed in 40 of the 100 cases.

All of the eight young people had some part of a placement agreement plan in their files although one was from a previous placement and was probably forwarded to ILFC for information purposes. Most plans contained some cursory information about medicals and visits to opticians and dentists. Some had more detailed

information about the need for psychiatric support, although it was not clear whether this had previously been provided. In the majority of plans, contact with family members was said to be difficult.

“Parents wish to have nothing to do with X at the moment. X has made allegations of sexual abuse at home from her stepfather. Mother has accepted the stepfather’s denial of this abuse without ever discussing the matter of the allegation with her daughter”. (care plan)

“Y has had unsuccessful attempts with contact in relation to her mother. Y has expressed a wish to see some siblings who are looked after” (care plan)

These, and other similar records, indicate a need for the package to include parenting/family support.

Only two files contained an education plan and five files contained some copies of statutory review minutes. Although the project manager stated that initial assessment reports were produced for all young people before placement, only one was found for these eight young people.

Given the lack of up to date care plans and placement agreement plans, it does not seem possible that these could have been used to make decisions about the majority of the packages of care. Identifying how these decisions were made, and the services that were subsequently provided to the 55 young people, proved to be extremely difficult. This was because the packages of care were not written up as a separate item. The manager’s view was that this was not necessary, as the full package of care is set out in the service specification and is charged for all placements.

“It is very much dependent on what they come with – for example mental health input we are not going to double up on another psychotherapist....If they don’t and it’s necessary, we will offer it ourselves.....The only time that people don’t tend

to get things...is when young people are resistant to certain services, for example if young people are resistant to education input – that young person might get extra social work and sessional input to balance that out” (management).

It appears that rather than an individualised joined-up service that is matched to the young person’s assessed needs, a somewhat standardised package of care has been provided instead.

Concluding discussion

Several themes have emerged in this chapter. The first confirms that local authorities nationally are actively looking for placements for young people who have a wide range of difficulties and challenging behaviours. When Northborough is included, the project received enquiries from 42 local authorities. Unfortunately, it has not been possible to make a firm judgement about why these local authorities were looking for external placements. However, as the majority of enquiries were for older children who can be difficult to place (Wilson et al. 2004), it is likely that the enquiries were made because suitable placements could not be found within the local authority and also that additional service input was needed for these children.

What is noteworthy is that the majority of these referrals met the project’s acceptance criteria. Although 316 placement enquiries were recorded, this is thought to be an underestimation of the total number of enquiries. Some young people were referred more than once and two of these were eventually placed.

The second theme is that, even with a close partnership arrangement in place, inter-agency liaison was often a slow process. There were often long delays before failed enquiries were closed, and this was not expected given the fact that ILFC shared premises with Northborough. There could be several explanations for this, firstly the interface between referrals by Northborough and assessment by the project may have been inefficient, and secondly the partnership contract committed funding to the project regardless of placement vacancies. This differed from CAPS where forward planning was essential to ensure a regular supply of young people to fill vacancies. They needed a minimum of 29 children in placement at any one time to attain

financial stability, and this was achieved (Walker et al. 2002). To serve this purpose CAPS maintained waiting lists and this would have been useful at ILFC.

The third theme is that, similar to the problems nationally, there was a shortage of suitable carers to match with the young people who met the referral criteria. It is regrettable that gaps in the referral and assessment process resulted in a lack of detailed information about the failed enquiries.

Fourthly, more girls (60%) than boys were placed and the majority of the young people placed had a wide range of behavioural problems, although it is possible that there has been a gendered approach to the recording of some behaviours (Shears 2002). The high number of young people defined as 'difficult' adolescents was to be expected, as ILFC's placements are specifically for this group of young people. There was a high percentage of minority ethnic children (44%) and those of mixed heritage (24%). The high level of children from minority ethnic groups appears to be related to the populations of the placing authorities. The young people's individual characteristics, and the extent of their behaviours and the levels of risks these present will need to be taken into consideration during the process of matching the young people with foster carers and staff who provide other services.

Finally, the project claims that care planning underpins decisions made about the young people's packages of care. Given the recognised importance of care planning, it is worrying that many of the young people's care plans were not provided by the local authorities. This also suggests there was a problem with inter-agency liaison to ensure the necessary documentation was provided. Where care plans were available some of these were not up to date and much of the detail was non specific. This placed a greater reliance on the project's own assessment process that aims to ensure that services are shaped to the young people's individual needs.

Assessing needs and early intervention are seen as key factors for improving outcomes for looked after children (DfES 2004). However what has been revealed is that the project has used a generalised approach to assessment. This has focused mainly on risks, with the result that a standardised package of services has been made

available to the young people rather than a package of care that has been tailored to meet their individual needs.

Chapter 7 - Evaluation of the foster care matching service

Introduction

Good placement planning and careful matching with a foster carer can enhance placement stability (Wilson et al. 2004). The aim is for young people to experience family life in a home environment that is safe and secure (Triseliotis et al. 1995). However, due to the young people's previous life experiences and the national shortage of foster carers, this can be difficult to achieve (Social Services Inspectorate 2002; Fostering Network 2004).

Matching is complex and there are many variables that can be taken into consideration in the matching process. These were discussed in Chapter Two. The evidence suggests that good matching can result in fewer placement breakdowns (Department of Health 2003). The previous chapter provided information on the diversity of the young people accepted for placement. The challenge for ILFC's social work team is to use their skills and professional judgement to ensure there is a good fit between the young people and the foster carers.

This chapter provides an analysis of how the 55 young people (57 placements) were matched with the project's foster carers. It provides a more detailed consideration of 8 young people who stayed in placement the longest, and information about the 15 young people in the interview sample.

The questionnaires and interviews with staff, foster carers, young people and their parents will also be used to evaluate the quality of foster care at ILFC and how far the project met their objective to match each young person carefully with an appropriate carer (objective 2.4).

It is now recognised that involving young people in the decision making process and listening to their views can enhance placement stability (Wilson et al. 2004). This chapter, therefore, also considers the young people's involvement in the matching process, and their views on their fostering experiences at ILFC.

Ensuring an ongoing supply of foster carers

As indicated in the previous chapter, the placement enquiries made to ILFC were for a diverse range of young people. Therefore to provide appropriate matches, a similar supply of foster carers was needed. With the current, national shortage of foster carers, ILFC was competing with local authorities and other specialist agencies to recruit skilled foster carers. At the project, foster care recruitment is an ongoing process and regular advertisements are placed in national, local and specialist newspapers.

To improve the recruitment record keeping systems, a database was set up at the beginning of 2001. The aim was to record the details of all prospective foster care applicants together with the outcomes of these enquiries. During the fieldwork stage, the paper files and the database were checked. It was soon found that the data did not tally and time had to be spent carrying out a detailed comparison. This revealed that the database records were not accurate due to duplications in recording. This overestimates the total number of applicants and the database information has not, therefore, been used in this thesis.

Analysis of the recruitment records revealed an unexpected and positive finding in that, although there is a national shortage of foster carers, the project received 677 enquiries. This suggests that there is potentially an untapped pool of interest in becoming foster carers. However, it is not known why the majority of these enquiries did not progress. As the project had a contract with Northborough, what was very surprising and interesting was that only 4 responses were from this locality. As with the under recording of referrals for young people, here again, the manager suggested that a large number of responses were from this local authority area, but they had not been recorded because the applicants were not suitable. This information could not be verified.

“We are only wanting the cream, those who can function at a fairly sophisticated level. So that takes quite a lot of whittling down and you lose along the way because it’s not spelt out what is the cream and what is not” (manager)

Nonetheless, this suggests that local authorities could tap into this potential source of foster carers for children who do not have a high level of difficulties.

The highest responses were from 'Voice' and the 'Guardian'⁶⁵ (107 and 105 respectively). Only 50 enquiries came from people recommended by a friend, colleague or current foster carer, this is noticeably different from recent research findings (Wilson et al. 2004), where this is thought to be an effective form of recruitment.

Despite the known shortage of foster carers and the need to recruit a diverse range of carers, some aspects of the recruitment process were not efficient. Firstly, the project was often slow in responding to the initial enquiries, especially when the applicants left messages on the project's answering machine. Secondly, the process from application through to panel approval often took up to six months and some applicants dropped out along the way.

Assessing the diversity of applicants has been problematic. The enquiry forms did not have a section for recording ethnicity. Nor was gender routinely recorded. It has not been possible to make assessments about the ethnicity of the enquirers, but for the purposes of this study information about gender was deduced using the applicants' first names. It seems that a high percentage of the enquiries were from women (n=472, 70%). The records also indicate that women accounted for the majority of enquiries on behalf of couples. However, it is possible that the findings in this paragraph might not be entirely accurate and some errors might have occurred when making judgements about the gender of the applicants.

Recruitment and selection is a detailed process. After the prospective carers had been assessed as meeting the initial criteria⁶⁶, they were moved into the more detailed assessment stage. This is based on the National Standards for Foster Care

⁶⁵ 13 other national, local or specialist newspapers were used for advertising including the Pink Paper with the aim of recruiting gay and lesbian carers. Other forms of advertising were posters, internet and radio.

⁶⁶ They must have 2 years experience of working with challenging behaviour in a professional or private capacity. There must be a spare room that can be used solely by the foster child, and the main applicant must be available to work full-time for the project. But a partner can work elsewhere.

competency approach (Department of Health 2002). As part of this process, the applicants were required to attend the 'Choosing to Foster' course.

“We test people out in group training sessions and give people tasks to do throughout the assessment process. We need to be sure that these people, when we place a young person with them, will be able to cope. If they can't be good team players they can't work with this project”. (manager)

As with the staff team, being a team player was one of the project's main requirements. The records show that some of the excluded applicants were experienced foster carers, or had professional experiences in a related field of work. In some cases, exclusion was not necessarily due to judgements about their caring skills, instead these applicants were perceived to have a lack of team working ability and/or experience. Several staff members felt that there were rejected applicants who could have become useful foster carers, in particular male professional applicants who wanted to become respite carers. They felt that these men could have become useful role models for some of the young people (Newstone 1999; Gilligan 2000).

Despite the high costs of advertising and the labour intensive referral and assessment process, it seems that some recruitment campaigns did not result in the approval of any new carers and this is similar nationally (Wilson et al. 2004). This differed from the recruitment, assessment and training process used at CAPS where none of the applicants who felt they were suitable were refused, but some decided to withdraw during the assessment process (Walker et al. 2002). Here the onus was on the applicants to self assess and this seems to be a process that widens the pool of prospective carers, rather than narrowly defining and eliminating applicants as seemed to be the case at ILFC.

Although the project has not produced statistics on the success of the recruitment and assessment process, the deputy manager estimated that only 20% of applicants who started the process eventually went forward to the fostering panel. This was an overestimation; of the 677 enquiries, only 25 fostering households (4%) were approved. Unfortunately the project did not routinely record the reasons why the

majority of applicants failed to reach the panel stage. Of the 32 households taken to panel, two were not approved because their skills were not at the required level. Others were deferred for further information, because of gaps in the assessments, but they did go before the panel again.

“Initially we had very serious problems with the assessments coming to panel that weren’t good enough, and if you look at the minutes it’s a recurring thing. There were lots of temporary workers and people that I think weren’t up to it. As the workforce became much better stabilised, the process of supervision became much more stabilised, and we became much clearer about what we needed and it improved”. (Panel Chair).

This view by the Chair suggests that there were times when some of the social work staff did not fully understand the standards required to become an ILFC foster carer. The training programme shows that between 1998 and 2001 only two sessions were held on foster care recruitment and assessment. Therefore many of the staff responsible for assessment did not receive this training.

Of the 25 foster care household that were finally approved, 15 of these had previous fostering experience. Twenty two households were approved to provide one full-time and/or one respite placement; the other three were approved as respite only carers. Nonetheless, as seen in Chapter Five, this group of carers recruited were diverse in terms of ethnicity, age, gender, sexuality and fostering experience.

The stability and retention of the foster care team was an ongoing problem and continuous recruitment was essential. This was due to the high number of carers who resigned (n=11) and those who were deregistered (n=4). This differed from other IFAs where retention has been good (Sellick et al. 2003). There were notable differences between the manager and the carers’ views as to why they had left; these can be seen at Appendix 8. This discrepancy suggests a lack of understanding about the reasons for the resignations.

The high turnover rate had an impact on the project's stability and time lines at Appendix 6 gives an indication of the foster carers' movements in and out of the project. These movements affected the availability of foster carers for matching with young people at any given time.

The matching process

A study by Sinclair & Wilson (2003) found that, where children had wanted to be fostered, they did better in their placements. As seen in the previous chapter, ILFC's procedure is that the young people must agree to fostering before they can be accepted for placement. This was confirmed by one young person. She talked about the efforts she had made to improve her behaviour, so that she could be placed in foster care:

“I tried really hard to change because I didn't want to be in residential anymore” (young person)

Between 1998 and 2002, ILFC matched 55 young people with placements in the 25 fostering households. Two young people stayed at the project on two separate occasions. One was ethnically matched with the same carer twice and the other had two different carers. The first was an ethnic and locality match and the second was only a locality match (there was not a vacancy with the first carer).

As part of ILFC's non-rejection policy, nine young people changed their main placement during their stay at ILFC. Some moved because they were unhappy in the placement, others because the original carer left, and some when a more suitable placement became vacant. This policy of finding another placement within the organization is similar to the community of carers' model (Hazel 1989) and the circle of friends model (Ainsworth et al. 2003). When all of these moves were included, this resulted in a total of 68 placement decisions for the 55 young people.

Although ILFC publicity documentation refers to the matching process, the areas for matching are not included on forms that are headed 'Referral and Matching'.

The project does not have set criteria to be used to assess whether a match is appropriate. I don't have a document that

specifically outlines the matching criteria. It really is a risk assessment. Then it gets to – do we have any available carers? If we do have available carers do their circumstances match the needs of this young person? Beyond that there's not a formal document that gets filled out that documents that process of matching – because it is so unique, you know you'll consider issues around identity". (management)

The matching decisions are made on an individual basis by the duty social worker, but there does not appear to be a consensus about how to match, and what key elements will determine the best match. This ad-hoc method of matching suggests that ILFC uses a combination of the needs and supply model. From discussions with carers, staff and young people it seems that a match is often determined by whether there is a carer available, and the carer's willingness to accept the young person.

The carers can take an active part in the referral and matching process, although the duty manager makes the final decision on a case by case basis.

“Is matching about trying to find a carer who reflects completely – including everything, geographic, social class, the previous history and background all that – or are you saying ‘Yes here is this child's ideal family model and how can this carer match into that?’”. (management)

The manager stressed that carers and young people's views will always be taken into account. It is accepted that placements are unlikely to succeed if all parties are not happy about the arrangement. However, when the staff believe that a match is appropriate every effort is made to ensure that carers do not create spurious reasons for refusing a young person.

“It can't be that they've got various family commitments and they don't want a particular placement....it is about being able to say quite clearly about a particular young person why they think it might impact too negatively on their household and to the extent that they wouldn't be able to look at it”. (management)

In some cases, the foster carers' allowances were withheld when they refused a placement. It should, therefore, be recognised that the carers can be over ruled, or coerced, into accepting young people against their wishes, and this may affect outcomes. What also has to be remembered is that some of the young people would present serious difficulties for individual households.

“We tried to refuse and others tried to refuse and their money was threatened. Not every child is suitable for a foster placement that's the bottom line”. (ex-carer)

The matching policy at CAPS was more explicit and was primarily based on the individual carer's attributes and preferences. For example some took only girls, others only boys. Here again the young people's views were also taken into consideration.

Detailed information about the placements matches for the 55 young people with their various fostering households is shown at Appendix 9. Ethnicity matches are shown in green; this includes matches with the foster carers' children. Skin colour matches are shown in purple and locality matches are in yellow.

Locality: The locality of the placement is important if the aim is for young people to be able to maintain contact with their family and friends, and continue their education without disruption (Quality Protects 1999, Education Protects 2000). One of the project's aims is to provide placements for young people in the local community.

As stated previously, the majority of placements were for young people from the Northborough area (n= 35); with the second largest grouping from Southborough (n=11). With the introduction of spot purchasing, 3 young people were placed from other inner London boroughs; 5 from the greater London area; and 2 from the Midlands.

All of these young people were matched with carers who lived within the greater London area. Although the majority of children were from Northborough, and ILFC had a contract to provide placements for these children, there were only three carers

who lived within this borough. This was due to the lack of successful recruitment in the borough. This was similar for Southborough who placed eleven children, but only one carer lived in this borough.

The majority of young people were not matched with a carer living in their home borough. Of the total 68 placements, only 11 were in the young person's home borough. Fifty percent were placed near to their home area (n=34), and 23 were in placements some distance away. Locality was a particular problem for the young people who were from other parts of England.

Ethnicity: The debate about transracial and same race placements is ongoing (Berridge et al. 1993; Thoburn et al. 2000; Mistry et al. 2003). It is recognised that matching by ethnicity is complex (Sinclair et al. 2002). There is also a shortage of foster carers who share the ethnicities of some groups of looked after children (Wilson et al. 2004; DfES 2005). Recruiting for adoptive parents from the black, Asian and black mixed-parentage communities has also proved to be problematic (Frazer et al. 2004; Selwyn et al. 2004). The identified difficulties include: the small size of the potential pool in some areas; the young age structure of some groups and a reluctance to become involved with social services. It is particularly difficult to match black mixed-parentage children⁶⁷.

Selwyn et al (2004) argue that when adoption is considered, 'neither a black nor a white family is a perfect match for a black mixed-parentage child' (p75). However, this issue may not be as crucial in time-limited foster placement and/or when the child has a clear sense of identity⁶⁸ (Maclean 2003).

ILFC's takes a broad perspective on ethnicity and identity. When a placement match is being decided the project's core principles states:

⁶⁷ Several terms are used to describe children who do not fit into a single ethnicity category. These include; mixed parentage, mixed race and dual heritage. These do not take into account the multiple ethnicities that can be represented in a young person's parentage.

⁶⁸ A sense of identity is not solely dependent on a children's understanding about their ethnicity. Culture, religion and language also form part of an individual's identity.

“A placement must take into consideration the child’s religion, racial origin, cultural and linguistic needs” (policy 1 h).

Nonetheless, this could not be fully achieved, because the young people’s referral and matching form does not ask for information on religion, culture or linguistic needs (Mistry et al. 2003). The carers’ forms are similar. Therefore these aspects were not routinely matched unless they were particularly specified by the local authority, family, or the young person as a matching requirement.

Table 7.1: Ethnicity of the young people and carers

Groups	W/UK	Mixed Heritage	African Caribbean	Black UK	Black African	Other	Not Known	Total
Young people	18	13	4	10	7	2	1	55
Carers	13	1	12	3	2	1	0	32

Information on the ethnicity of all of the individual foster carers has been included in the table above; some were living in two person households. The table shows that it might have been relatively easy to ethnically match some young people with carers. For example 13 foster carers were white UK and so were 18 young people. However, successful matching would depend on how many of these were working for ILFC when the young person was being placed, and then whether there were vacancies.

The project recruited only one mixed heritage carer, whereas they accepted 13 young people of mixed heritage for placement. As this carer only worked for the project for just over one year, it would have been extremely difficult to find ethnicity matches for these young people. A recent small scale study of mixed heritage children by Sinclair & Hai (2002) highlights the diversity of children within this category, arguing that there is now a need to consider their ethnic make up more carefully. Nonetheless, looking more generally at this category of young people gave ILFC the opportunity to match these children with carers/families who had some similarities with their heritage.

Using the broad categories set out above, thirty five placements were an exact ethnic match. Mixed heritage young people were included in this category if the carers’

children were also mixed heritage. Young people were also included when they ethnically matched with one carer in a two person household. However, carers living in these households did not always feel that the matching was done carefully and they sometimes accepted young people against their better judgement.

“We are a mixed family, but politically we are a black family fundamentally. My partner is white but he is the only white person. When you’ve got a white youth with a cultural identity problems, you’ve got to be very careful. He had been placed in a black family before. I think this boy needed to learn to feel proud of his heritage. He had a fantasy of Rastafarian life. I don’t think he should have been with us, he was confused”
(carer)

The literature review in Chapter Two revealed the importance of asking young people to provide their own definition of their ethnicity and colour (Caesar et al. 1994), and such a discussion with the above young person might have been useful to clarify his own definition of his race and culture.

Because of the shortage of mixed heritage carers, seven young people of mixed heritage were placed with black carers. Two others were placed with white carers; one only stayed for an overnight visit and the other was moved from the white carer to a black carer, presumably because this was felt to be a better match. However, this young person had formed a good relationship with the white carer and did not want to move. From the interviews with the young people it seemed that it was often the quality of the relationship that was more important than the carers’ ethnicity. However, several of the staff and foster carers referred to children wanting to ‘fit in’ and not be seen as different, especially when they were in public places.

“X for example, found it very difficult to engage. He would not go along the road with white staff because young people are very private about being in care. When someone sees me with him they will say ‘who is that’. So it’s the insecurity of being in care and being seen not to belong. (foster carer)

From the data it seems that 16 placements were a skin colour match although the country of origin was different, for example where a black African young person was placed with a black African Caribbean carer. All of the black children were matched by either ethnicity or colour. One young person whose ethnicity was not specified was placed with an African Caribbean carer.

As the project had a policy on matching, and a number of referrals were refused because there was not a carer available, it seems somewhat surprising that there was also another 16 placements that were not matched by ethnicity and yet several of these were planned as full placements.

Gender and sexuality: Information about the young people's sexuality has not been noted on any of the referral forms. This lack of information seems to imply that all of the young people were expected to be heterosexual. But some of the carers thought that this was an issue that should have been considered more carefully in the matching process. They felt that some young people were confused and/or ambivalent about their sexual identify, especially those who had experienced abuse.

“She was a girl, but she presented as a boy. She revealed to her grandmother that she had been sexually abused by a family member. She started staying out, cross-dressing and she did have girlfriends” (carer)

ILFC specifically recruited in the gay press for foster carers. They appointed an experienced, single lesbian carer who was living with her own children and a male gay couple who had previously fostered for a charity. This couple did not have children of their own. At ILFC, these carers were matched with young people of both sexes.

Risk was an issue for the male couple, who were particularly concerned about one young man who was placed with them. When he was placed they had not been informed that he had a history of making allegations against his carers when he wanted to move placements. They were very concerned about the possibility of

sexual allegations (this was a young person where previous sexual abuse was suspected). This placement ended abruptly when the carers resigned. They felt that their support social worker was not taking their concerns seriously. In contrast, the lesbian carer said she did not have problems with the young people who were matched with her, but her sexuality was often an issue for their parents.

“They want to come round and meet you and see if I’ve got two heads. They can’t understand how I can possibly be a foster carer and be a lesbian because they think that is perverted or whatever. It doesn’t stop there, it’s being a single parent having mixed race children, you must be bad or wrong, or not a good person” (foster carer)

If young people placed at the project had been identified as gay or lesbian, it is possible that these carers could have provided positive role models. They also helped some of the young people to develop an understanding about prejudice and homophobia. One young person, who had a very successful placement with the lesbian carer, said that she confronted her next carer (after she left the project) when homophobic comments were made.

Foster family matching: Research has found that older foster carers are more likely to be associated with placement stability (Berridge 1997). The majority of the individual carers were in the 40-49 age range when they were first approved (n=18). Additionally, three quarters of all foster care households had previous fostering experience working for local authorities. This was higher than at CAPS where just under half had previous fostering experience (Walker et al. 2002).

A study by Triseliotis et al (2000) considered the impact of children’s ages on the stability of foster care placements. They concluded that, if possible, fostered children should not be placed in a household where there was a child of the same age. They also suggest, that placing a child who is less than five years older than the carer’s child, carries risks. This view is confirmed by other studies.

“Social workers and carers will need to be alert when the latter have their own children similar in age to a foster child as rivalry and jealousy may emerge. (Berridge 2000)

However, this was not found in a recent study by Farmer et al (2004) and in contrast sometimes this was thought to be helpful. The majority of carers (n=18) had their own children, or other related children, living in the household⁶⁹. The ages of carers’ children varied and some had adult children who had left home. In total, fifty four placements were in households where there were children.

Some of the carers talked about the difficulties that were caused when they were matched with young people who were similar in age to their own children. Some of the problems identified were: differences in school attendance, homework, doing jobs around the house; and the use of sanctions. All of these caused tensions from time to time. There were also problems created by the range of allowances and the amount of pocket money given to the fostered children.

One gap that was previously highlighted in Chapter Three was the decision not to interview the foster carers’ children. Some young people with very high needs were placed in households where there were children, and several of the carers talked about the impact of fostering on their own children and the fostered child.

“When things get difficult they (my own children) get to go and stay with friends, what you do is try to minimise it. It’s often jealousy; they look for reasons to attack them. X was always attacking my eldest son, it was terrible. That was the one time he (my son) did want us to give up fostering” (current carer)

“I think one of the big issues is the way you interact with your own children – When you’re given a kiss and a cuddle, my 14 year old did that to me the other night, and foster children always observe that, and we have to be careful because of safe caring.

⁶⁹ One carer had an adult niece living with her, and another carer had her adult son and two young grandchildren permanently living in the household.

Especially with them hearing the word mum – it’s really hard on a daily basis because every time they hear your children say ‘mum’, they must think ‘where is my mum?’ (current carer)

Although there were often problems that affected the foster carers’ children, and sometimes these were serious, they often enjoyed the overall experiences.

“They like it if the young person isn’t too bad, I think they like it if the young people interacts with them, there are loads of issues around hygiene and stealing from them so they have to cope with an awful lot of stuff... They do argue but then so do my own children and that’s normal – you stay together and work it out which is what being in a family is all about”. (current carer)

Carers talked about having ongoing discussions with their children about whether they wanted the family to continue fostering. All of the carers who talked about their own children said that, overall, they were supportive, but there were difficult periods. In some cases, the carers’ children enjoyed the advantage of going on outings and doing enjoyable things when there were fostered children in the household. None of the carers who resigned said that this was solely because of the effect of fostering on their own children.

Risks and allegations.

Assessing risks was said to be a major part of the matching process. However, some carers were very unhappy about the lack of careful matching when the young people’s records indicated a history of sexually inappropriate behaviour, sexual offences against children and violence. There were occasions when these young people were placed in households where there were children living, and where it was known that children and young people visited.

“We had a family party with lots of small children running around, and they knew this was going to happen. But we hadn’t been told about his sexually inappropriate behaviour with other children. We made a formal

complaint about that”. (ex-carers with a respite placement)

These carers were very angry that they had not been told to carefully supervise this young person and he had been in a bedroom on his own with young children. Other carers also talked about the need to protect their children.

“He was 16, and his behaviour was very sexualised; he would walk around grabbing himself or putting his hands down his trousers in front of our daughters. It meant we couldn’t go out and leave them”. (ex-carers, permanent placement)

Another carer was advised to install bells above doors. This would act as a warning to prevent the fostered child going into the bathroom or other children’s bedrooms when they were present. Violent behaviour was also an issue that was not always known about in advance.

“The told me that although he was obsessed with knives he had never used them, but later when there was a review they said he had a conviction for stabbing someone” (current carer)

These difficulties were not unique to ILFC and the CAPS carers also devised strategies to protect their own children. Introducing strategies for safe caring is essential, but in order to implement appropriate safeguards, the carers need full information from the outset and this was not always done (Farmer et al. 2004).

“When they have a very difficult young person they need to place, they won’t come to you and say ‘can you have her for 3 months or 6 months or the full 18 month period’. Because what you do then is say ‘right let me look at her files, let me talk to the last carer’. She was coming for a weekend, the next thing is ‘can she stay a couple of weeks’ then ‘can she stay for a month’

this went on the whole time until she left because of the allegation". (ex-carer)

Allegations are an ongoing issue for foster carers and some young people are known to make false allegations (Calder 1999). This was recognised by the management at ILFC.

"This group of young people are the group that make the most allegations because of the level of difficulty they've experienced" (management)

Nonetheless, it was also important to ensure that every allegation was taken seriously. However, the investigation process often had a profound effect on those accused. There is now recognition that, to prevent foster carers becoming disillusioned and leaving the service (Triseliotis et al. 2000) they need support when allegations are made against them (DfES 2004). Several carers referred to allegations that had been made against them, or their partners, and these were fully investigated.

"The strategy for investigation will be devised according to the nature and circumstances of the allegation" (policy 2.9)

The foster carers were in agreement that all allegations must be properly investigated, however they all felt the impact of the allegations and the investigation process was very difficult to overcome. Because the process was individualised the carers didn't know what to expect from the project, or who they could call on for support.

"I was not phoning anybody because I was supposed to not phone or contact the office and we were totally isolated at that time and I was totally unhappy (current carer)

"She made an allegation about my boyfriend. I was suspended, but she (the young person) stayed in the placement and he was made to leave" (ex-carer)

ILFC has not kept a record of all of the allegations made and/or the outcome of these. But some carers said that, after lengthy investigations (up to six months), the allegations were not upheld. One couple and a single carer resigned after allegations had been made. They had both worked with some very difficult children at ILFC and they had also maintained some longer term placements.

“We didn’t feel supported at all. The whole process took such a long time and after we were reinstated we resigned, and she (support social worker) was almost in tears she phoned up to apologise for the way we had been treated” (ex-carer)

Lack of support has been identified as one of the main reasons why carers decide to stop fostering (Triseliotis et al. 2000) and the carers referred to above stopped fostering altogether. This was a loss to the project and to the fostering services as a whole. What is surprising is that the minutes of meetings with the carers do not suggest that any attempts were made to retain their services.

Young people’s views about the placement planning and the match with their carers

To assess the quality of the foster care service from the young people’s perspective, a series of questions were included in the questionnaires about planning, the quality of the matching process, and their experiences with the project’s carers.

The responses below are from the case files and interviews with the fifteen young people in the interview sample. There was a noticeable difference in the involvement in the planning process for those who were expected to stay for 18 months and those who were staying for shorter periods. Nine young people felt that they were given enough time to meet their foster carers before they moved in, and eight were expected to stay for 18 months. This differed from the six young people who did not feel they had been given enough time. Where all of the placements, except one, were planned as short term.

Wilson et al (2004) argue that rushed plans are undesirable and can lead to placement breakdown (Fahlberg 1991). One young person met the carer for the first time at a

meeting and then went home with her afterwards. Another had just one overnight visit before moving in, and one met the carer only once before moving in.

“It was a bit of a rush really because I was in a temporary placement” (young person)

The project aimed to provide planned placements, but this was not strictly adhered to when the local authorities needed to place children quickly, or when the young people were only staying for a short period of time. This lack of detailed planning appears to have had an impact on the young people, four of these placements ended before the agreed date.

The majority of the young people in the interview sample only had one main placement (n=11), three had two placements, and one young woman had three placements. Where young people had more than one foster carer, they were able to identify things they liked in the different households and compare the caring styles.

“I think X (first carer) was immature, but Y (second carer) she was my rock” (young woman who had left).

The fact that this young woman was allowed to move within the project to a carer she thought was more suitable for her needs gave her the opportunity to work through a number of issues, and she stayed for the full placement period. One young person was moved twice against her wishes, once by the project and finally by the local authority. The two were not satisfied with either of their carers and left before the planned time. In these cases, it is possible that foster care was not the right choice for them as they had very challenging behaviours, they had experienced abuse and had long care histories.

Table: Young people’s views on their foster care experiences at ILFC

Questionnaire responses	Strongly agree	Agree	Disagree	Strongly disagree	Total
ILFC made sure there was a good match between me and my carers.	5	8	2	0	15

Before I move in I was given enough time to meet my foster carers	7	2	6	0	15
Before I moved in they made sure they knew everything about me	6	6	3	0	15
They made sure I knew the house rules from the beginning	10	3	1	1	15
My foster carers respected my views and individuality	9	3	3	0	15

The majority (n=13) of the young people who were interviewed thought that there had been a good match between them and their foster carers. But some qualified their answers or disagreed because they were not a good ethnic match. One young person who had two carers was black, and agreed that both carers were a good match for her skin colour. But she did not think they were a good match for her race or religion.

There seemed to be particular problems when the young people were of mixed heritage. One young person had two main carers. She thought the first carer, who was black and single, was not a good match, but the second carer, who was white with mixed heritage children, was. Another young person was placed in a black family:

“I didn’t like them. I am mixed race and they are black. I don’t want fake hair and false nails”. (young person)

In interview, her mother said that this was the only placement available for her when she was placed. This young person was unhappy with most aspects of her placement. She did not feel that she had enough time to meet her carers before she moved in, they didn’t make sure they knew everything about her, nor did she feel that they respected her views and individuality. This placement ended before the planned time.

The other young person who was dissatisfied with her placement was white; she was placed in a mixed household. This young person continually absconded from the placement.

“I asked to be moved every single day – just try they said, I didn’t have my own (local authority) social worker at the time”. (young person)

This placement also broke down before the planned time. It therefore seems that the young people's satisfaction with the matching process is an important factor in achieving stability.

The majority of young people said that their carers had provided them with a wide range of support. All of the young people said their foster carers went to meetings with them, even those who did not get on with their carers.

The young people were also asked about the locality match and whether the project had tried to place them in, or near, to their home area. The majority (n=9) strongly agreed or agreed. Two of those who agreed were young people from the Northborough area who were both in placement in South London. However, as both had previously been placed out of London, these placements were nearer to their home area. Four young people disagreed, but one of these was placed in his home borough. He was 12 and his view was that he was far away from his home. The other three were placed out of their home boroughs. Two of these were in areas close to their home borough, the other was from Northborough, but was placed in Surrey.

Two young people did not want to be placed in the home borough and both were placed in areas of their choice. As both of these two young people were satisfied with their placement area, it can be concluded that the project successfully matched the majority of these young people to a placement in, or near, their home area, or where they wanted to be placed.

Problems and difficulties whilst in placement

Thirteen of the young people in the interview sample had been assessed as meeting the challenging behaviour criteria. Whilst in placement the majority of them continued to experience problems and difficulties that involved the police and/or other agencies. ILFC's policy for managing challenging behaviour is based on the Children Act 1989 Guidance and Regulations⁷⁰. Physical restraint can only be used

⁷⁰ The aim is to prevent an excessive use of force being used on looked after children. Where sanctions are used by the carers, they have to be careful not to undermine the health or dignity of the young

to prevent injury, and every effort should be made to ensure a witness is present or another adult who can assist. This is extremely difficult for single carers to achieve. Natural parents will often ‘ground’⁷¹ their children as a punishment, or withdraw all, or part, of their pocket money. But the young people at ILFC knew that this was not allowed:

“She can’t beat me, she can’t take away my pocket money because I’ll still get it a few weeks later, she can’t do anything to me, so I thought I might as well. One time I came home at 2 o’clock in the morning and another time at 1 o’clock. You see that’s one thing – there’s not much you can do to punish a child in care” (young woman)

Because pocket money could not be stopped completely, this was not a deterrent. One young person also said she always knew she would have double the amount to spend the next week. Other young people referred to staying out late and then either expecting the carer to pay for a taxi home, or reporting themselves to the police station to be brought home. Many were very blasé about the difficulties they created for their carers.

The majority of the carers who were interviewed talked about their frustrations when trying to impose boundaries and deal with challenging behaviours, especially when the young people’s support workers and the management disagreed with their views. Sometimes they felt that this was linked to these staff not having children of their own.

“When he lost his temper I told him ‘OK we’re not going to snooker’ and he accepted that, but the support worker told me I couldn’t do it. Then he ran up a £300 phone bill using chat lines – I was going to deduct £5 each week from his pocket money, but again I was told no.” (foster carer)

person, for example excessive use of sending to bed early, imposition of fines except by way of repayment or compensation, and adults cannot use bribery or threats as a way of modifying behaviour.

⁷¹ The term ‘grounded’ is used by many parents when the child is punished by not being allowed out.

Some of the current and past carers strongly expressed the view that they were often expected to turn a ‘blind eye’ to problem behaviours that they wanted to tackle. They were very unhappy when vulnerable young people were staying out late and having sex and/or using illegal substances. The carers also felt the lack of sanctions caused difficulties with their own children. In some cases, they felt that the young people continued to rebel because of the lack of boundaries. This view is shared by Biehal & Wade (2002), who argue that carers need to be assertive to protect young people from harmful behaviours.

Relationships with the carers’ children

At the time of the interviews, only two of the fifteen young people were still in placement at ILFC; both were in households without other children. Those who had left the project were able to reflect on their relationships with the natural children who had also been living in the households. Some spoke about the carers’ children with affection, others did not like them.

“Her daughters taught me how to cook and I think I matured a bit while I was there from the older girls – their daughters” (young person)

“Her son was older and we didn’t get on” (young person)

When there were difficult issues, these seem to have been related to personalities, or where the fostered children felt that the natural children were favoured. Some young people, particularly the boys, who had previously experienced abuse or neglect, seemed to positively benefit from being the only child in a household.

Positive experiences whilst in placement

Just over half of the young people (n=8) recognised that their carers did try to help them to deal with their problems and rated them highly for the help they gave. One known method for improving challenging behaviour is to praise positive behaviours (Tassoni 2001). Almost all of the young people (n=14) said that their carers gave them praise. This included young people whose placements eventually broke down.

One young man, who was still in his placement beyond the eighteen month placement period, spoke with pride about helping his foster carer and how pleased he is when she praises him:

“I made her some tea and put the clothes in the dryer and she said ‘Thank you, because I didn’t feel too well and I was not looking forward to bending down and doing it’. She gives me praise all of the time” (young man)

The only young person who said she was never given any praise, was very unhappy in her placement. She asked to be moved several times and was continually running away. This was also the only young person who couldn’t think of anything she was good at or enjoyed doing. It seems that this young person, who had very serious behaviour problems, also had low self esteem. This would not have been helped when her requests to move to a different placement were refused.

Although many of the young people experienced problems and difficulties during their placements period, they also remembered positive experiences with their carers. Normalising was achieved by including the young people in the carers’ family lives. The majority of young people (n=12) had joined in celebrations with their foster carers. They had good memories of parties, outings and particularly holidays. Some of these holidays, such as camping, were relatively inexpensive. Other young people were taken on holidays abroad, and some from ethnic minority backgrounds were taken to various Caribbean islands by their black carers.

“She took me to Jamaica. She is the first person that has ever taken me out of the country” (young man)

The carers and staff felt that it was helpful for these young people to spend time in societies where they were part of the majority group.

The young people who were at the project for their birthday and Christmas also talked about the presents they had been given. One young woman, whose placement

had a very difficult ending, was still wearing a gold ring the carer had bought for her several years before.

Finally when the young people were asked to identify the most important person for them at the project; nine said this was their foster carer/s.

“X is the one that looks after me, so if I didn’t have her then I wouldn’t have a place to live. So she’s got to stay alive and I’ve got to help her” (young man in placement at the time of the interview)

Even where the placements had broken down, some of the young people still valued aspects of their time living in the family home, and felt that they had gained from their experiences.

The majority of staff and the few parents who were interviewed had a good opinion of the foster carers and the work they did with the young people. In the interviews and questionnaires the quality of the foster carers was viewed as one of ILFC’s strengths, others referred to one of the project’s weaknesses as being the lack of ability to retain experienced foster carers.

Concluding discussion

This chapter has confirmed that placement matching is important and to achieve this aim the project successfully recruited a diverse group of foster carers. A very encouraging finding was the high response to the foster carer recruitment campaigns. However, for various reasons, very few of these applicants progressed through the selection process to the final approval stage before the fostering panel. Of the 677 initial enquiries, only 25 fostering households were finally registered. There were two main reasons for this low outcome. The first is the time consuming assessment process. This requires a more business like approach to respond to the initial enquiries quickly and efficiently, and this confirms findings from other studies (Wilson et al. 2004). Secondly, the project also excluded a high number of applicants in the earlier stages. A more open approach such as that used by CAPS

could serve to increase the initial pool of foster carers (Walker et al. 2002) before the more detailed process of assessing them against the national standards begins.

What was more sobering was the project's inability to retain their carers. Even after the detailed scrutiny during the assessment and approval process, four carers were deregistered. Some very experienced carers who had maintained successful placements resigned. Given the high costs of recruitment and the labour intensive assessment process it is surprising that the project did not take action to retain the services of these experienced carers. Other IFAs have introduced strategies to enhance retention and reward good practice (Sellick et al. 2003).

This study confirms that matching is a complex process (Street et al. 1999; Berridge 2000; Wilson et al. 2004) and some of the separate variables require careful consideration. Due to the high turnover of carers, it seems that the project operated a combined supply and needs model, aiming to find the best possible match with suitable carers who had vacancies.

An important message from this study is that listening to the young people's views about their individual differences and preferences can be crucial. Decisions about ethnicity matching are not straightforward, especially for the children of mixed heritage (Sinclair et al. 2002). For some young people, their views about their ethnicity and culture were entwined. The carers' ethnicity was not always the highest priority for the young people. They were often more concerned about liking the person and/or the family (Thoburn et al. 2000).

The young people had strong views about the locality of their placements. Some wanted to be in, or as near as possible to their home borough, but for personal reasons others wanted to be placed elsewhere.

On the whole the individualised system of matching appeared to work well for the young people who were interviewed, but it is important to bear in mind that the sample was small. Nevertheless, even when placements were a reasonable match, they did not work if the young people were not satisfied with one or more elements of the match. Conversely some unmatched placements were considered to be suitable

by the young people and/or their carers. In general terms, the young people and the carers were satisfied with the placement match if the 'chemistry' was right (Thoburn et al. 2000; Sinclair et al. 2003; Quinton 2004).

The recruitment of carers who lived in the young people's home boroughs was rarely achieved. However, the majority of the young people who were interviewed were satisfied with the locality of their placements. The introduction of spot purchasing also resulted in some young people from other parts of the country moving to the London area. Unfortunately none of these young people, or their parents, were included in the interview sample and therefore it is not known how satisfied they were with the locality of their placements. However, the decision to move these young people away from their home localities would probably have created difficulties with continuity in terms of family, friendships, schooling and ongoing health care. These issues would need to be addressed by the project.

Estimating the potential risks that young people could present to the fostering household was said to be an important part of the assessment process. It was therefore unpredicted that some young people would be inappropriately placed in households where they presented a risk to other children. Additionally, some very difficult adolescents were placed with relatively inexperienced single carers. Not surprisingly the carers were very angry about this lack of regard for their own, and their family's, welfare and some had concerns about why detailed information and/or additional training had not been provided from the outset.

In some cases there were differences between the carers and the support social workers about what constituted difficult and/or risk behaviour and how these should be managed. This highlights the professional, cultural difference between the support social workers and the carers (Dingwall et al. 1983; Cousins 2003). One important issue that must be taken into consideration is that it is the carers who have to live with the risk problems, whereas the social workers are physically distanced from the day to day or ongoing problems. Therefore it is the foster carers who have to manage what they feel are inappropriate and/or difficult placements and in these circumstances support services are essential.

Some young people had made allegations against their foster carers and during the investigation process the carers felt isolated and unsupported. From the interviews, it was evident that this was a traumatic experience at that time, and some were still hurt and angry about this. Although some continued fostering for the project when the allegations were judged to be false, others resigned and decided to stop fostering altogether, and this has been found in other research (Nixon 2000).

This chapter has confirmed the importance of the fostering relationship. The interviews also gave the young people the opportunity to reflect on their experiences and assess the main elements of the match between them and their foster carers. One point that must be highlighted is that when the young people's views were ignored, they sometimes took direct action to bring about change. In some cases they escalated their difficult behaviour and were then moved to another placement, whereas others absconded and then left the project entirely.

The purpose of the next chapter is to consider the input of services to support the foster carers with the aim of enhancing the stability of the placements.

Chapter 8 - Evaluation of services to support the foster carers

Introduction

This chapter evaluates the parts of the service that endeavour to support the foster carers' direct work with young people. The first part to be analysed will be the training, supervision and support provided for the foster carers (objective 3). The second will be the respite service which is nominally available to all ILFC carers and young people⁷². The third will be the out of hours service (objective 2.7). These services are all described in Chapter Five and relate to ILFC's non-rejection policy (objective 5.3).

ILFC recognises that rejection is likely to have been a feature in many of the young peoples lives, either by parents, schools, previous care establishments and/or individual carers (Fahlberg 1991; Berridge 1997; Wade et al. 1998). Gordon (1999) argues that children with disturbed attachment patterns often attempt to recreate familiar circumstances. The project's policies and support mechanisms endeavour to prevent placement breakdown and further rejection. What also has to be taken into account is that, as teenagers, many of these young people are also at an age where they are asserting their independence and possibly rejecting social norms (Department of Health 1996; Coleman et al. 1999; Berridge et al. 2003).

The services to be evaluated in this chapter are components of ILFC's holistic approach and are deemed to be essential to improve the quality of foster care, recognising that carers' and young people need support when trying to achieve placement stability (Ward et al. 2001; Wilson et al. 2004).

The service delivery diagram set out in Chapter Five, and the information in the previous chapter, both give a clear indication of the centrality of the foster carers' role. Due to the nebulous organizational model and the lack of co-ordinating systems

⁷² This differs from the respite placement service that the project offers to local authorities; three young people were placed with ILFC for respite only placements; either from their own family or from another separate care provision. These young people were placed with full-time carers for a short period of time, they did not move within the service.

for service delivery, many of the support services are negotiated by foster carers and staff.

Supervision training and support mechanisms

Because foster care is a form of home working and this can be isolating, the use of group training and professional support networks are recognised as methods of breaking down this isolation and ensuring that carers' voices are heard within organizations and in the wider world of foster care (Fostering Network 2004).

Nutt (2002) discusses the dilemmas that can be experienced by carers when attempting to manage the external and internal worlds of foster care, recognising the need to support the carers' stability. The project's carers recognised that, when there was conflict between these two worlds, support was essential.

“There are lots of things with stability but one of the things that works is having good support and supervisions. I know that they don't like to hear that. At the moment I don't feel stable myself – me feeling stable and being looked after myself is part of the equation to be honest” (current carer)

The deputy manager maintained the view that the carers' external professional world should be managed through a rigorous supervision process. She argued that carers need to take two related professional approaches to their work. Firstly, they need to have a systems approach to understand the young person's family and previous experiences and secondly a therapeutic approach to understand the reasons why the young people are likely to be disruptive and challenging (Triseliotis et al. 1995; Schofield 2000; Cottrell et al. 2002). In addition to this carers also have to consider and continually assess the impact of this external world of foster care on their own internal family life (Wilson et al. 2004).

Induction training

Initial induction training is essential if carers are to fully comprehend their role and responsibilities in relation to the organization, the multi-disciplinary team and the individual young people. Some of the carers had previously fostered for local

authorities and others were new to fostering. None of the carers had previously worked for an independent fostering agency. To work effectively they need to develop an understanding of the organization and its theoretical approach, together with a familiarity for the policies and procedures. They also need to understand the services offered to the young people and how to access their own support services.

What was surprising was that induction training has not been universally applied. The manager reported that induction training was provided on an individual basis, as and when necessary, and these decisions were made by the carers' support social workers.

Eleven of the carers who completed questionnaires had received induction training and they felt that this was a useful start to their work at ILFC. Of the four who said they had not received any induction training, two were later deregistered; both were told that their skills were not up to standard. This suggests that they would probably have benefited from induction training. One felt very disadvantaged by this lack of input:

“I wanted more training with challenging behaviour, beforehand of course, that sounds perfectly reasonable, to prepare you for whatever you are going to handle” (Ex-carer)

This carer's file showed that she had very limited experience of working with young people with challenging behaviour before joining ILFC. This was also the case for some of the other carers who did not have previous fostering experience.

As the focus of the project's work was to provide services to help improve the young people's challenging behaviour, training on this aspect of their work was essential to ensure a consistent approach by all of the professionals working with the young people. The project has a policy and guidelines on managing challenging behaviour (M1) which is very detailed and successful implementation would require training input from the outset.

This individualised approach to induction training has resulted in differences in the carers' knowledge and understanding in relation to their work role. In the questionnaire responses, and in the interviews, it was evident that some carers knew very little about how the organization was managed and its relationship to Meso. Those who had been inducted had a much better understanding.

Other training for foster carers

Caring for traumatised young people is skilled work (Farmer et al. 2003). Some foster carers construct themselves as change agents using their relationships with the young people to help them move on in their problematic lives (Nutt 2002). To support this work with young people Lipscombe et al (2003) pinpoint training as a method of improving outcomes, see also Wilson et al (2004).

ILFC's training programme was planned to meet the needs of the multi-disciplinary team and many of the sessions were designed to support foster carers in their work with young people (Appendix 5). Some of this training also linked to policies and procedures.

At ILFC carers are invited to attend all relevant training courses, however, they are not required to attend. This is related to their self-employed status. As training was not mandatory this often resulted in poor attendance. The exception to this was when training has been specified by the fostering panel as a condition of approval or renewed registration. Below are just some of the recommendations made by the panel at approval and/or review:

“X should have special training on promoting positive identity and culture”.

“Y should have special training in settling young people”.

“Z should be provided with training on techniques on coping with violent and challenging behaviour”.

Unfortunately, it is not clear from the records whether these individual training needs were addressed.

Poor attendance at training was recognised as a problem. It is the supervising social worker's responsibility to ensure that the carers attend all relevant training. To improve attendance the times have been varied and carers who miss a number of courses are now asked to explain their non attendance.

“There is always an eternal dilemma with foster carers getting them to training and getting them to prioritise training. It's all been refined to the carer's needs – it was 9–5, then it went down to 10–3 so people could get out to pick kids up and drop them off. But it always comes back to the same thing – those who want to will be there and those who don't will not. (Deputy Manager)

Several carers said they wanted to attend training, but this was difficult when the young people they were fostering were not in school. Finding suitable alternative short term care for difficult older children who should not be left alone was a problem. Sometimes the project provided sessional workers to care for these young people, and at other times they will use support social workers. The issue for the carers was balancing their long term training needs against the young people's short term care needs.

The majority of carers (n=13) thought the training they received was good or very good. Only two carers thought this was only satisfactory. One of these was an ex-carer who was only with the project for a short time, and the other was a new carer. All of the training that was provided was very relevant to the carers' work. Some examples are: working with children who have been sexually abused, managing difficult behaviour, child protection, sexuality, young people and drugs, working with young offenders, and record keeping. But some of this was not provided regularly to ensure that new carers were fully trained. Four of the current carers, who completed questionnaires, were also being supported by the project to complete NVQ level 3. It is possible that other carers were also working towards this qualification.

Although attendance at training was sometimes difficult, the majority of the carers thought that more training was needed and several referred to the need for specific topics.

“We need training on allegations, team building, safe caring, challenging behaviour training. I think we need training around better understanding of attachment disorders. We have had a lot of training around sexual abuse, we had some yesterday.” (current carer)

Several carers raised the issue of training on safe caring and the need to understand the process when allegations were made. The carers sometimes had to rely on outside agencies for information:

“The police investigation person came to see us and we began to talk about all kinds of stuff – they told us you could run a bus through the inconsistencies – but we were never told about these by our support social worker or the manager” (ex-carer)

It seems surprising that the project did not provide regular/induction training on ‘safe caring’. It is, however, possible that this issue was included in the training sessions on ‘working with young people who have been sexually abused’ but details of the course content was not available.

The carers also highlighted other training needs. These included: understanding sex issues, sexuality, self harm, racism, emotional feelings, assertiveness, co-counselling, and psychological consultation.

Some carers did have access to the psychological consultation but this was not provided from the outset. Given the poor quality of the recording practices identified at the project, it is noteworthy that carers also wanted training on report writing, record keeping and the use of information technology. Only one training session was

provided on record keeping; but it is not known if this was included in the induction training for some carers.

When asked whether the training had achieved its aims, the majority of the carers thought they were well trained and provided a high quality service to the young people. They recognised that there were differences in their caring styles, but they often thought this was a positive benefit for the young people (Walker et al. 2002).

Supervision.

The project's foster care service has been nominally managed by the deputy manager. However, in practice the bulk of this work is done by the carers' designated support social workers. The carers identified a number of issues that they regularly discussed in supervision. These were: training needs, respite, financial arrangements, the young people, and family issues. The support social worker is the main point of contact for foster carers. They also evaluate the quality of foster carers work for their panel reviews and other assessments (see Sinclair et al. 2003). It is, therefore, essential that the carers have trust and confidence in their support social workers.

Table 8.1: Quality of supervision

Supervision	Current carers	Ex carers	Total
Very good	4	1	5
Good	4	1	5
Poor	0	3	3
Very poor	0	1	1
Missing	1	0	1
Total	9	6	15

This table shows a noticeable split between the views of the current and ex-foster carers. It can be seen that the majority of the current carers thought their supervision was good or very good, whereas four out of the six ex-carers rated this as poor or very poor. The missing response is from the second carer in a fostering couple who did not receive supervision. This carer worked full-time outside of the home, but was involved in the caring during the evenings, weekends and during holidays.

The internal foster carer support group

The ‘carers’ support group’ was organised to provide an internal forum for peer support and informal group supervision. For a number of years this group was organised by the carers without management input. This group was often used to discuss the professional conflict between the carers and the support social workers:

“In the carers’ group we often moan about the contradiction in care between the social worker, the carer and the young person – say aged 14. We want them home at 9.30pm. The social worker thinks 11pm is fine. Your own children are not able to do this and this would not be normal on a school night. Without backup for these messages about normal and appropriate parameters the young people do not get what they crave. They crave adults to be adults; they want boundaries even when they kick against it”
(current carer)

The quote above mirrors the views expressed by other carers about the differences in risk assessments, however, these issues do not seem to have been discussed in a joint forum.

Unfortunately, without the carers’ consent, the deputy manager decided to start chairing the support group. The carers were not particularly happy about this and felt it was a form of surveillance. Comments about the change in the functioning of this group were made by several carers, but were summed up by one of the current carers:

“The deputy manager and a teacher came to facilitate the carers’ support group with all these exercises planned that were clearly something to do with the team, and there was no space on the agenda for us to talk to each other, and to unload about our placements, and get advice from each other about managing – that is what our support group has been about. I think what this demonstrated was that the carers’ support group needs to have an external facilitator, this would help us to keep on track but everything would be what we wanted and confidential” (current carer)

Attendance at this group was optional and some carers did not attend regularly. As with training the carers found it difficult when they had a child who was not in school. In addition to attending the group, or instead of this, the carers formed their own informal support networks and contacted the other carers by phone, email or by visiting. This suggests that the carers decided to circumvent the deputy manager's intervention into their support group and instead formed a covert group.

Other internal informal support

In addition to training, supervision and the carers' support group, the foster carers also received other support. They were supported by the teachers who gave them day to day advice on educational matters. The sessional workers liaised with the carers about supporting the young people's behaviour boundaries. The administrative staff provided a link into the staff team and administrative support services.

Table 8.2: Quality of other support provided to carers by ILFC.

Other support from ILFC	Current staff	Ex staff	Total
Very good	4	0	4
Good	4	1	5
Satisfactory	1	1	2
Poor	0	2	0
Very poor	0	2	2
Total	9	6	15

The table above again shows the split in views between current and ex-carers. The majority of carers who had left the project rated the support poor or very poor. They said they felt unsupported by the managers, whereas the current carers thought that they received good, or very good support.

The views expressed by some of the ex-carers on the poor quality of the support they received might help to explain the difference in retention rates between ILFC and other IFAs such as CAPS (Sellick et al. 2002; Walker et al. 2002).

Foster carers' individual external support networks

In addition to the internal support systems and services, the carers are also expected to have an external support network. The network is made up of family and friends who volunteer to be available to help and support them in their work. This requirement is in recognition of the level of support needed to care for young people with challenging behaviour (Farmer et al. 2004). When carers are assessed for approval and registration, and when their registration is reviewed, the viability of their support network is taken into account. This scrutiny by the panel appears to be the project's only link to the networks. The fostering panel often made specific references to carers' support networks:

“ILFC should identify within X's support network what type of issues each individual will support her around”

(Panel Chair)

When the carers were asked to rate the quality of their external support networks, it is noticeable that this time there is a similarity in views of current and ex-carers. Only one current carer thought the support given by the external support network was just satisfactory. All of the other carers (n=14) rated this as good, or very good, and felt that this form of support was crucial during a crisis. In the interviews several carers referred to calling on members of their support network when young people were being particularly difficult, especially the female carers who lived alone

“My son is working in a home for physical disabilities and challenging behaviour, and he has got all the training for all the challenging skills and sometimes he had to come over here at half eleven and half twelve at night to talk to X and use these skills to calm her down. Sometimes I was on the phone to him for hours about X.”

(ex-carer)

The only male, single foster carer had a separate flat in the same building as his sister; she was a member of his support network and provided help when needed. However, many of the foster carers recognised that sometimes there were difficulties with the

functioning of their support networks. People were not available when they were needed and there were also problems when asking for support on issues that people had not previously experienced.

“I’ve got a huge network but sometimes no one is around. And there are changing needs, sometimes you’ve got someone that is a self harmer and some people in my network don’t want nothing to do with them. One friend didn’t feel she was ready to have that discussion with her kids about why the people with me cut themselves, so the needs are not just the young person’s, and these are my good friends.” (current carer)

Although these external support networks are considered to be an essential service for the foster carers they are not provided with training by ILFC. This input could help to improve network members’ confidence when they are confronted with issues that are outside of their previous experience. Training could also encourage them to become carers themselves.

The respite service

This service provides a period of rest and/or relief for either the carers or the young people. One of the aims of the non-rejection policy is to increase the young people’s stability by providing short term breaks from their main ILFC foster carers. Understanding the effects of this service and quantifying the moves is essential. These internal movements are not counted in the local authorities’ yearly statistics on young people’s placement movements (DfES 2003) and yet they can have an impact on the stability of the main placement.

These breaks can be for an overnight stay or for longer periods. A study of foster carers by Triseliotis et al (2000) found differences in the need for, and use of, respite. This seemed to be similar at ILFC. Some carers had a large amount of respite and others very little.

One difficulty that can be seen in the service delivery diagram and in the commentary in Chapter Five, is the lack of overall co-ordination for the respite service. There is not a set allocation of respite breaks for the carers, nor is there a policy statement about how many hours they are expected to provide to other carers. Consequently, there was felt to be inequality between those receiving respite breaks and those who provided this service for other carers.

At the project the policy was that the carers should agree and organise all respite breaks with their support social workers (policy R4). The main respite carer confirmed that the support social workers made plans for the young people who came to stay with her. However, in practice many of the full-time foster carers made arrangements between themselves. Regardless of whether the support social worker was involved none of the required respite documentation was completed. This was discussed with the manager:

“There is a formal process in the policy and procedure that people should be following, but actually it’s quite complicated when you come down to the day to day practice”. (management)

Respite can be difficult for young people, but a number of studies have found that foster carers have felt supported by respite schemes (Triseliotis et al. 2000; Sellick et al. 2002). This was also true for the ILFC carers who valued this time out with their own families, or having the opportunity to spend time completely alone without any children around:

“When I had respite I would try to make sure my children would either go to their dad, or my sister, or my mum or something like that, then it was a real break.” (ex-carer)

The downside at ILFC was that because there was only one respite carer, a large percentage of the respite was done by the full time carers. They often felt pressurised into providing a service for others when they needed a break themselves:

“You’re free this weekend, here’s the respite coming and if you won’t take it then you’re not free and we won’t pay you, and that happened on a number of times to people.” (ex-carer)

It seems that although respite was supportive when it was being received, it caused additional stress when they were required to be the service providers.

Some carers were particularly reluctant to provide respite placements when they had a very difficult young person in their home. This was due to a lack of personal space for the second young people visiting for respite. Additionally, having two young people in placement sometimes resulted in an increase in behavioural problems. Reported problems were poor behaviour in the household, staying out late and the young people using alcohol and/or drugs.

Organising and planning respite moves: As respite is often to meet the carers’ needs, this can be stressful for young people who do not want to move. The process of finding out which young people had respite placements and where they stayed was extremely difficult. This was managed by amalgamating and then triangulating information contained in a variety of records, plus information given during the interviews.

It seems that all of the carers had one or more respite breaks and approximately half of the young people had at least one respite move (n = 28). Six young people who stayed at the project between one and two years had a large number of respite moves. One young person, in the interview sample, stayed with eight different carers. This included the main respite carer. She stayed with most of the carers several times and regarded respite as short holidays, especially when another young person was in the placement.

“I would be like ‘Can I go and stay with someone for a couple of days’ and she would say ‘OK if you want to’ (young person)

When a respite placement is planned the variables for matching in respite placements should be the same as those for longer term placements. These were discussed in the previous chapter. Reviewing the records it was evident that many of the young people

were moved to respite placements in a different part of London. Some young people who had several periods of respite moved backwards and forwards between different localities in the London area. Ethnicity matching for respite moves does not seem to have been taken into account. Black children were often in respite placements with white carers and vice versa. This was not raised as a matter of concern by the carers or the young people. What was important was knowing about one another and having full information in advance.

Good practice involves planned introductions. When young people are expected to move this helps to minimise the possible distress to the young person (see Fahlberg 1991). This rarely happened with respite moves and was acknowledged as being a problem by staff and carers:

“An introduction was planned but in the event it didn’t happen.”
(respite carer)

“It is one of the areas that could be improved as it is always a mess, the planning etc. But I think that young people in care are quite accommodating around that stuff.” (current staff)

The difficulty for young people in care is that they often become quite resigned at being moved around without any consultation, but research has found that they are not necessarily happy about this (Voice for the Child in Care 2004). This was similar for the young people at the project. For many of the young people who were beginning to make attachments to their main carers, these moves were not wanted.

Table 8.3: Young people’s responses – When I moved to respite it was because I wanted to go.

Responses	Total
Strongly agree	2
Agree	3
Disagree	5
Didn’t go	5
Total	15

Ten young people said they had experienced respite care. Five said when they were happy to go, but the other five did not want to be moved. Several made their objections clear, either to the carers or to their support social workers, but none of them put in a formal complaint:

“They forced me to go – X (foster carer) left me at the project.”

(young person)

The file records indicated that some of the other young people had experienced respite moves, but when they were interviewed they said these moves had not taken place. Therefore the accuracy of the respite records has to be questioned.

When the young people were moved without planned introductions, the carers had to rely on written or verbal information from the main carer⁷³. In some cases the young people were moved into a household with carers they had not met before. When this occurred the young people were understandably unhappy and the carers felt that the placement was disadvantaged:

“I had been doing respite for X (young person) and was going to be doing Y and Z and possibly someone else. I have never ever ever in two years had any essential information records from the support staff from the office.” (current carer)

The respite policy (R4) states that a number of people should be notified when the young people are moved – the local authority social worker, the parents, and the school. This seems to have been done verbally, either on the telephone, or in meetings. Of the thirteen of the local authority social workers, who returned questionnaires, five confirmed that the young people they were responsible for had been moved to respite placements, but they did not have clear details about when, where, or for how long.

⁷³ The Respite Policy (R4, section 2d) states that the Essential Information Record and the Placement agreement should be copied and given to the respite carer. In many cases this procedure was not followed.

In some cases the timescales for the respite placements seemed to be flexible. This seemed to be dependent on the carers receiving respite. The young people were often moved for what was supposed to be a weekend, and then remained for longer periods. This flexibility was not appreciated by the young people or the carers providing the respite.

“I think it would help if there were proper agreements about how this should be done and exactly when the carer will collect them so they don’t get anxious when the carer decides to leave them longer. This is like being abandoned again for some of them.”
(respite carer)

Over a two and a half year period the main respite carer provided short term placements for seven young people, some of whom stayed with her on numerous occasions, some of these also had other respite placements with full-time carers.

Although respite placements are short term, the young people need to settle and understand the rules and boundaries. One of the main issues raised by the carers and staff was the problems created by differences in caring styles⁷⁴.

“It can be badly managed resulting in inconsistent messages being given to the young person. This often led to problems when the young person returned to the main placement.” (staff)

The dilemma for the main carers was that although they wanted the respite break, they wanted the respite carer to adhere to rules and boundaries they had developed for the young person.

“To be truthful if we didn’t have X (respite carer) in the frame at that point I think we would have seen it through to the 18 month.
She (the young person) gave us problems, but the truth is she

⁷⁴ This potential difficulty is recognised (Policy R4.2f) with the recommendation that potential conflicts in caring styles should be discussed and agreed before the respite visits start; this procedure was not implemented.

toed the line, we had her for 14 months. She disappeared towards the end, after she had been with X.” (ex-carer)

However, this differed from the respite carer’s view who felt that the time spent with her was more of a holiday, and that this experience should be pleasurable and similar to being with an indulgent relative.

It seems that respite can be confusing for the young people when the rules change for a short time. One of the main issues raised in the discussions about respite was how to deal with the young person’s feelings about being moved. The staff and carers recognised the difficulties that young people experienced when respite was being planned for the carers:

“Respite even when well managed and planned can still feel like a rejection for distressed young people”. (current staff)

“The young people who have to go for respite do find it difficult.” (current carer)

Moving to a respite placement can be a problem even when the young person has been in the main placement for some time. This can be particularly difficult when a young person feels that they have become part of the family and the carers then make plans to go away on holiday without them. Some carers went away for several weeks.

Similar to family contact arrangements, young people need to know about contact agreements when they are not with their main carers. The carers, who were interviewed, took the view that making sure that the young people knew about the arrangements helped the young people to settle in the respite placement.

“Some carers have been very good if they’ve gone away – at Christmas they’ve left presents and either phoned or sent cards so the young person knows what’s happening. (respite carer)

“X was the most difficult to respite because she never wanted to leave her carers and even when she was here and having a really good time...she kept saying I wonder what they are doing, can I phone them.” (current carer)

Reading through the records it seems that, although some young people have enjoyed their respite visits, others have found it difficult, especially when they did not want to be moved.

“I didn’t always want to go – they wanted to go on holiday but I wanted to stay there.” (young person)

**“I loved going to her house, I couldn’t get enough of her.”
(young person)**

Although many of the young people did not want to go to respite placements - eleven of the young people who were interviewed thought that respite was a good idea.

“I wouldn’t choose to go really, but we would be at one another’s throats without respite” (young person)

Of the two that disagreed, one did not think it was a good idea to send young people to carers they didn’t know, and the other did not think it was right that she should be sent to respite when her carer was going on holiday. The young person who did not know if respite was a good idea, was in care for the first time. He stayed in the main placement and then returned home.

Overall, it seems that despite some of the problems, all parties involved in respite care felt that this is a useful service.

“Enables carers and young people to withstand and overcome difficulties. Lets everybody rest – offers an extended family – offers a variety of differences to learn to relate to” (current carer)

The out of hours and emergency service

Nationally, this type of service is highly valued by foster carers (Wilson et al. 2004). The out of hours support service provided at ILFC is described in Chapter Five; however, the size and stability of the social work team affects the continuity of this service.

“Well because we’ve got a larger staff team we do one in seven weekends, but people always change around it’s never consistent like that.” (current staff)

The individual out of hours record sheets show that, with some difficult young people, the carers used the out of hours service on a regular basis. These carers are likely to be liaising with a different person every night. Although out of hours record sheets were completed, it does not seem as though there was a running duty record to show whether there had been contact on previous occasions, and if so, the advice that was given. To improve continuity and provide an overview of the problems and issues this service would benefit from a computerised system.

A large number of the out of hours records showed that contact had been made because the young people had not come home at the required time. In these cases the carer and the duty worker decide a strategy and a time limit before taking this action⁷⁵; this was influenced by their knowledge of the young person.

If it was found that young people had run away to family or friends, and it is confirmed that they are safe, they were often allowed to remain overnight. However, where young people were thought to be on the streets, the police were usually involved. These young people are considered to be at risk even when they run away brief periods (Bichal et al. 2002) The out of hours procedure (policy O1) does not offer the carers and staff specific advice on how to respond to young people who return after running away. The strategies agreed between the duty worker and the carer can be crucial to future placement stability.

⁷⁵ The aim is for carers to make local arrangements with their nearest police station to build positive links that will make the police more responsive and proactive in attempting to locate the young person. A missing person form must be completed and collected by a police officer.

“You just do a risk assessment and work it out – what I say to them if a kid has been away, is just to say ‘Thank goodness you’re back and you’re safe’ which is like two messages ‘ I’m worried but I’m glad you’re safe’. Rather than ‘Where the hell have you been?’ (current staff)

Carers often needed a high level of out of hours support when young people were regularly absconding and involved in risk taking behaviours (these were often those who had experienced abuse):

“I wanted out of hours help for X who absconded. She got me on the phone and said she was going to throw herself off or whatever, and she said if she saw the police then she would definitely do it. So I thought ‘Oh my God’ so I got out of hours on the phone and they said ‘Phone the police immediately’ so it helps you to make a decision for things like that and other things. It can be a big thing, it can be a small thing.” (current carer)

Unfortunately, specific questions were not included in the questionnaires to evaluate the quality of the out of hours support service. This was overlooked due to the fact that this is not a separate objective, nor was this service specified in publicity information. However, all of the carers who were interviewed talked about this service and thought it was essential.

“You couldn’t work without that (out of hours) contact because sometimes you have questions and you don’t really know the answers or you want something confirmed.” (current carer)

But, some also had criticisms about how the service was operated. One issue raised by some of the ex-carers was the long response time because they often had to leave a message during a crisis period and then wait for a return call. They were also unhappy about the low level of support they were given by some duty workers. One carer reflected on a situation when she felt she was in physical danger:

“You can leave a message and they might not get back to you for a couple of hours. I rang up and said ‘I’m absolutely terrified I am locked in the bathroom with the dog because X is outside with a knife she is absolutely off her head and I’m frightened the dog might go for her’. When she did phone me back she suggested I ring some friends and then said ‘Oh well ring the police’ rather than come out herself.” (ex-carer)

The out of hours procedure does not give details on what action should be taken by the duty worker if the problem is not resolvable over the telephone. It seems that in most instances the decision about what action to take is left to the duty worker. Although some of the criticisms were from ex-carers who were employed during the early days of the project, there were also criticisms from carers who had left more recently.

The project does not monitor and evaluate the out of hours service. Nor was there a consistent practice for storing the completed forms. Some were found in the young people’s files. Others were in the carers’ files and some were duplicated and placed in both sets of files. But the project did not maintain a central record.

The out of hours service and respite care are essential parts of the project’s non-rejection policy. In the questionnaires, the staff and carers were asked to evaluate the implementation of this policy. None of the staff thought this policy had been fully achieved. However, the majority felt that this had been mostly or partly achieved. Three current staff members did not know the answer to this question. They were the administrative and sessional staff. The foster carers’ responses were more positive. Two carers thought that this had been fully achieved and the majority thought this had been mostly, or partly, achieved. As these were direct services to support the foster carers, these responses were encouraging.

Concluding discussion

This chapter has considered the support services delivered to the foster carers. The aim of these services is to benefit the carers, thereby helping the young people to stay

with their carers for the agreed placement period. Many of the foster carers recognised the benefits of the support they received. But it was also noticeable that carers who had been dissatisfied with the quality of their support services had left. However, these views could contain an element of bias and be linked to their general dissatisfaction with foster caring. Nonetheless, similar to young people, it appears that to achieve foster carer stability these important service providers must also have their needs recognised, acknowledged and, wherever possible, acted upon.

Induction training was not consistently provided and this affected the carers' understanding about the project's operational structure. However, the carers were able to identify what they considered to be their essential training needs. If carers are to operate as change agents as identified by Nutt (2002) and provide stability and safe care, then underpinning knowledge, including induction, supervision and other related training is essential.

The carers internal support group was an important meeting place for sharing experiences. They were however, less satisfied when this group was chaired by a manager. What was noteworthy was the carers' satisfaction with the support they received from their unpaid external support networks. They also acknowledged that, at times, the network members felt out of their depth with the young people's presenting difficulties. Access to ILFC training could benefit these important volunteers and, in turn, enhance the support they provide to the carers.

One key finding is that over half of the young people had at least one respite placements. These movements within the project form a part of the young people's life and relationship histories. Yet respite placements were poorly documented. This rendered it almost impossible to gauge exactly how many times they moved and how this impacted on their behaviour and other aspects of their lives. It is possible that many of these moves were not known to the local authority.

With the introduction of the foster care national minimum standards (Department of Health 2002) and registration and inspection carried out by the Commission for Social Care Inspection; ILFC now has to document all placement moves, but this does not include respite placements whilst they are at the project. If all movements,

including changing the main carer, respite placements, home visits, and other movements such as holidays were recorded chronologically, this could provide a better understanding of the stability and the continuity of their care whilst they are with the agency.

To date the research on the impact of short respite breaks for foster carers who provide placements for difficult adolescents is limited (Berridge 2000; Wilson et al. 2004). At ILFC this service has proved to be a viable option that has benefited the carers in particular. Although some of the young people found moving to new placements difficult, they also acknowledged the benefits of the break from one another. The staff and carers felt that the respite service could be improved with better planning and co-ordination. This could help the young people to enjoy a break from their main carers, rather than feeling excluded and resentful. It would also be useful to routinely monitor the individual carer's use and provision of respite. This information could be used to identify whether respite was needed because of the young people's challenging behaviours or because of the carers' personal circumstances and/or needs.

The out of hours service was essential and support was provided by the duty support social workers, sometimes with support from the police. This service was used by carers when they were providing full-time and respite placements but it was not monitored in any meaningful way. It seems surprising that more attention has not been paid to the use and scope of this service. Reading through the records and from the information given in the interviews it was noticeable that, at times, the young people and/or their carers were in high risk situations. Quantifying and monitoring the use of this service could provide a useful mechanism for gaining an overall understanding about the problems experienced by the carers and young people. It is also possible that detailed analysis could help to identify the young people's needs for other services, weaknesses in the training service for foster carers and, possibly, the individual carers' strengths and weaknesses. This would be helpful when matching future placements.

Due to the lack of central co-ordination and joint record keeping it has proved difficult to identify the effectiveness of the links between the services. For example,

it is possible that respite moves have triggered a greater need for out of hours support, but this is not known. The introduction of monitoring systems would give a clearer understanding about the costs and benefits of these support services and could improve the efficiency in the long term. Nonetheless, what has to be recognised is that all the support services were valued by the foster carers.

Chapter 9 - Evaluation of services to support the young people

Introduction

The review of the relevant literature in Chapter Two, and the information contained in previous chapters has noted that, as far as possible, the main aim of foster care is to replicate 'normal' family life (Triseliotis et al. 1995). However, there is also recognition that looked after children and young people need access to additional services that can help to improve their academic achievements, well being and prevent social exclusion later in life (Department of Health 2000; DfES 2003; Social Exclusion Unit 2003; DfES 2004). The challenge is to ensure that these services are delivered to provide the greatest benefit.

“I’m very anxious to make sure that we really do look at the child’s life in all its settings. Not just the education, not just the disease, not just the protection, but what these issues mean for the life of that particular child. And how we start bringing together a holistic construct around this for the child’s journey through life.” (Aynsley-Green 2005, p3)

Bronfenbrenner (1979) argued that it is essential to ensure that children’s needs and experiences are understood in the broadest milieu and that ecological influences and networks need to be considered in the context of resources and relationships.

ILFC’s aim is to provide holistic service delivery to the young people who are accepted by the project. Full details of ILFC’s direct and indirect services were discussed in Chapter Five. It was also noted in Chapter Six that the project’s intention is to provide all of the young people with the full range of services charged to the local authorities. The provision of the foster care service and the services to support the foster carers was analysed in Chapters Seven and Eight.

This chapter will analyse the operation of services for the young people, their access to these and to what extent they are joined together. Wherever possible the views of the young people, staff, foster carers and parents have been included, as have the links and liaison between services and professionals.

Education

The 'Education Guidance on Young People in Public Care' (Department of Health 2000) emphasises the need to improve under achievement (Jackson et al. 2001; Fletcher-Campbell et al. 2003; Harker et al. 2004). Local authorities are required to secure a full-time place in a mainstream school⁷⁶ for looked after children within a twenty day period and also provide all LAC children with a Personal Education Plan (PEP) within twenty days of entering care, or joining a new school. With the introduction of the Education Act 2002, schools cannot refuse to accept young people on the basis of their challenging behaviour elsewhere⁷⁷ (Fraga 2003).

The main aim of ILFC's small education service is to facilitate the young people's return to education. This is an important part of the young people's package of care⁷⁸. The publicity documentation states that this service provides:

“A committed and dedicated education service which works with each young person to access mainstream education within a local school”.

To facilitate the young people's return to education and improve their achievement, joint working (externally and internally) has been a key feature of the teachers' role. The teachers liaised with a range of education professionals in mainstream schools, other types of education provision, and occasionally with educational psychologists and education welfare officers. They also worked with the young people's local authority social workers to inform care planning. However, the teachers found they had very little control over the quality and quantity of educational information included in the care plan, and this aspect of joint working was difficult. The teachers commented that some social workers, internally and externally, lacked understanding about the young people's educational needs and this could be very frustrating.

⁷⁶ The only exceptions will be if the circumstances of the child make full-time or local mainstream provision unsuitable.

⁷⁷ Unless admission would prejudice the provision of efficient education or the efficient use of resources (para.7.5, 7.7)

⁷⁸ The service is managed by a senior teacher with support from 1 or 2 other teachers. In total 7 teachers have been employed in this service (Appendix 3)

“I think it would be good if all social workers actually spent some time working in a classroom, perhaps as a teaching assistant – even if it’s for only a week – just to see and understand how schools operate.” (senior teacher)

To improve the project team’s understanding about the young people, the teachers wrote up their own educational reports. These were based on background information and their own assessments of the young people’s current educational needs. The senior teacher commented on how useful it was to compare information from different schools. He felt it was particularly helpful to consider the strategies other teachers had found useful for coping with a young person’s difficult behaviour. In his view, collating the background information proved to be a useful method of ‘joining up’ educational experiences for the new school and for the young person:

“This is tying back into their past history and saying you do have a place in people’s minds and they don’t forget about you – I spoke to X who said what a bright person you were.” (Senior Teacher)

The reports written by the ILFC teachers were made available to all of the relevant education and social care professionals.

“It seems terribly important to me that the assessment is actually part of building their identity for other assessors” (Senior Teacher)

It was, however, difficult to track these reports. Many of the education files for the young people who had left the project some time ago could not be found. Where records were found, the quality and format for these varied according to the author of the report.

Implementing a joined up education service within the team

Supportive foster care placements and encouragement from social workers have been recognised as important factors for improving educational progress (Harker et al.

2004). To ensure a consistent approach within the team and a good understanding of the educational issues, the teachers provided advice, support and a limited amount of in-service training for non-teaching staff and foster carers. As with other types of training, attendance was not compulsory, and the senior teacher was dissatisfied with the attendance of some of the senior staff and foster carers:

“One of the things that has not worked particularly well is the educational training, there were key sessions that the senior managers, and some of the foster carers did not attend and I think that is absolutely undermining.” (senior teacher)

However, many of the carers valued the formal training and the informal support provided by the teachers and felt that this, in turn, gave them more confidence to support the young people:

“He taught me a lot about education, about how to go into the school and how to approach them. As a parent you get anxious and angry with the school, but with a foster child you have to put on your professional head.” (current carer)

The project’s education service was rated as one of ILFC’s main strengths by the majority of staff and foster carers. Additionally, just over half of the local authority social workers (n=7) thought that this service was beneficial for the young people. This service was also valued by the majority of young people who were interviewed.

Assessment of special educational need

The Special Educational Needs and Disability Act and Code of Practice came into force in January 2002. The aim of the provisions are to ensure that children and young people are not discriminated against in education (Stubbs 2001). Children are defined as having a special education need if they have a learning difficulty which requires special educational provision to be made for them⁷⁹. Wherever possible this provision

⁷⁹ The definition in section 1 of the Act is set out in greater detail.

will be made in mainstream education⁸⁰. The new strategy set out in 'Every Child Matters' is to develop an 'accessible, integrated and high quality support system' to meet most children's special educational needs without the need for a statement (DfES 2004).

As seen in Chapter Six, seventeen young people had information about special educational needs recorded in their files⁸¹. Of these, only two of the young people who had education statements were enrolled in 'special' schools. Both of these had learning and behavioural problems.

From the files, it was not clear if all of the children who had been identified as having special education needs had been formally assessed⁸², and if so whether their needs had been recorded on a school's special needs register. In interview, the senior teacher referred to a number of young people with special educational needs who he believed had not completed the assessment process because of placement moves.

"Sometimes education authorities start the full assessment for the statement and then the young person moves on to another area, if this isn't completed by the new authority, and they either return to the same authority, or move on again everything has to be redone. This is a continual frustrating process for some young people" (senior teacher).

What can also be problematic, is that the information recorded on the schools' special needs registers and/or the young people's individual files is not always transferred at the beginning of a new placement. This can be due to a lack of co-ordination across education authorities and between social services and education departments. This can be particularly difficult when young people are moved at short notice, when they move frequently or if they are permanently excluded (Children's Legal Centre 2005).

⁸⁰ The exceptions are when this will be detrimental to other children, or when it is against the wishes of the child's parents.

⁸¹ These ranged from severe learning difficulties, to dyslexia, mild learning difficulties and emotional and behavioural difficulties.

⁸² There are a number of stages of assessment that pupils can go through before being considered for a statement of special education needs. The intention is that most children's needs will be met before reaching the statementing stage.

Three young people in the interview sample were defined as having special educational needs when they joined the project. One had a formal statement and was enrolled in a special school; one was enrolled in a mainstream school and one in a Pupil Referral Unit⁸³. None of these young people were attending regularly. This information was confirmed by the young people. In addition to this, another young person in the sample said she had special educational needs.

“Dyslexia, I was diagnosed a long time ago. When I was in my last secondary school I got a statement of special needs” (young person)

This information was not recorded in her file. The teacher who worked with this young person had left the project. It is not known if he was aware of this special educational need. It is also possible that other young people had special educational needs that were not recorded and/or formally assessed.

Testing and assessment at the project

As seen in Chapter Six, at the time of admission to the project, twenty young people were not in school at all and some of these had not attended for several years. This was often due to a combination of factors, including permanent exclusions, numerous placement moves, and/or personal problems. Four of the young people in the interview sample were included in this total.

When the young people had been out of school for some time, or there was a lack of background information, the teachers carried out their own assessment tests. Unfortunately, the teachers did not develop a consistent approach to educational testing and assessment, nor was there agreement about the most suitable assessment tests to be used with the young people. Different teachers referred to the tests and assessment methods they preferred⁸⁴.

⁸³ Looked After Children are often over represented in Pupil Referral Units and these can stigmatising (Galloway et al 1994)

⁸⁴ In the interviews the teachers referred to the following assessment tools: Success Maker, MacMillan reading assessment, GNVQ numeracy tests, Retracking and the Bangor dyslexia test.

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“There was a kind of process that I came to, but I didn’t feel quite happy with it because it was very much normative based and very prescribed. I think the intention behind that was to standardise it. One of the problems about assessment is how can you do assessment with a young person so that it doesn’t make them feel bad?” (Senior Teacher)

From the background information provided by the young people and the various assessments undertaken at ILFC, it was found that the young people spanned the range of educational abilities. Although many of the young people were having problems with the education system, it was clear that the young people wanted to be educated.

“One thing is that although we can’t be completely without exceptions, the young people in the project say ‘I want a proper education’. Their access to education is – not just in terms of getting in a certain kind of mindset – not being put into certain kinds of relationships, and a quite understandable distrust of professionals and people in authority” (Senior Teacher).

This view was consistent with findings by the Social Exclusion Unit (2003) and others (Fletcher 1993; Fletcher-Campbell 1997; Shaw 1998). There are many factors that can contribute to poor educational attainment, these include: socio-economic background, adverse pre-care experiences, frequent placement moves, non-attendance, school exclusions and a lack of focus on education whilst in the care system (Office for Standards in Education 2002; Harker et al. 2004)

“I’ve been in care since I was six, even in my primary school I was moved about a lot and didn’t really go. I went to three schools and then a school in Kent. I used to go to that school every day, whether I was sick or whatever. Then they moved me to ILFC so I had to stop again”. (young person)

Five key changes have been identified to bring about improvements for looked after children. These are: greater placement and school stability; spending less time out of school; help with schoolwork; placement support for educational achievement; and improving health and wellbeing (Social Exclusion Unit 2003).

Analysis of the education service delivered to the young people

In line with the key themes set out in the section above, the project's main focus was to help the twenty young people who were not attending school to return to mainstream education, or another appropriate education facility. The aim for the other young people was ensuring they could stay in the same school, or moving them to an appropriate school near to the ILFC placement. The teachers and foster carers also needed to tackle the problem of poor school attendance. Before they joined the project, seven of the young people, who were enrolled in schools and interviewed, said they only attended sometimes (3) or not at all (4).

Table 9.1: Education for all young people whilst they were at the project

Type of Education	Girls	Boys	Total
Stayed in the same school	6	2	8
Changed schools	4	7	11
Back into school	6	2	8
Not in school – tuition by ILFC	6	3	9
Does not apply – short stay/holidays etc	6	4	10
Not known	7	4	11
Total	35	22	57

Of the twenty young people who were not in school when they joined the project, eight young people were helped to return to education. Five of these went into mainstream schools, one went to a Pupil Referral Unit, one to college, and the other to an education project.

Although the most important aim was to help the young people to access mainstream schools, at least nine young people, and possibly more, did not return to formal education. All of the nine young people had very challenging behaviours, seven had experienced abuse and the other two had records of suspected abuse. Cairns (2001)

argues the need to recognise the effects of trauma and PTSD⁸⁵ on children's learning. The majority of these young people had not been in school for some time before they came to ILFC; they had all missed a great deal of their education, and one could not read or write.

Educational information was not available for eleven young people. They were either in short term placements, or their placements ended before the agreed date. In some cases, it was possible that files were not developed when the young people were only expected to stay for a short time, or if they were in placement during school holidays.

The eleven young people who changed schools moved for various reasons, some moved to a school that was nearer to their placement and others moved to a school, or a Pupil Referral Unit, that was more appropriate to their needs.

Only eight young people stayed at the same school. For this group, the aim was to provide support until they had settled in their placements and, if necessary, to improve their attendance. The young people in the 'does not apply' section were in placement during school holidays, over a weekend period, or for overnight introductory visits and if they were not in education at all, nothing could be done for them during the short time they stayed at the project.

Managing changes in the young people's education

A shared commitment to inter-professional working can help to ease the transition back into school for young people (Harker et al. 2004). When the young people were due to move to a new school, or return to education after a long period of time, they needed support to settle in and adapt to a new school environment. This required planning and liaison with the schools and the foster carers.

“Schools are very strange places. When you're in them you take it for granted. When you've been out of that system I'm sure it must be enormously difficult” (Senior Teacher)

⁸⁵ Post Traumatic Stress Disorder is a bio-psycho-social condition (Cairns 2001 p202). This condition is linked to traumatic experiences where there are long term after effects.

This bridging period can be very tense and the teachers and carers talked about the difficulties of trying to balance the placement and educational needs.

“You can’t make quick decisions with them. Because if you throw them into a school really quickly it’s all going to fail especially if they have been out of school for a long time they end up struggling or getting into trouble so it’s a bit of a slow process. They need to settle in here first and then in school.”

(current carer)

All of the carers who were interviewed were supportive, and wanted the young people to return to education. They felt that regular education benefited the young people, and made the placement easier to manage.

“I don’t think we could do this without the teaching, because I fostered for about 7 years before and I’ve never ever had a child in education...and some placements were for years, and there was no emphasis on getting them into schools” (foster carer)

Nonetheless, their view was that careful planning and support was needed for this period to be managed successfully. Before the young people went back into school, the teachers and the carers started the work of planning school visits and introducing new routines.

In-school support

The ILFC teachers said they regularly liaised with the schools’ ‘designated’ teachers to decide how best to support the young people and the school. Even with good quality teaching from the mainstream teachers, many of the young people required extra help in school and this included the young people who did not have special educational needs.

The project teachers provided appropriate in-school support in one of two ways. They directly supported the young person in the classroom or, alternatively, helped to

teach the whole class. The second method enabled the class teacher to spend individual time with the young person.

“How you support one teacher will be completely different from how you support another one. It’s according to the culture of the school and the people I am working with, the particular structure they have and how it operates” (senior teacher)

This direct work also gave the teachers the opportunity to observe the young people within the school setting, and gave them someone to talk to when they were feeling alone or out of their depth with the level of the work.

“With most of them I sit with them in class and they don’t mind but there are some that do. I just sit quietly, like with one girl she said I was her bodyguard and just laughed. But I was just there to make sure she didn’t go ballistic and afterwards she would talk to me educationally and about other things” (teacher)

This in-school support continued as the young people settled back into education and was only withdrawn when they felt able to carry on alone. School progress was monitored by the senior teacher who liaised with the schools to record attendance, punctuality, exclusions and test levels. This included the national curriculum and any other tests. The project doesn’t record whether the young people were meeting their behavioural targets because this can be variable.

“For example X is now at the end of the second day of exclusion and despite my phoning them he still hasn’t had any work sent home, and that really isn’t good enough” (senior teacher)

When trying to maintain the young people’s educational stability and behaviour and improve attainment, the teachers highlighted the importance of good quality teaching and the professionalism and confidence displayed by the mainstream class teachers.

“I’ve seen some very good teaching when I’ve been supporting young people in lessons and it’s interesting that the best teachers are the ones who have got good classroom management skills. Not in the sense of being desperately strict but of being very skilled in not having confrontations. Really good teaching helps most students, but it is vital with the students that we’re working with”. (Senior Teacher)

When the young people were displaying disruptive behaviour in school, it was thought that sometimes this behaviour was not about school issues. Observations by the teachers, staff and carers indicated that some of the problems that were manifested in school were related to placement, family and/or personal issues.

“Respite often causes a great deal of problems back in the placement and in the educational placement. Equally with visits home, one thing that we do is make sure the key person at school knows when the young person is having contact because they may come in spoiling for a fight. With X that was predictable that the next day, or the next day but one, there would always be an incident. He wouldn’t link it up at all with the contact he had had with his mum – but it happened” (senior teacher)

Communicating these potential problems to the schools was considered to be very important by the teachers and the foster carers. The foster carers said that they were normally the first point of contact when the teachers had stopped supporting the young people in school:

“Sometimes the school would phone me two or three times a day and I would have to go there or they were telling me what she had done, or she didn’t have the correct uniform on. She was like a clown in the school. I don’t think there is anything she wouldn’t do for a laugh. So it was just getting her to calm down and be a bit serious in school.” (current carer)

This young woman, who was involved in the prosecution of her abuser when she was at ILFC, was also interviewed sometime after she had left the project. She remembered her return to mainstream school whilst she was at the project and reflected on the reasons for her behaviour:

“In Year 8 I had just started going to school and I started showing off because I wanted to be part of everyone and I didn’t really need to. I was really disruptive and by the time I got into Year 10, I just went to myself ‘You’ve made your point, you’ve made your friends, you can calm down now’. I stopped and started doing my work”.

Disruptive behaviour that results in school exclusions can be a particular problem for difficult adolescents (Wylie 2000; Crimmens et al. 2004). Of the fifteen young people who were interviewed, eight had experienced fixed term exclusions from school before they joined the project and one was permanently excluded.

“I’ve been excluded loads of times. I gave the service of making the lessons not so boring – it was so dull. Me and my friends were the ones asked to have the day off when the Inspectors came” (young man)

Those who were in school whilst they were at the project continued to have exclusions; added to this were four young people who were excluded for the first time. Most of these exclusions were on a short term basis for behavioural problems.

“I know how it’s going to come and I keep avoiding it, but then someone just switches it another way and it gets me like that, and I think – damn” (young person)

At times, the joint work that was done by the teachers and foster carers helped some of the young people to deal with their feelings without needing to disrupt the lessons.

The teachers also felt that it was an essential part of their role to challenge the schools when they felt a young person had been unfairly excluded. One example of an important piece of casework was where the teachers believed that a permanent exclusion was not justified. The teachers took on a 'corporate parenting' role and challenged this decision right through to the Local Government Ombudsman. The outcome was that there had been maladministration by the school.

Direct teaching at the project

Although the project did not succeed in helping all of the young people return to formal education, the files that were available indicated that the majority accepted some educational support from the project's teachers.

The teachers organised one to one teaching sessions for the young people who were not enrolled in a school. They also worked with those who were not attending because of a fixed term, or permanent exclusion. The teachers said they worked with the young people individually and in more informal settings that would suit their needs (Flynn et al. 2000). The sessions were held in the project's teaching room, or in the foster carer's home. In addition, the young people were taken on educational outings to support their learning. The teachers also said they continued to promote the importance of returning to mainstream education as soon as possible.

The young people who were interviewed valued all of the direct education input and the focus on their educational needs:

"I went to the office and got education from X. It was 3 times a week for 2 hours but I didn't always go because I was on drugs and things like that so sometimes I didn't bother. They really helped me with my education. I didn't go to school because I refused to go because I didn't like big groups of people" (young woman)

In 2002, the project set up an education group called 'Voices'. This was developed in response to requests from the foster carers, who felt that the young people who were not in school needed an educational routine. The teachers and foster carers

participated in the group sessions with the young people. It was recognised that, due to low levels of attainment and individual circumstances, many of the young people needed help with a range of basic educational skills that would benefit them in everyday life:

“They are so used to being ferried around in cars and taxis that they don’t know how to use public transport or where they are. We help them to understand tube maps and other maps and will take them on outings to help them put this into practice”
(teacher)

In addition to the ‘needs led’ educational activities, the young people also worked with the teachers and the foster carers to produce the ‘Voices’ magazine. The teachers and carers felt that this joint production helped to raise the young people’s confidence and self esteem.

Education work with families

One form of joint working that emerged during the interviews was the value of the liaison with the young people’s families about their children’s education. This was undertaken by the teachers, foster carers and/or the social workers. The parents who were interviewed said they wanted their children to achieve in education, but they were frustrated at their lack of success:

“Her dad was really upset when she started to get into trouble because we did our utmost to get her all the help she needed with her education – this is what he (her father) always wanted but never got...He didn’t get help in school and being black and illiterate didn’t help. However he didn’t get into trouble, he works long hours and supports his family” (parent)

If it was appropriate, the parents were invited to project meetings, school events and parent/teacher meetings. The aim was to help the parents to develop positive relationships with the schools and improve their understanding about their children’s education using an informal inter-active approach (Moran et al. 2004).

“X and her mum came to the school open day with me. I made sure that they sat down together and if the teacher was making eye contact with me I would look away and her mum would then engage with the teacher instead, but I was there for support”
(foster carer)

One mother believed that there were long term benefits from the support that the teacher gave to her. This eventually helped her to manage her daughter’s education and behaviour more effectively.

Satisfaction with the education service

The young people valued all of the different types of educational input, especially the one to one support when they had been out of education for some time. They talked about going to the office for lessons and working with the teacher at home. The young people who attended school felt that it was helpful to have a teacher in school with them at first to help them to regain their confidence and settle back into education. One young person, who had left the project, had retained all of the work she did with the teacher.

“He came into the school to help me and talked to the school on my behalf – often. He helped me with my homework sometimes. I used to go to school everyday – my school was wicked” (young person)

Several of the young people were very keen to talk about how the project had helped them to focus on their education. When they were interviewed, all of the young people were asked about their educational achievements and future aspirations. Eleven young people, who had left the project, were old enough to have sat examinations. Of these, eight had taken academic and/or vocational qualifications. One said he had passed seven GCSEs and four were waiting for their GCSE results. The others had achieved vocational qualifications.

The interview data indicates that the majority of these young people have aspirations for the future that are linked to education, training and employment and, encouragingly, some were in the process of trying to achieving these aims (Appendix 10). Although some young people's aspirations appear to be linked to what is likely to be achievable, other young people have aspirations that will be difficult to achieve without a detailed education pathway plan and proper careers guidance. This type of input, plus ongoing support from the Connexions Service and their social workers, has been recognised as being crucial to help looked after children succeed in education (Wylie 2000; Martin et al. 2002; Harker et al. 2004).

Health care

One of the aims of 'Every Child Matters' is to improve children and young people's access to primary health care and specialist health services (DfES 2003). The poor health of looked after children, when compared to their peers, has been a cause of concern for many years (Department of Health 2002). It is recognised that poor health and the negative impact of early life experiences can impact on placement and educational stability, and can result in social exclusion later in life (Social Exclusion Unit 2002; Social Exclusion Unit 2003). This section considers the provision of physical and mental health services for the young people whilst they were in placement at the project.

Understanding the young people's individual health needs is important. When the young people arrive at the project their health records should be readily available. Delegated authority for certain kinds of medical treatment should also be defined in the Placement Plan (part 2). Unfortunately not all of the files contained an up to date copy of the placement plan. Where there were plans, most made a vague reference to the foster carer as being the person who would make the arrangements for the young person's health care, including their statutory medicals and other routine checks.

The children's day to day physical and mental health care was provided by the individual foster carers. Health monitoring was done within the home by the carers; this was written up in their monthly reports and issues were also discussed at the statutory and project meetings.

Physical health needs

Five of the young people who were interviewed said they had special health needs; these ranged from ongoing serious physical health problems that required medication, to minor problems, such as heat rashes, due to artificial heat. Ten also said they had illnesses and/or accidents whilst they were in placement. All of these were dealt with by the carers in the first instance, with referrals to GPs or hospitals if necessary. None of the young people mentioned enuresis and yet this was noted in two of the young people's files. This problem was also mentioned by two carers in the interviews.

“X had a lot of different problems – she had enuresis, she wet the bed, she had hygiene problems around menstruation. Sometimes she wouldn't get out of bed for 2-3 days because she drank to excess until she went unconscious, and she also took drugs. So I said to the social worker I think she does wake up in the night but just doesn't bother to go down to the toilet and wets herself. And she said to me ‘that's alright that's a comfort to her – let her wet the bed’. In fact it was not helping me and it was not helping the young person.” (ex- carer)

Some of the young people who had been neglected by their parents⁸⁶, also needed help with their health and hygiene routines. One young person, who was eleven, entered the care system when he was found sleeping rough. His carer's monthly report stated that he would not bathe regularly, he would not tidy his room and he would also throw his clothes away. This carer developed a regular hygiene routine for the young person and used a reward system, rather than the Individual Action Plan.

There were also serious concerns about some young people's sexual health. These were all young women, they were all said to be sexually active, and some were under age:

⁸⁶ 8 young people were on Child Protection Registers under this category.

“She was 16 but she had learning difficulties and she was vulnerable and she was going out with a purse full of condoms.”

(ex-carer)

“She was only 14, but she was running around the streets with sexually transmitted diseases and getting pregnant and having miscarriages.” (current carer)

In these cases, the foster carers took responsibility for trying to get the young people to use contraception and attend clinics. This information was written up in their monthly reports, but the young people often resisted the carers' help (Hamilton et al. 2002). None of the carers who were interviewed expressed concerns about young men being sexually active, except when there were daughters in the carers' households.

Mental health need: In Chapter Six, it was noted that the project's main assessment was carried out before the young people were accepted for placement. The aim of this assessment was to pinpoint the risk factors; it was not to identify what were said to be possible mental needs. Whilst they were at the project, some of the young people's files contained copies of previous reports from psychiatrists, therapists and CAMHS teams but it was difficult to tell when these services started and ended, or whether they were ongoing. When they were interviewed, several carers expressed their concerns that many of the young people arrived in placements without any mental health support.

“It's fair to say that we haven't had one child here who has had therapeutic input, we don't always know their problems until they arrive and then we have to do the best we can” (foster carer)

The detailed table in Chapter Six provided file details of the young people's physical, emotional, educational and behavioural problems. These included: unspecified

mental health periods; suicide attempts; deliberate self-harm;⁸⁷ and drug and alcohol abuse.

At times, the young people who had behavioural difficulties presented their carers and the staff with serious problems. To help the carers manage the young people's behaviours, the project's training programme provided access to consultation with psychologists. Although the carers found this was helpful in the longer term, it did not help when they had to deal with extreme incidents on an emergency basis.

In the interviews, the young people were asked to self report on their self harm and/or suicide attempts. Bird and Faulkner (2000) argue that there is a strong association between self harming behaviours and attempted suicides, and that recorded incidents are more common in young adults and especially young women. They suggest that all incidents should be carefully considered and that assumptions should not be made about the underlying causes as these can differ. Self harm is one of the main causes for emergency hospital admission in the UK. What is not always clear, is whether the young person's motivation is survival or a suicide attempt (NHS Centre for Reviews and Dissemination 1998). Nonetheless, what is recognised is that young people who are at risk are often discharged from hospital without an adequate assessment or follow up (Hurry et al. 2000). This was an issue for some of the ILFC foster carers.

The table below sets out the information provided by six young women who said they had self harmed and/or made suicide attempts. Of these, two had made their first attempts whilst they were in placement at ILFC.

Table 9.2: Young people interviewed – Self Harm and/or Suicide Attempts

Previous Self Harm/Suicide Attempts	ID	Sex	Age	Attempts at ILFC
Completely true	3	F	12	Not true (disputed suicide attempt)
Completely true	4	F	15	Completely true (drugs overdose)
Completely true	5	F	14	Completely true (drugs overdose)
Not true	6	F	14	Possibly True (self harm gas)
Not true	12	F	15	True (overdose)
Completely true	13	F	15	True (self harm gassing and cutting)

⁸⁷ There are many different forms of self harm including: self-cutting, burning and overdosing. Motives range from coping strategies to attempts to injure or commit suicide.

Research has found that there is a higher incidence of self harm among teenage girls than boys (Dennison et al. 2000; Hewitt 2003) and this was similar at ILFC. All of the young women in the table above, also met the 'difficult adolescent' criteria (Berridge et al. 2003).

Several of the young women linked their behaviour to being unhappy in their placements and not being allowed to move. However, it is also possible that there were other, underlying causes. Research indicates that adolescents who self harm numerous times, have been found to have other, complex personal and social problems (Hewitt 2003).

“I did want to kill myself – I took paracetamol – I took loads of them.” (young person – bereavement trauma)

“I was rushed into hospital with a drugs overdose if that's any help? I was at ILFC but I was on the street (absconding), I didn't like my foster carer. But I still went in to see X for education but before I went there I took – well I was high the night before and that morning I took loads of whatever – ecstasy and I took valium to bring me down so they didn't know what I was on and then I went outside and smoked a crack spliff and I fainted and collapsed and that's all I remember. I think it was the Y or somebody who took me to the hospital and I can't remember how long I was in there.” (young person – sexually abused)

Howell (2001) draws attention to the drastic action some young people will take when they are feeling despair and no-one appears to be listening. Without the benefit of professional therapeutic input for the young people, the carers had to develop their own strategies for preventing these behaviours:

“I was not allowed to give her any money because she would buy razors and cut herself. That was in the two weeks that I had W,

X, Y, Z who are all self harmers – they all had marks on them when they came (for respite) and they all came within two weeks. I had two on the same day, one came and the other left” (current carer)

The carers were frustrated about the lack of support for some of the young people’s behavioural problems. There were times when they felt that placements that disrupted could have continued with professional input for the young people.

“The problem with mental health support is that it is up to the local authority to initiate this stuff. If X had accessed that mental health service when he should have done at the start of the placement, we would have worked through it, but 7 months down the line and nothing had happened. (foster carer)

From the interviews it seems that the local authority social workers had difficulties accessing the mainstream services for the young people. The carers and the project’s support social workers were often very perturbed by the reliance on external statutory services that were not forthcoming.

In the interviews with the staff, it was also evident that some of the team members had different types of expertise, such as counselling and therapeutic skills, that could have benefited the young people. However, it seems that the project did not always fully utilise this expertise:

“I don’t feel like I’m used – I was a social worker employed by the mental health services – CAMHS was the biggest challenge of my life but I don’t do any of that work here” (support social worker)

This member of staff was one of those who felt marginalised in the staff team and at the time of interview was thinking about resigning. Only four of the young people who were interviewed received mental health input, two from CAMHS and two had a short block of art therapy sessions provided by the project. Several of the other

young people who had clearly identified problems, including self harm, substance abuse and attempted suicides, did not receive any therapeutic input from ILFC, or from external mental health services.

Callaghan et al (2003) argue that a co-ordinated approach involving social services and CAMHS is needed to address young people's complex needs. ILFC provided a very limited amount of therapeutic input, but some of the local authority social workers did not realise this. The questionnaires referred to some of the key benefits of the project as being in-house counselling and therapy. It is, therefore, possible that there was a level of misunderstanding about who was responsible for meeting the young people's mental health needs whilst they were at the project. The local authority staff were relying on the project to supply services, whereas the project staff and carers wanted input from CAMHS. The consequence of this was that very few of the young people received the services they needed.

Substance misuse

The foster carers were responsible for managing the young people who misused substances. Research has found that high numbers of looked after young people and teenagers smoke and use alcohol, drugs and other substances (Bird et al. 2000; Howell 2001; Roy et al. 2005). The current laws should make it difficult for young people to buy cigarettes, alcohol and drugs but in practice this does not seem to be the case. In the interviews, a number of carers referred to instances when young people were drunk, high on drugs or were smoking. This was confirmed by the young people. Some of the young people came from backgrounds where family members were addicted to either alcohol or drugs.

“His father died of an overdose; he saved the lives of his mother and father several times from overdosing. He loved his parents but he and his brother had both been viciously abused”.

It is recognised that the wide ranging factors relating to parental substance abuse can create severe physical and mental difficulties for their children (Bancroft et al. 2004; Corbett 2005).

The young people who were interviewed confirmed their use of a number of substances before and/or during their time at the project. Substances included: cigarettes; cannabis; various drugs; solvents; and alcohol. This high use of substances is similar to the finding by Triseliotis et al (1995). Very few young people had moderated their use of substances and, more worryingly, some appeared to have started during their time at the project. In discussions with the staff and foster carers it was noticeable that smoking seemed to be more or less accepted as the norm for looked after children, but some of the carers were trying to tackle this issue with young people.

“They smoke as well - I don’t think I have had one that doesn’t. I probably give my children more dinner money than I would a foster child because I think the foster child might buy cigarettes or alcohol or go off somewhere they are not supposed to.”
(current carer)

The majority of carers had clear boundaries about not allowing young people to smoke in the house, but then said they felt undermined if the young person went to stay with another carer who allowed this.

None of the young people seemed to be concerned about their smoking or use of illegal drugs. A number referred several times to smoking ‘weed’ and what they thought were the benefits of using drugs when they wanted to ‘chill out’, calm down or make themselves feel better.

“They said I was a hazard because I was smoking in my room and taking solvents as well. I did it to get high.” (young person)

There is a recognised need to challenge and educate the young people about the realities of the long and short term effects of using harmful substances, and how this links with their other behaviours (Howell 2001; Howell 2004; Roy et al. 2005). It is, therefore, surprising that there was not a greater focus on tackling these issues. Between 1998 and 2001, there was only one training module on young people and drugs. Nor did the project link up with external agencies to provide the young people

with drugs' education, although this input is considered to be a useful approach for helping young people to resist peer pressure to experiment.

Links between services to support young people's health needs

It is evident from the information set out above that the young people had many complex needs that required input from the physical and mental health services.

The main issue for the foster carers and the staff was coping with the young people's mental health difficulties and their substance misuse. They argued that more direct therapeutic input was needed for the young people, together with a higher level of support from the external mental health services. Several of the carers also felt that training sessions about substance misuse would have been helpful.

The sessional work service

Children's social well-being is an important aspect of their overall health care (Chambers 2004). Chambers argues that there needs to be a person centred approach to understanding children's health needs, and this includes their need to play and have access to leisure activities. This is separate from the services that can be provided by play therapists for specific physical and mental health needs (Cattanach 2003). The research on the benefits of play work and/or mentoring to support young people with problem behaviours is limited (Liabo 2005), however, this type of support is valued by the majority of the young people. There is a high drop out rate of mentors and young people, and the short term benefits do not seem to be maintained over a longer period (Tarling et al. 2001).

Every young person fostered at the project should have been supported by a sessional worker. This was an entitlement because it was paid for as a part of their package of care. The project's sessional work service is similar to mentoring support. The two main purposes of the sessional work service are to help the young people to develop their interests and skills; and then to support them in their transition from the project to their next placement. Whilst they were in placement, the young people would also have had opportunities to access local play, leisure and youth facilities. This could be done with support from a sessional worker, or independently.

This service was co-ordinated by a senior practitioner. Because the sessional workers were only employed on an hourly paid contract basis, no-one at ILFC, including the manager, had a complete overview of exactly how many sessional workers had been employed, or the types of work they had done with the young people.

From the file records, it seems that ten sessional workers did some work for the project (five men and five women). Unfortunately, only one sessional worker completed a questionnaire and he did not want to be interviewed.

The coordinator could only identify 16 young people (8 girls and 8 boys) who had been allocated a sessional worker. However, she could not positively match these young people with individual sessional workers. The interviews with the young people revealed inaccuracies in this information, and it is possible that at least half of the young people did not receive the sessional work service.

In the interviews, seven young people said they had a sessional worker (4 young women and 3 young men). Allocation did not seem to be related to severe behavioural problems, being out of school, or their length of stay at the project. One young man, who was in placement for less than a month, with a low number of behavioural problems, had a sessional worker, whereas another young man, who stayed for two years, with many problems, did not.

Most of these young people said they had a sessional worker who was matched by sex. They were all very enthusiastic about the activities they did with their sessional workers. These included: going to the cinema; eating out; going out for walks; visiting theme parks; going bowling; playing snooker; and visiting the library. They also used these informal leisure activities as an opportunity to discuss things that were bothering them.

“We just used to talk all of the time. I would give her about a 10 (rating). I could talk to her about if I fancied a boy or the sort of stuff, how come my breasts aren’t growing – periods and stuff like that. My carer was good to talk to but I always spoke to my sessional worker about that” (young person)

Biehal & Wade (2002) point to the need for young people to have access to independent advice and support, suggesting that this might help to prevent minor issues escalating into major problems, particularly when young people start to stay out late or run away. Two young people, who had sessional workers, had a number of serious difficulties, including previous abuse and absconding. They enjoyed the time they spent with their sessional workers, but it is not clear if this reduced their problem behaviours and both left the project before the planned time.

“X did all different things with me. She took me out to lunch; she took me out to the cinema. She took me out to whatever we wanted to do – sometimes we would just walk around Leicester Square for hours – all different things really. I used to see her loads of times”. (young person)

Other types of support were also provided by the sessional workers. Five said they were given help with their personal problems and three gave this type of help the highest rating. Several were given help with family contact and three had help with their education. Sometimes the sessional workers were involved in celebrations. The majority of the young people felt that they had established a good relationship with their sessional workers and valued their support. One young person, who was unhappy in her placement, described her sessional worker as being one of the people at the project who was really important to her.

The majority of staff and carers (n=18) thought the sessional support was either very good, or good, and in some cases, they felt that this input helped to provide placement stability:

“One of the things that worked and helped him to even stay here for 7 or 8 months is that he had a sessional worker and so he had a connection with another person” (carer)

This differed from some of the carers who had left; they were of the opinion that this work was sometime unfocussed and not of particular benefit. However, this seems to

have changed and several members of staff and carers referred to the need for more hours of sessional work.

“We never ever get 6 hours sessional work” (current carer)

This was the number of hours the local authority paid for every week. Several carers also confirmed that sessional work was not provided to all of the young people.

The secondary aim of the sessional work service was to support the young people’s transition to their next placement; this service was only provided for one young person who was interviewed.

The sessional workers had very little contact with the staff team, they did not attend staff meetings, or training, and supervision was only provided once every three months.

As with some of the other services, a system was not developed to record, monitor and evaluate the sessional work. It was said that the sessional workers were supposed to write up the details of their work on the contact sheets in the young people’s files; however, as many of them did not come into the office on a regular basis, this was not done routinely, if at all.

The parenting support service

The annual government statistics show that the majority of children enter the care system because of abuse, neglect or family dysfunction (DfES 2003; DfES 2004; DfES 2005). However, contact with family is important for the children and many of their families also want this (Cleaver 2000; Wilson 2005). Additionally, it is a requirement of the Children Act 1989 to consult parents about their children’s care and, wherever possible, to facilitate their return home. Even when family relationships are difficult, it is recognised that many looked after children will return home and the reasons for this vary (Sinclair 2005; Thoburn et al. 2005). Some go home after a planned short stay in care, some return home when placements disrupt. Other young people, who age out of the care system, gravitate back to their families, rather than live independently (Allen 2003).

One part of the 'Every Child Matters' agenda is to improve negative and deficit parenting through the introduction of universal services to provide information, advice, support and specialist services for parents and carers (DfES 2004)

“Parenting practices found to have a negative impact on children’s emotional and behaviour adjustment include harsh and inconsistent discipline, high levels of criticism, poor supervision, low involvement, and a lack of warmth in the parent-child relationship” (Liabo et al. 2004, p1)

Parenting programmes that have been found to benefit young people with emotional and behaviour problems combine multiple intervention components and emphasise the inclusion of parents (Moran et al. 2004).

ILFC recognised the importance of family relationships and parenting support is costed into the young people’s package of care⁸⁸. Every family should receive one and a half hours parenting support each week. The aim of the parenting service is to improve the young people’s relationships with their families, to involve them in the planning process, to support those whose children are at risk of offending, and/or to decrease young people’s offending behaviours (Farrington et al. 2004).

The project has only produced one report on its parenting work. This was for the Youth Justice Board and was not dated. The report contained information on 19 young people who were placed between August 1999 and November 2000. However, the report information differed from the data compiled during the fieldwork process. It seems that ILFC has either underestimated the number of young people in placement, or they excluded some for the purposes of the report. In other cases, there were discrepancies in the details. Twenty nine young people were placed during the report period, but only nineteen were identified in the report. The ten who were excluded were similar to those listed in the report, and these families would have been eligible for parenting support as this was paid for by the local authorities who placed their children.

⁸⁸ A grant of £28,088 was also provided by the Youth Justice Board.

Another gap in the information, was that the report did not provide details on the composition of the young people's families, the ethnicities of the family members, or whether these families had their own support networks. All of these factors could impact on their willingness to accept parenting support (Thoburn et al. 2005).

Quinton (2004) identifies three sources of support for parents, these are informal, semi-formal and formal. As the project had financial provision for parenting support, the expectation was that all of the families would receive formal support. The project's parenting report identified five different types of formal, informal and semi-formal support. These were: one to one contact; supervised contact; day to day contact; telephone contact; and invitations to attend statutory review meetings.

The funding from the Youth Justice Board was specifically to work with the parents of young people with offending behaviour. However, this does not seem to have been implemented. The file records indicate that fifteen young people had criminal convictions, nine boys and six girls. In contrast, the parenting report only identified five of these young people.

Using the field work data, twenty five families had some contact with the project, of these only four received formal parenting support⁸⁹. None of their children were involved in crime, although three had several emotional and behavioural difficulties. The project did not have a policy that set out the criteria for allocating parenting workers. This was because the service was supposed to be universal.

Several of the young people, whose families were not allocated a parenting worker, continued to be involved in crime during their time at the project.

“I got into trouble with the police nearly every 6 months, once was connected to a burglary at a girl friends house – they dropped the charges on that one, one was riding a moped without a license.” (young man)

⁸⁹ One parent was included in the interview sample.

The parenting coordinator explained that the contact and support provided to parents was often on an ad hoc basis because of staff availability and what the parents would accept:

“With one parent who really did not want to engage we just tended to keep writing and keep letting her know what was happening. She did eventually come to one or two meetings and that was very helpful.”
(parenting coordinator)

The four mothers who were interviewed were in frequent contact with their children whilst they were in placement, but only one family had a formal parenting worker. Nonetheless they all spoke openly about their parenting difficulties and why they needed support.

“Her sister gave birth to a baby that was stillborn. A few days later she was alone in the house with her sister when she suddenly died. After this her behaviour went out of control and she kept running away.” (parent)

Three of the mothers were living with partners who were not the young people’s fathers. All four parents said their children had been accommodated because the families were having difficulties managing their challenging behaviour. One child, who had previously been in a secure unit, continued to abscond during her time at the project; her mother felt that she and all of the professionals were powerless when trying to change her daughter’s risk behaviours:

“If I kept X out of school and allowed her to have sex with men, I would be taken to court, but because she is in care – nobody does anything. They can’t stop her absconding or having sex even though she is only 14. The police and social workers say they can’t do anything. The foster carers and staff can’t physically stop her going out, or punish her in any way and she knows this. She knows she can get away with it.” (parent)

This young person was very clearly at risk, and the mother was very concerned about her child's behaviour and was involved throughout her time at the project. It is somewhat surprising that this family was not provided with a one to one parenting worker, especially as the family was willing to accept support.

However, all of the parents said they were invited to meetings and they were also consulted about their wishes and feelings. They all strongly agreed, or agreed, that the carers and staff did everything possible to ensure that their children maintained contact with the family. They also confirmed that their children stayed with family and friends whilst they were at the project. Three said their children had returned home most weekends. These visits were not routinely logged in the files.

One parent was given informal parenting support by one of the project's teachers. She believed that this led to a positive outcome when her daughter decided to leave her placement and return home before the planned time. The time with the foster family made her value her own family and their mixed heritage culture. Although there was conflict between the family and the foster carers, this mother said she had benefited from working with her daughter's support social worker and the teacher. Between them they had maintained firm boundaries.

“They didn't cave in to her and confronted her with issues – and they brought me into the picture so she did begin to develop. Before I doubted that I knew my daughter and that anything I did for her was right, but when she went to X (foster carer) I knew then that I knew her better than anyone else and the decisions I made were the right decisions. What I've learnt is to let her have her say and not respond and back her into a corner so she can't get out of it. I think I learned that from her going into care.”
(parent)

The parenting report did not provide specific outcomes for all of the young people whose families were given parenting support. Some information was given with what was said to be 'outcome' measures. Unfortunately, as the report did not contain initial

assessments of the young people's relationships with their families, or the initial goals for achievement, these could not be considered as measurable outcomes.

Fourteen of the young people who were interviewed said they were able to keep in touch with family and friends as much as they wanted to. But some did not want contact with family, only friends. One young person, who had been abused, said she didn't go home to stay with family, but regularly stayed with a friend who she considered to be more important than family. Those who had contact with family identified the different family members they visited and/or stayed with during their time at the project. This included parents, grandparents, aunts, uncles and siblings. Some stayed regularly and some only visited sporadically. What was important for some of the young people was that their carers allowed family and friends to visit them, and sometimes stay in the placement. This was useful when the young people were placed a considerable distance from their home boroughs.

Social work

The young people's support social workers have a key role to play in joining up the services in the young peoples' packages of care, externally and internally. The records indicate that the link between ILFC's support social workers and the local authority social work teams was operationalised as soon as the young people joined the project. The majority of the young people were allocated an ILFC support social worker immediately, some had the same worker throughout their stay, but due to the high staff turnover, others had more than one.

“I had the two best ones X and Y” (young person)

The few who did not receive a direct social work service were placed on a very short term basis. These case files were held by the internal duty social work team. The support social workers were responsible for helping the young people to maintain their placement stability. Fourteen young people in the interview sample believed

that the relationship they developed with their support social worker was important, especially when they had not formed a good relationship with their foster carer⁹⁰.

The project's records indicated that at least eleven young people who came to the project had experienced numerous placement breakdowns previously. As seven of these young people were in the 'difficult adolescents' category (Berridge et al. 2003), it was likely that their ILFC placements could breakdown (Berridge et al. 1987; Wilson et al. 2004).

"I've had hundreds of placements – literally hundreds. I was near enough in a different foster carers every week when I was young, not so much now. I went into care when I was 4." (young person)

When young people have a history of placement breakdowns, it is important to have transitional plans in place (Harwin et al. 2003). However, very few of the young people's files contained detailed information about transitional planning. Where these were available, the arrangements had not been updated and the plans were not specific.

Internal joint work between the support social workers for the young people and the carers was used as a method of stabilising placements when they were in crisis. This could be done using the young person's Individual Action Plan. These plans were identified in the 'Managing Challenging Behaviour policy' (M1) as the main source of information for tracking difficulties and detailing how these would be resolved. Disappointingly, there were very few of these in the files, and most were one-off plans that had not been updated. Some carers were very sceptical about the reliance on these plans, especially with young people who did not want to negotiate and/or accept the carers' boundaries:

"My one target was for her to sleep in the house, that was put in the individual action plan but it was a waste of time. She was

⁹⁰ One young person was only accommodated for a short period of respite. He did not have a local authority social worker, or an ILFC support social worker.

never going to settle into any kind of foster placement or be helped. She just wanted to be with her family” (carer)

When placements were on the verge of breaking down, there was also the option of calling a formal ‘disruption’ meeting. This involved joint work with the relevant local authority social work staff to plan the best course of action. These meetings were referred to in the interviews, but the young people’s files did not contain the required paperwork. From the interview discussions, it seemed that the main purpose of these meetings was to make a plan for moving the young person, either to another placement within the project, or to an external provider.

The young people should also have had the opportunity to make a complaint if they were not happy with the decisions made about their care (Children Act 1989). They also had the right to support from an Advocate when they wanted to make a formal complaint (Department of Health 2002). None of the young people, however, knew about the formal complaints procedure, although this information should have been provided when they joined the project.

Seven young women said they had made complaints, and of these four said they had discussed the matter with their support social worker in the first instance. The main complaints were about the carers or other placement related issues. Several of the young people also referred to other disagreements, such as the general house rules, hygiene routines, pocket money and wanting to stay out late. One young person was very unhappy and complained when the teacher who was supporting her left abruptly, because her contract was terminated. Only one of the seven complaints was dealt with formally and this was an allegation against the carer’s partner; all of the others were decided on an informal basis.

What was particularly noticeable was that, when the young people were not satisfied with the outcome of their complaints, they left their placements before the planned time. This confirms the importance of not only listening to young people’s complaints, but also taking action whenever possible and giving clear reasons for the decisions and the option to appeal (Harnett 2002; DfES 2004).

Placement endings

Of the total 57 placements, only 25 (44%) were planned as full 18 month placements, and five specified a three month assessment period. Just under half of all placements did not have a specific timescale for the length of stay. Although the aim was to provide a package of care to enhance placement stability, the project's records indicated that twenty seven placements ended prematurely.

This study has confirmed that younger children's placements are more likely to end as planned as noted by others (Wilson et al. 2004). Six young people, who were aged between 11 and 14 when they joined the project, stayed for 18 months or more and some wanted to stay longer. The majority of the young people whose placements did not last as long as planned were older at the start of their placements.

“I was due to leave anyway – but they kicked me out earlier because I got drunk and took a paracetamol overdose, so they got rid of me early”. (young person)

Although the project carried out a risk assessment for the young people they accepted, ILFC management decided to end three placements prematurely and two of these decisions were against the foster carers' wishes. They wanted to continue working with the young people despite their behavioural problems.

“I think we could have persevered with X...she had been in secure and was absconding, but what are we going to do – keep locking them up?
(current carer)

Some of the placements that were terminated were still wanted by the young people, and all of the young people who stayed for the full placement period and beyond also wanted to stay longer. They were settled in their placements, they were in school and they had made attachments to the carers and their families.

Within the project there was a policy that placement would not extend beyond eighteen months, moreover there was no consensus in the team as to whether this policy was appropriate. Some felt that 18 months with a planned ending was better

than allowing placements to continue for an indefinite time scale with the possibility of disruption.

Extending placements appears to have been done on an individual basis using a series of short term agreements. There were two reasons for this. The main reason was the difficulty in finding suitable follow on placements, and a secondary factor was that the carers and the young people did not want the placements to end:

“I told them ‘this is not the kind of young person ready for the next move on’...I would have kept him because to be honest with you...if it had been financially possible he could have ended being like an adopted kid...there were lots of alternatives, to spend so much time with a young person like that and to finally get that trust” (ex-carer)

When placements were extended on a temporary basis this was often unsettling for the young people; they didn’t know when they were leaving, or where they were going next. Placement drift sometimes resulted in poor endings to what were very good placements. There was a unanimous view that the problem of placement drift affected the stability and the success of what had been good quality placements. This also affected the young people’s schooling and educational stability:

“I’m thinking of two young people who have been on the project a long time and we’re losing all we’ve gained with them as this uncertainty and anxiety kicks in” (senior teacher)

Several of the carers who had maintained long term placements wanted the young people to stay. These carers had developed attachments to the young people and remained in contact with them after they had left. These, and other carers, took the view that, when the young people had settled into a placement, they should all have time to reap the benefits of the hard work that had been put in by everyone to reach this position. This is a difficult issue for projects that have been set up to provide time limited placements, especially as the high number of initial referrals suggest that there is a large demand for this type of care.

It also seems that moving young people on to a new placement when they have formed attachments and achieved a level of stability contradicts the Quality Protects aim of 'ensuring that children are securely attached to carers capable of providing safe and effective care for the duration of childhood' (Department of Health 2000). The CAPS project overcame this problem by agreeing to extend placements for the young people who had settled (Walker et al. 2002) and this could have been beneficial for the young people at ILFC.

Generally, when young people in care have formed good relationships, the process of moving on and saying goodbye can be very difficult (Fahlberg 1991; Berridge 1997; Voice for the Child in Care 2004; Sinclair et al. 2005). To gain an understanding about their placement endings, the thirteen young people who had left were asked how far they were involved in their leaving arrangements, and whether they were satisfied with these. Eight young people said they were completely involved in the decisions that were made when they were leaving. One who felt that she was only partly involved said she realised that the placement was breaking down and decided it was time to move on. Four young people were not involved at all and three of these placements ended before the planned time.

At the project, the management of endings seems to have been dependent on the quality of the individual relationships and how the placements ended. Some young people had parties and celebrations. Others did not have formal endings and just left. This often occurred when placements disrupted and/or they left before the planned time for other reasons.

"I don't even know they have gone until some time afterwards. I think it would be good to have a proper ending as some of them have spent quite a bit of time with me. Even some of the ones who have been difficult, I would still like to say goodbye to them when they leave." (respite carer).

Only six other young people had permanent reminders of the time they had spent at the project. One carer helped a young person to compile a box of reminders; this detailed the young person's time at ILFC:

“X has got my photo album at the moment because she is doing something with it. I've got letters, I've got this big massive box – every time they write a report on me I've kept the report, I've got the cards from X, postcards, loads of stuff – birthday cards everything” (young person)

Some of the young people who were interviewed said they had nothing to remind them of their time at ILFC. Moreover, they did not seem to be bothered about this, one merely commented “I've got my memories”. What has to be considered is that the lack of permanent reminders, and gaps in their statutory and other file records, can result in a shortage of information about their care careers and lived experiences.

What was important was the quality of the relationships that the young people had formed with the project's service providers. This confirms finding from other studies (Walker et al. 2002; Harker et al. 2004; Quinton 2004; Sinclair 2005). Several young people talked about the important role that the foster carers, teachers, support social workers and sessional workers played in encouraging them to accept services and change some of their difficult behaviours. They also talked about how difficult it was when they had developed positive relationships and there were staff changes.

“She was brilliant she would bring me all these books. She came into school with me. I was just abandoned. They left me with some horrible teacher, there was nothing I could do. Then I stopped going, I used to go sometimes” (young woman)

Some of the young people were very discerning and were able to make judgements about their service providers. One young woman, who stayed beyond the 18 month period, summed up her views on the differences between her two foster carers.

“The thing is X (first carer) was only young, she was only 27 why was she a foster carer? And I was only young, I thought she was immature. But Y she’s the best person I’ve ever met, she knows when to be nice and she knows when to be stern. She’s just incredible she’s helped so many people.” (young person)

Comparable views were given by a young man who stayed for two years. He was African and had lived in a single parent household with his mother before coming into care. He established very good working relationships with three men at the project; his single male carer and support social worker, who were both black, and the teacher.

“He (the social worker) helped me to confront things. The teacher he would say ‘deal with it like this and deal with it like that’ he would give me advice. X (the carer) he used to tell it straight he didn’t pull the wool over your eyes – I learned how to dress properly – how to carry myself – and how to act around all sorts of people” (young person).

The young person’s interview reflects the importance of these three male role models and the need for more male foster carers who are actively involved with the young people (Newstone 1999; Gilligan 2000; Thoburn et al. 2005).

The after-care support service

The lack of continuity for young people in care has been raised in many reports and research studies (Jackson et al. 1999; Jackson 2002; Social Exclusion Unit 2003). After-care services can be important for ongoing stability and continuity (Barn et al. 2005; Sinclair et al. 2005). As part of each placement package, the project aimed to offer after-care support as a mechanism for providing continuity. This was said to be contact for up to three months after the placement ended.

In Chapter Five, it was noted that after-care is not a separately managed service, and because of this it is not clear exactly how many young people were provided with formal after-care support. It is noteworthy that one local authority funded a specific educational after-care package for one young person who did not settle in her foster

placement and left before the planned time. This personalised support proved to be helpful and was valued by the young person.

“Just because I left they didn’t just drop me – they stayed with me. I got my education sorted out because of ILFC. When I started my new school (after ILFC) I was not used to getting up, the teacher used to come and drive me to my new school. I’ve got to give him credit why I am doing my GCSEs.” (young person)

When considering all of the after-care arrangements. The information from the interviews and file records suggests that contact was minimal and ad-hoc. The carers said they often wanted to provide an after-care service, and to be in a position to offer the young people return visits to the placements, but this was difficult when they were required to accept another placement immediately. Nonetheless, many of the foster carers and some of the staff maintained a level of contact with young people they had worked with. Sometimes this was telephone contact and the foster carers appeared to be very welcoming to young people when they phoned and/or turned up on their doorsteps unexpectedly.

The young people also spoke about the practical and emotional support their ex-carers had given them and this was sometimes an important lifeline during difficult periods. Some carers allowed young people to stay for short visits and one carer accepted a young person as a lodger. For many of the young people there was a process of maturing and wanting recognition from their previous carers and staff for the changes they had made.

“I’ve been up to a couple of my old foster carers and said ‘I’m really sorry for the way I used to act’ I must have been bad. Some of the things she (ex foster carer) says to me! and I’m like ‘Did I do that?’” (young person)

However, when the young people left abruptly, they were often very uncertain about whether contact was allowed, and/or how they would be received.

“She was very hurt that she couldn’t have X (support social worker) and Y (teacher) any more. At first they said that she might still be able to see them because the local authority might pay for them to stay involved and that got her hopes up. She liked going out with them on her own because she felt grown up and somebody.” (parent)

Continuity was important (Jackson et al. 1999). The parents and their children felt that formal ongoing after care contact that provided advice and guidance would have been helpful. The young people who moved to other placements also wanted the foster carers and staff to keep in contact with them.

Placement stability after leaving ILFC

Due to the lack of data from the local authority social workers (because many did not have access to previous records), this issue can only be assessed for the thirteen young people in the interview sample who had left the project.

Seven young people were still in their first placement since leaving, four were at home, one was still in a foster placement and two had stayed in their residential placements. What was encouraging, was that two of the young people, who previously had numerous placement breakdowns, were still in their first placement after a considerable length of time. They both felt that they had settled in their new placements and this was a significant achievement for them. One young woman, who previously had very challenging behaviour and a poor relationship with her family, had settled at home and stopped absconding.

“The time in care gave us time to separate out our emotions. She is a good kid she’s a lovely girl, she’s got a good way about her and she’s kind. She found it very difficult when the boys were born, one nearly died and the other was born premature. She thought they took her dad away from her and she got jealous.” (parent)

Three young people had not settled at all after leaving the project and they were all in the categories of young people who cause the greatest concerns (Social Exclusion Unit 2003). One young man who had achieved stability at the project was moved into independence against his wishes. At the time of the interview he was in prison. The two other young people did not settle at ILFC and their placements disrupted because of their absconding and challenging behaviours; they both became teenage mothers and their children were taken into care.

All three young people were unhappy at the time of the interviews and were not satisfied with their lives. Nonetheless, they all talked about one or more positive relationships they had made at ILFC and how their time at the project was important for them.

Young people's satisfaction with their time at ILFC

At the end of the interviews, the young people were asked a series of questions to summarise their views about their experiences at the project.

The first question asked whether everyone at the project was sensitive to their race, religion and culture. Regardless of satisfaction with their placements, seven strongly agreed and four agreed. Those who agreed with the statement were more likely to be satisfied with their placement match. The three young people, who disagreed, were not satisfied with their placement match, and one young person, who did not know, was only in placement for a very short time.

They were then asked if everything possible was done to help them maintain their placements. Although many of the young people had difficult times when they were at ILFC and a large number of placements ended before the agreed time, the majority strongly agreed, or agreed, that everything possible had been done, and most views were generally positive.

“I think they did everything they could. But if a foster carer and child are getting on really well, I think they should review it and think maybe this is a good idea.” (young person)

Six felt that more could have been done; all of their issues were related to their individual circumstances.

- “I could have stayed – they could have sent my belonging on to me I’m still waiting for things” (placement ended by ILFC)
- “They could buy me decks and a mixer” (he was still in placement)
- “The could have given both of my carers more training to deal with me” (she didn’t settle with either carer)
- “Put me in a placement nearer to Northborough” (placed in Southborough)
- “When I said I wanted to go home they should have taken it into account” (placement ended when young person returned home).
- “Let me stay here and not send me home” (young person whose placement was ending as agreed and returning home).

Other than the young person who wanted equipment bought for him, all of the other issues were placement related, highlighting yet again the importance of placement matching and listening to young people about their placement needs, and especially letting them stay on when they had settled.

When they were asked if they thought the time they spent at the project was really good for them, twelve agreed.

“They used to talk to me about all of my issues...I always used to think that what happened to me when I was younger was my fault (sexual abuse) but they told me it’s not your fault – you are a child, and I was like – OK; and they made me realise that I can’t be anyone else. They told me to be myself and who I am...they got me back into school even though I was not the best child in the school – I did calm down and did my exams” (young person)

Only three young people disagreed and they were all unhappy in their placements and did not feel that their carers were meeting their needs:

“For both of my carers I was the first child they fostered and I am a really difficult child, I know that – my temper, my behaviour, my lifestyle. They need more training to understand that” (young person).

To help pinpoint which services were most beneficial for them, the young people were asked to decide on the most helpful thing that the project had done for them. Thirteen young people had left the project when they were interviewed and they were therefore able to assess the services retrospectively.

- “I met X (foster carer) that’s the most helpful thing I got from them and A (teacher), B (social worker) and C (sessional worker)”.
- “My foster carers took me on holiday to Italy”.
- “Got me into school”
- “Sorted out my education”
- “Gave me time out from home”
- “They did more for me than they did in other places, they listened to me”
- “They bought me my trainers”
- “Buy me things”
- “Probably just helping me out with education and stuff like that. I did English Maths and History” (not in school - ILFC teacher only)
- “Sorting out my school”
- “They put me in a school and took me to Devon” (to meet up with a friend he had lost contact with)
- “They got me into a school I never used to go, but it was helpful. I learned to ride a horse”.
- “Even though I was not there a lot I liked it (absconding). They spent time with me”.
- “Put me with X (foster carer). It was excellent – ILFC was brilliant”.

It is clear that the young people really appreciated the focus on their education and valued the support they were given by the teachers in and out of school. They also

liked the attention given to them by their foster carers and the normality of having out of school activities and holidays.

Finally, the young people were asked to think about everyone at ILFC and nominate who the person who was the most important person was for them. It was not surprising that the foster carers topped this list, but some found other staff members equally important. This included social workers, teachers and sessional workers.

Concluding discussion

The project's aim was to provide holistic service delivery. Positive comments were made about most of the services and many of the young people found that the services they received were helpful. The young people also valued the positive relationships they made with the service providers. However, the individual services were not always allocated according to need and some young people did not receive all of the services that were charged to the local authorities in the service level agreements. This included sessional work, parenting support and after care contact.

It has not been possible to say, with any degree of certainty, whether particular interventions brought about improvements in the young people's education, health and relationships with their families. Nor is it known whether the services enhanced the young people's length of stay at the project and their stability after they had left. It was also impossible to make judgements about how far the services were joined-up. This was due to the lack of documentation from joint meetings. The poor information about outcomes was due to the lack of clarity about the individual packages of care and the project's deficiencies in carrying out baseline assessments, and then measuring progress.

The education service was seen as one of the project's main strengths. The majority of the young people received an extensive direct and indirect education service. The report by the Social Exclusion Unit (2003) recommends extra support outside of school for looked after children, and the provision of the internal one to one educational service and the group work was very useful in helping young people who had missed out on education. It was valued by the young people and also provided a bridging process that helped some young people to return to the formal education

system. The teacher's role in challenging school exclusions was also important (Social Exclusion Unit 2003)

Harker et al (2004) identified supportive foster care placements as being important for educational progress. At ILFC the training and informal support provided by the teachers enhanced the foster carers' confidence when liaising with schools and parents about the young people's education. Weaknesses in the project's education service were the lack of a standardised base line assessment and overall record keeping on the impact of the educational services, and the teacher's lack of authority in the external decision making process. They could only advise and make recommendations about the young people's educational needs.

What is surprising, is that the project's publicity stated that it was developed specifically for traumatised young people with challenging behaviours, and yet tackling these issues was the least developed part of their work. What was lacking was a co-ordinated approach to working with the young people on their health related issues. An up to date care plan, together with a detailed assessment of young people's emotional, physical and mental health difficulties at the point of entry, would have helped to identify the young people's need for services.

The project staff did not work jointly with CAMHS and other specialist services. These services could only be accessed by the local authority social workers, and this proved to be time consuming and was often unsuccessful. This lack of access to professional services often left the young people reliant on their foster carers for help with their physical, mental health and behaviour problems (Howell 2001; Street 2004). The aim of using individual action plans to improve behaviour does not seem to have been fully implemented. These deficits in service delivery and planning placed additional stresses on the carers and the young people, and seem to have been factors in some placements ending before the planned time. Given the level of problem behaviours exhibited by the young people, it seems surprising that the project did not develop a partnership with external health providers, or increase the direct therapy that was provided to a few young people. This approach is proving to be successful in other specialist foster care projects (Biggins 2003; Chamberlain 2005).

Despite its popularity, the sessional work service was not provided to all of the young people. Access to creative arts and play facilities are recognised as being beneficial (Chambers 2004), although the benefits of mentoring support for young people with problem behaviour are not conclusive (Liabo 2005). Nonetheless, when the sessional work service was provided, it was valued by the young people and the majority of the foster carers. The young people appreciated having access to a wide range of leisure activities and it seems that the sessional workers were sometimes used as a useful substitute for formal therapy. Some carers also thought that the sessional input helped when mental health services were needed, but not provided. They also found it helpful for keeping the young people occupied when the young people were not in education. Given these benefits, it seems unfortunate that the sessional workers were not offered training and included as members of the multi-professional team.

It is not clear why formal parenting support was only provided to a small number of families, or how allocation decisions were made. Some families wanted this input and sensitive support could have helped these families to improve the difficult relationships with their children. The benefits of contact for some children are disputed (Quinton et al. 1999). However, children and families often want contact (Sinclair 2005). The majority of families did receive some informal support and liaison, but this was mainly to support the young person's needs whilst they were in placement. However, providing these families with professional advice and guidance about how to manage their children's challenging behaviour and maintain boundaries could have improved their parenting in the longer term (Quinton 2004).

The placement endings were poorly managed for some of the young people (Harwin et al. 2003). In addition to this, the after care service was not consistently provided and there was a distinct lack of continuity for the young people after they had left the project. And yet it is recognised that this can improve stability in the longer term (Jackson et al. 1999). The parents also felt they needed ongoing support.

The majority of young people had an individual support social worker. This service helped the local authorities to carry out their statutory responsibilities. Where the young people developed good working relationships, this also gave them the opportunity to voice their complaints informally. One negative finding was the young

people's lack of access to the formal complaints procedure and advocacy (Padbury 2002; Dalrymple 2003).

When assessing the joint working relationships across the internal services, it seems that the capacity has been limited. This can be related to the informal organizational model that has developed over time, and also the service delivery model that does not include all of the team members. Although the multi-professional team have worked together, there does not seem to have been a co-ordinated approach at management level. The foster carers, teachers and social workers have worked closely in some instances, but the sessional workers were always peripheral. This chapter has also revealed that joint working with some of the external agencies was not fully developed. The education service was successful in its work with schools, but better synchronisation was needed with other external service providers, particularly the health agencies.

In conclusion, it can be seen that, although the project had the opportunity to provide a system of integrated service delivery that could respond to the young people's individual needs, this was not completely achieved. The key reasons for this failure seem to have been the lack of systems and procedures, the focus on some services rather than others, and the impact of staff changes. These issues will be discussed in more detail in the concluding chapter.

Chapter 10 - Appraising joined-up service provision

Introduction

The hypothesis that underpinned this thesis was that the provision of specialist foster care placements, together with appropriate joined-up services, could help promote stability for difficult adolescents. In Chapter One it was noted that the challenge for joined-up service delivery was to ensure that services worked together, but were also flexible enough to meet individual needs (Rose 1999). There were two main reasons for this - firstly to improve child protection practices and secondly, to ensure a more holistic child centred approach to children's services (Aynsley-Green 2005). It was argued that some of the factors that have hampered the implementation of an integrated service delivery approach are related to the size and complexity of the social care sector (Shardlow et al. 2003; Murphy 2004). It has been recognised that this current gaps in co-ordination across services can have disastrous effects on children's lives. This was seen in the report findings of the Victoria Climbié Enquiry (Laming 2003) and led to the Green Paper 'Every Child Matters' and the resulting Children Act 2004.

The new Children Act 2004 now provides the legal framework to develop an integrated approach to service delivery. One aim is to ensure that practitioners work together to ensure that essential information is shared within, and between, agencies with the aim of improving delivery across the service sectors. There is also now a duty on specified partner authorities and agencies to cooperate with the new children's service authorities, this includes the voluntary sector. Several of the service providers identified in this thesis have now been specified as partners in the Act. These are: social services; education; health; youth offending; and the police. The importance of improving parental involvement, and training for others caring for children is seen as a crucial factor for improving children's well being (DfES 2004) The government's view is that the development of the new legislation, together with the introduction of Children's Trusts and the new organizational framework, should now provide better opportunities to promote integrated service delivery. But this thesis has identified a range of constraints and barriers that have the potential to restrict the smooth co-ordination and delivery of services. It is, therefore, particularly

timely to ask what lessons can be learned from this study with regard to effective inter-agency and multi-professional team working.

This chapter starts by assessing whether the hypothesis has been proved and then draws together the findings, considering these in the context of joined-up service delivery. This will be achieved by setting out and analysing the main organizational relationships and assessing how they have impacted on ILFC's work.

Was the hypothesis upheld?

As stated previously, ILFC's mission was to provide a comprehensive, broad based service that was capable of addressing the needs of young people in a holistic way. This project was developed to pioneer intensive fostering as an alternative to more expensive residential and secure accommodation for young people in the London area. The distinctive features were: the provision of community based foster placements with professional trained foster carers; respite foster carers; 24 hour support service; a multi-disciplinary staff team that included support social workers; teachers and sessional workers; support for birth families; and links to external mental health services.

The aim of this thesis was to consider to what extent these services improved placement stability for the young people. The intention was to evaluate: the young people's stability at the project; whether the placements lasted as long as planned; their health and well-being; and their satisfaction with their time at the project.

Before discussing the main conclusions, it should be restated that the soundness of this study was affected by some constraints and other limitations. The constraints were imposed by the timescale for the fieldwork, the difficulties in contacting some of the key stakeholders and the need to produce reports for the funders. Other limitations were associated with difficulties within the project. ILFC is a small, well staffed organization and therefore data collection should have been a relatively simple exercise. But problems were caused by the high staff turnover and the gaps and inconsistencies in some of the documentation (Doorley et al. 2003; Walker et al. 2003). What was also lacking was regular managerial monitoring and evaluation of the individual services. Since these facts in themselves suggest a lack of integration

within the project, it was therefore clear that the model of joined-up services within the project was far from perfect (Calder 2004).

It was somewhat surprising that the initial discussions with Meso and ILFC managers did not refer to the lack of integrated systems and procedures, nor did the project's annual reports emphasise the needs for improvements in record keeping and data collection. If these difficulties had been recognised in advance, it might have been possible to use different methods to test the hypothesis. Less time could have been spent trying to gather evidence from file records that proved to be inconsistent, and instead, the focus on the gathering of information from the service providers and service users could have been developed further.

Another complication was that it has not been possible to say, with any degree of certainty, which services the young people received and how many times they moved placements within the project. It has not, therefore, been possible to judge whether particular services helped to promote stability in the longer term. In addition to these problems, the majority of after-care arrangements were informal and the responses from many of the current local authority social workers and/or the leaving care teams were not helpful. This was due to their lack of up to date knowledge about the young people they were working with. Therefore assessing the stability of their attachment relationships (Holmes 1983; Howe et al. 1999), and the functioning and viability of their wider networks was not attainable. (Bronfenbrenner 1979; Bronfenbrenner 1986)

The findings from this thesis have indicated that, even on a small scale, and in a well staffed organization, it was difficult to implement an integrated approach to service delivery. At ILFC, a network of different organizational and personal relationships was involved and achieving co-ordination was a complex. This was not practicable because it required a high degree of co-ordination, which was both vertical and horizontal in organizational terms, and this was not achieved.

The task now is to broaden the analysis of joined-up service delivery by considering the four elements that were implemented by the project to improve the stability and outcome for the young people.

- The organizational relationship between Meso and ILFC
- The purchaser/provider relationship between ILFC and local authorities
- The internal relationships within ILFC
- The inter-agency relationships

The aim of discussing these relationships is to shed light on the constraints and opportunities for joined-up service delivery. At various points the analysis will draw on the differing organizational theories set out in Chapter Four (Gerth et al. 1948; Blau 1963; Blau et al. 1971; Foucault 1978), and the theories that have developed in response to globalisation (Clegg 1990; Ritzer 1996). The essential components for effective service delivery are said to be effective management (Veryard 2002), strong leadership (NCSL 2004) and effective multi-agency working, and these will be taken into consideration (Atkinson et al. 2005).

The organizational relationship between Meso and ILFC

Meso's corporate structure influenced the way that ILFC developed; there was a strong measure of conformity in the development of all Meso's projects. It was noted that the relationship between Meso and ILFC does not clearly fit within one organizational framework. Meso has features of a large bureaucracy with a hierarchical structure and corporate identity. In addition to this, there is also a networked configuration with ILFC as one of a number of small satellite projects (Clegg 1990). In the diagram in Chapter Four, it was seen that ILFC is very clearly connected to Meso. This applied even when they were operating in separate, physical locations.

Meso's corporate image, charitable status and philanthropy has also impacted favourably on the development of ILFC. The project was able to trade on Meso's reputation, and it received generous financial support to underwrite the year on year deficits. Although the initial aim was for ILFC to become self financing, it was never intended that this project would become completely independent from Meso. This resulted in some decisions that do not appear to be rational from a business perspective (Leat 1995). They are, however, in line with Meso's mission and aims and could, therefore, be viewed as rational when taking a wider, philanthropic view.

The organizational relationship between Meso and ILFC, and the style of 'joining up' which this relationship implied, impacted on the work of the agencies in three main ways. Firstly, the approach cushioned ILFC when it underperformed financially. If ILFC was a small, stand alone business it would not have survived after the initial period of grant aid. Therefore this organizational relationship has been crucial.

Secondly, the organizational vagueness resulted in rather too much informality in the decision making processes (Blau 1963; Blau et al. 1971). In some instances, there appears to have been a covert operation of power and control (Foucault 1978) with managerial staff in both organizations minimising the importance of the themes running through the individual complaints. These were related to the management style and the formation of 'us' and 'them' cliques which eroded trust and confidence at the front line.

Thirdly, this relationship and a lack of operational structures, have hampered co-ordination. Despite the fact that the retention of staff and foster carers was essential, there was not full information about the reasons for the high turnover of staff and foster carers. No one, in either organization, appears to have had overall responsibility for coordinating this important aspect of joint working, and yet this was crucial to the continuity of services and attachments, together with the quality of care the young people received.

Meso's aim was to create a specialist fostering service that was innovative and replicable. However, in its present form and with the precarious financial situation, the model utilised by ILFC model does not seem to be sustainable without Meso's ongoing support. What also has to be considered is that Meso is a charitable voluntary organization, and as such is susceptible to adjustments in grant aid and individual charitable gifts. Falls in the stock market can also impact on its reserves (Rickford 2001), and these factors can impact on ILFC's viability. However, it should also be noted that the Scottish Community Alternative Placement Scheme (CAPS) has a similar organizational relationship with a large, charitable organization and it has achieved growth and financial independence (Walker et al. 2002). This suggests that the problems may be specific to the organization and not the model. It is

also possible that ILFC's lack of financial stability might have been overcome if Meso had placed a greater focus on business management, rather than providing a financial cushion (Leat 1995).

The newly appointed Children's Commissioner has emphasised the importance of setting up structures that will ensure the participation of children and young people (Aynsley-Green 2005). Whilst they were in placement at ILFC, the young people were involved in decisions about their own services but they were not provided with opportunities to comment on broader issues about the functioning of ILFC and/or Meso (Morris 2000). It is noteworthy that consideration does not seem to have been given to amending the current structures in either organization to make them more children centred. A more emancipatory approach would be necessary to improve participation for service users; (Clarke et al. 1997; Jones et al. 1999; Beresford 2001; Chavannes 2002; Evers 2003; Aynsley-Green 2005).

The purchaser/provider relationship between ILFC and local authorities

Partnerships between the voluntary and statutory services have been identified as the way forward for many years (Taylor 1997) and yet this study has found that some partnerships continue to be uneasy, unequal and not particularly effective for service users. For independent fostering agencies to survive, the local authorities have to be willing to enter into purchaser/provider relationships (Waterhouse 1997; Sellick et al. 2002).

It was noted in Chapter Two that many local authorities had a limited understanding about the costs of their own internal services, and how these compared to the costs of the services they contracted out to external agencies (Social Services Inspectorate 2002). This lack of understanding appears to have impacted on commissioning managers, who have been unwilling to enter into financial partnerships with IFAs (Sellick 1999). This hesitancy was evident in ILFC's failed negotiations; a large number of potential partner authorities ultimately declined the opportunity to enter into contractual agreements. CAPS had similar negotiations that did not reach fruition.

Currently power and control in the foster care purchaser/provider relationships appear to be balanced in favour of the local authorities, who are the budget holders with responsibility for service delivery to looked after children. It is, therefore, essential for IFAs to establish good working relationships to instil local authority confidence in their services, especially those who are solely dependent on local authorities for their funding (Sellick et al. 2002).

It is interesting to note that ILFC's relationship with Northborough involved sharing risk by means of a block contract. On the face of it, this is an excellent way of joining up services, but it failed to work on a practical level. It seems that there were four main reasons for this: the lack of joint management, high staff turnover in both organizations; placement voids and the decision not to maintain waiting lists.

The Northborough contract with ILFC committed the authority to a formal three year agreement. The balance between supply and demand was a crucial element of this joint working arrangement. However, this was not effective. This was demonstrated in the data in Chapter Six with the large number of failed referrals for young people who met the project's placement criteria. They could not be placed because of gaps in the service provision. Other problems were the disputes about the suitability of some placements and the money that was paid for unfilled placements. In addition to this, other services were paid for but not delivered. All of these problems suggest that it is essential for both parties in partnership contracts to be proactive when monitoring, evaluating and managing their relationships (MacKeith 1996; Taylor 1997).

It is possible that the staffing problems experienced by Northborough and ILFC had an impact on overseeing the efficiency of the partnership. However, with good induction for new staff, the introduction of clear systems and procedures and monitoring by the relevant managers this should have been feasible. What has to be questioned is whether the ILFC staff would have made greater efforts to fill placements and provide services if they were all permanently employed and dependent on the organization's financial efficiency for their ongoing job security. As it was, many were employed on a temporary, or short term, basis and as stated previously, there was also the financial cushion provided by Meso.

The end of the Northborough contract placed ILFC in a position of greater reliance on Meso's benevolence until they could enter the wider foster care market. During this period, the project was operating with a low number of filled placements, but with a full complement of staff and foster carers and therefore the revenue costs were high.

Meso's decision to continue funding ILFC provided a much needed life line enabling it to establish new, and more separate, purchaser/provider relationships with local authorities nationally. To fill the vacant placements, the decision was taken to advertise the project's services on a spot purchase basis.

Fortunately, ILFC was able to find a small niche in the quasi social care market. This was possible because of the shortage of local authority foster carers and the need for specialist services for some young people (Commission for Social Care Inspection 2005).

When analysing the purchaser/provider relationships between ILFC and the individual local authorities, several issues have emerged. It seems that the local authorities' decisions to purchase placements were not always in the best interests of the child. These decisions were sometimes more related to expediency because internal or local foster care services were not available. Consequently, the young people who were placed from areas outside of London were separated from their families and social networks (Sinclair 2005; Thoburn et al. 2005). They also had to change schools and health care and any other services they were receiving (Social Exclusion Unit 2003). The distance also limited the direct input from the local authority statutory social workers. These factors are known to have a negative impact on stability (Social Exclusion Unit 2002; Social Exclusion Unit 2003).

Similar to the ILFC/Northborough partnership, the other local authorities using ILFC placements do not appear to have set up systems to monitor and evaluate the delivery of the specified services paid for in the service level agreements (Doorley et al. 2003). The questionnaires and interviews suggested that value judgements were made by the local authority managers and social workers about the availability and the quality of the services they purchased. This separation between purchaser and provider appears to have resulted in a serious lack of monitoring and quality control, although it did

enable ILFC to use the income flexibly without the need for authorisation from the local authorities.

The shortage of suitable, local authority placements could improve if the measures set out in Choice Protects (DfES 2004) and the Children Act 2004 are successful and there is an increase in the number of foster carers working directly for the local authorities, but this will be difficult to achieve (Fostering Network 2004; Fostering Network 2004). An expansion of local authority foster care provision, linked to in-house support services and improvement in allowances, could be cost effective and offer a greater degree of control and supervision. In these circumstances, it might not benefit the authorities to continue the practice of contracting placements from specialist fostering agencies.

The internal relationships within ILFC

Effective working in a multi-disciplinary team requires a high degree of communication and understanding about the differences in roles and responsibilities (Veryard 2002; Atkinson et al. 2005). This was essential for ILFC's complex, multi-disciplinary team; however the questionnaires and interviews indicated that the project did not have the benefit of formalised communication systems and/or networked information technology. This placed greater reliance on the efficiency of the team work approach, but as seen in Chapter Five this was not particularly effective (Tuckman 1965). The interviews with the managers indicated that they did not think it was necessary to formalise the team meeting approach, although this was wanted by some team members and foster carers. Moreover, systems and procedures to monitor the work within the team were either not fully developed, or not properly implemented. This resulted in a disorganized approach to team working and service delivery.

One important finding is that, although ILFC was specifically developed to provide placement for young people who had experienced trauma and were displaying challenging behaviours, they were not provided with a holistic assessment of their needs at the start of their placements. The result of this deficiency in the assessment process was that the services provided were not always related to identified needs (Galloway et al. 1994; Sinclair et al. 1995; Street et al. 1999; Department of Health

2000; Department of Health 2002; Department of Health 2003; Street 2004). Regardless of the lack of assessments, the aim of the service delivery model was to provide the young people with a holistic package of care. To achieve this goal, the level of input to be delivered by the individual service providers was specified in the service level agreements. However, these services were not routinely provided, and where they were, the specified hours were not always delivered. Even so, having the ability to provide some services directly to the young people without having to rely on input from external agencies was beneficial for the young people and the foster carers. For example the ILFC allocated social workers were the main point of contact and support for the young people and the foster carers. The relationship with the out of hours duty team was helpful during periods of crisis. Because of this high level of internal social work input, at times it seemed that the local authority social workers were only needed for liaison and statutory decision making. This was an added advantage for the local authority allocated social workers, who had much bigger case loads (Community Care 2003).

The ongoing relationships and regular contact with the ILFC teachers ensured that the young people were aware that their educational needs were important, and that the main focus was on their returning to school (Social Exclusion Unit 2003). The close working relationships that developed between the teachers and the foster carers were helpful when they were coordinating the young people's return to school. This also gave the foster carers more confidence in managing the young people's education on a longer term basis. Training on education also helped the foster carers to understand the school systems and the young people's needs. This was wanted by foster carers in other studies (Harwin et al. 2003). At ILFC, further improvement could have been made by increasing educational training and ensuring the attendance of the whole team. Improving this aspect of the training programme might provide a more coherent approach to the young people's educational needs (Kelly et al. 2003).

Sessional work input was a valuable service when the young people were not in school. Placement stability was helped by the contribution from these workers, who provided out of school leisure activities and mentoring support. When this service was provided it worked well. However, integrating this service was difficult because the sessional workers were marginalised. As seen in Chapter Five, they were not classed

as team members and therefore the contribution of their specialist knowledge about the young people's needs and achievements, did not inform joined-up service delivery.

Parenting support is seen as an important service for improving parenting skills (Moran et al. 2004) and helping young people to establish, maintain and improve contact with the young people's families was one of ILFC's main objectives. The arguments about the importance of involving families are set out in the Children Act 1989 and are well rehearsed (Farmer 1996; Henricson et al. 2000; Wilson et al. 2004), but the benefit of contact for some children and young people are disputed, especially when families are known to be abusive (Quinton et al. 1999; Ryburn 1999).

ILFC's records suggest that the parenting support service was provided on an ad-hoc basis. The project did not provide this service for the majority of families whose children had emotional and behaviour difficulties. Only a few parents received one to one parenting support service, and these were families who were involved with their children throughout their time at the project. Some of the parents who received support and advice from the staff and foster carers believed that this had helped to improve their relationships with their children, eventually enabling some of them to return home (Palmer 1996; Quinton 2004). The more informal relationships that developed between the families, the foster carers and other staff were also helpful for understanding the young people's needs, and therefore enhancing their stability.

The maintenance of after-care relationships with the young people was not developed as a full service. It should also be noted that the position was worse for many of the young people whose placements ended before the planned time; they did not appear to have had any after-care contact at all. It is important to note that the foster carers, young people and their parents regarded the formal and informal after-care as beneficial (Allen 2003). The interviews with the young people also suggested that it provided them with the opportunity to reflect on their time at the project. It also helped them to recognise their growing maturity and maintain relationships with people who were important to them (Schofield 2000; Maclean 2003).

Despite the lack of internal integration, when the services were considered separately the relationships between the service providers and service users were valued. On the whole, when taking a case work approach, the individual staff formed good working relationships with one another and with the young people they were responsible for. Because the project was small scale and the numbers of children in placement at any time was low, the staff team was able to maintain regular contact with the young people, and their foster carers, and respond quickly when necessary. However, continuity of service delivery was sometimes hampered by the high turnover of staff and foster carers.

The positive themes that emerged from the young people's interviews were the impact of normalising experiences such as education, leisure activities and holidays, and the importance of the relationships they developed with individual service providers. As seen in Chapter Nine, when the young people reflected on the services they received, they tended to assess these on the quality of the relationships with the workers. This has been described by Quinton (2004, p87) as 'the intangible element of 'fit' or 'click'. It seems that the trust relationships they developed with the service providers played an important part in the young people's willingness to accept services.

What should also be noted were the negative effects when action was not taken in relation to the young people's complaints (Department of Health 2002). The importance of listening to the young people mirrors the findings from other studies, including CAPS (Walker et al. 2002), and the national Blueprint Project (Voice for the Child in Care 2004). At ILFC, the young people did not appear to have access to information about the formal complaints procedures, nor were the majority of their complaints formally investigated. Despite the introduction of legislation and guidelines, this lack of access to the complaint process is not unusual (Harnett 2002; Padbury 2002). In these informal circumstances, when the young people were not satisfied with the outcome of their complaints, this created instability and seems to have played a part in some placements ending before the planned time.

The findings from this small scale study suggests that formal, but open, structures that can be accessed by all parties are necessary to ensure that the complaints made by the

service users and service providers are investigated. It is evident that ILFC did not develop the systems and structures that were needed to identify and manage the problems that arose in the multi-disciplinary team, especially when it seemed that covert groups were operating (Tuckman 1965; Freeman 1970; Foucault 1978; Giddens 2001). A clearer management structure was wanted by some of the marginalised members of the team. This included social workers, teachers and foster carers. A number of formal and informal representations were made to Meso's chief executive, but changes were not introduced. Given these circumstances, some of the experienced staff and foster carers felt that their only option was to resign and this impacted on the stability of the team.

In the quasi social care market, effective service delivery is dependent on human resources. Job satisfaction, together with support and training, are known to be important for staff retention (Kelly et al. 2003). With the national shortage of skilled and experienced social work staff and foster carers, and the high costs of recruitment assessment and training, it was surprising that the high turnover was not routinely monitored and evaluated to improve retention. This differed from other IFAs where systems have been put in place to reward the foster carers' commitment (Sellick et al. 2003).

Throughout this thesis it has been seen that the high staff and carer turnover at ILFC impacted on service delivery. This turnover also affected the continuity of record keeping but this could have been reduced if the systems and procedures for effective team working and joint record keeping had been implemented (Leat 1995). The lack of shared information limited the team's overall knowledge about the young people's passage through ILFC, and also its understanding about the possible impact of service delivery or, conversely, the lack of services.

One important finding was that there was often a noticeable interaction between the young people's personal problems and their periods of instability. Regular and formal communication between the internal service providers, together with accurate case chronologies, could help to pinpoint incidents and/or circumstances that create instability (Revoir 2004).

The inter-agency relationships

Inter-agency relationships are important for ILFC and for similar independent agencies everywhere. This is a key factor in the implementation of joined-up service delivery. The project was not able to retain the contract with Northborough and after this they were reliant on placements spot purchased from local authorities nationally. In Chapter Three the discussions about the research process highlighted the hierarchical relationships within the local authorities, where there was often a separation between the managers who commissioned the placements and the care managers who wanted to place the young people at ILFC. Although there was no shortage of referrals to ILFC, they only achieved 57 placements over a four year period. These placements were expensive and 27 out of the 55 placements ended before the planned time. This did not inspire confidence in the placing authorities.

Unfortunately, ILFC's approach to interagency working and service delivery was not coherent or consistent. There was a greater focus on the educational interagency relationships than on those with other agencies, particularly mental health services. This was probably because the teachers' role at the project was more specific; they were liaising with their professional counterparts in the statutory services. This was different for the support social workers at ILFC who had a more generic role; they were required to mediate their relationships with CAMHS through the local authority social workers.

Therapeutic input is now seen as crucial for looked after children with emotional and behavioural problems (DfES 2003; Chamberlain 2005). Many of the young people at ILFC seemed to have ongoing emotional and behavioural problems. ILFC publicity documentation specified links with CAMHS and psychological consultants as the methods to be used to improve the young people's problems. Service provision from the CAMHS was said to be in short supply and had to be mediated through the local authority social workers (Stanley et al. 2002; Walker et al. 2002). This differed from the ROSTA project (Biggins 2003) where the internal therapeutic provision is said to have achieved successful outcomes for some very difficult young people. Given the difficulties experienced by the young people and the impact this had on their foster carers, it seems that the project needs to improve its assessment process and also

establish closer links with external service providers who can meet the young people's differing needs.

The links between the project's education service and the statutory education services were extremely important. The teachers liaised with local schools and at least eight young people returned to formal education, with eleven moving to schools near to their placements. However, the position for some of the more difficult young people, who did not return to school, was problematic. In these cases, the teachers provided direct one to one support and educational group work, and this was valued by the young people. Nonetheless, these young people extended their time out of mainstream education and this was likely to affect their future life chances (Social Exclusion Unit 2003; DfES 2004)

The project's sessional work did not develop formal links with the relevant external play and youth services (Moss et al. 2002). Many local areas have well-developed services and many of these agencies are committed to holistic working, and integrating these services is now part of the government agenda for change (Street 2002; Thurlbeck 2004; DfES 2005). Instead, the project opted to provide internal sessional workers. The young people valued this input, however, using the project's sessional workers to develop links with local services could have offered the young people more support for their specific problems. Voluntary and statutory play and young services often have links to specific advice centres for issues such as sexual health, drugs and alcohol use, (Young Minds 2001) and not accessing these services seems to have been a missed opportunity for extending the services provided to the young people.

The closure of ILFC

The multi-party research report was delivered to ILFC and Meso within the agreed timescale. This was a detailed evaluation of the project against its stated aims and objectives (Brady 2003). A series of recommendations were provided and some of these were implemented to improve the efficiency of the operation. However, it was soon evident that ILFC was not going to achieve financial independence. The low take up of placements continued as did the high turnover of staff and foster carers. Therefore, Meso finally decided to close the project. The Chief Executive reported

that the main difficulties for ILFC were trying to keep the different parts of the service in balance. This required a steady supply of young people, a consistent team of staff and foster carers and adequate resources to meet the young people's complex mental health needs. This equilibrium was not achieved and the reasons for this are demonstrated in this thesis.

Conclusions and recommendations

The evidence that has emerged in this thesis suggests that creating the systems and procedures to deliver joined-up services requires detailed planning with, and across, organizations. This study and the closure of ILFC suggests that it will be difficult for some voluntary and statutory organizations to implement integrated working (Rose 1999). For this to take place, attention must be paid to developing clear organizational models, ensuring senior management co-ordination and introducing mechanisms for user participation and evaluation. This will also require the introduction of routine oversight of the inter-agency relationships, monitoring of the individual strands, and feed back from staff and service users about the effectiveness of the structures and service delivery.

Some of the findings in this thesis have a wider relevance to the debates about inter-agency working and the needs of looked after children who are placed in foster care. Partnership working is to be a key feature of the new Children's Trusts, but this may be hampered because of the inequalities in the status of some services. The difficulty experienced by ILFC and CAPS when trying to develop contractual partnerships confirmed that local authorities were able to reject partnership arrangements and retain control in their relationships with external fostering agencies. This situation is unlikely to change in the short term. All local authority managers, who play a part in commissioning services, need to develop a clearer understanding about how the costs of providing services in-house compares with the charges made by IFAs (Berridge et al. 2002; Sellick et al. 2002; Social Services Inspectorate 2002).

The DfES (2004) has suggested that the role of the local authorities will be amended to develop and manage local markets and ensure the quality of provision. This study has confirmed that service delivery can be more complicated when statutory and

voluntary sector organizations are working together (Social Services Inspectorate 2002), and when some services, such as CAMHS, are in short supply.

“Childcare decisions require an interdisciplinary approach and they have to be made in a constantly changing context” (Harwin et al. 2003)

The service level agreements between ILFC and local authorities did not specify in detail how the inter-agency relationships would be managed and at times there were delays in decision making. It is possible that improvements could be made by formalising these relationships at a managerial level with the use of inter-service agreements that specify the roles and relationships with the partner agencies and external services. Developing a system of seconding staff to partner agencies could be another mechanism for improving understanding across the services.

Inter-agency maintenance of joint records is essential if young people’s difficulties, needs and care experiences are to be understood across agencies. The professionals will also need to develop an understanding of the records that are held in the separate agencies and departments. This confirms the need for a national framework with guidelines and a measure of joint training (Shardlow et al. 2003).

Tracking significant events and young people’s movements could be improved with the development of a shared database that contains factual information. However, there are concerns about confidentiality when records are shared (Burke 2004) and the introduction of large scale databases is proving to be difficult (Taylor 2004; Down 2005). To all intents and purposes routine record keeping is an administrative task, and as there is not a serious recruitment and retention problem in this field, it would probably be a cost effective and an efficient use of resources to use clerical staff that have the skills to match the tasks. This would release the professionals to spend more time focussing their skills and abilities on the needs of the children and young people.

Changing the approach to service delivery is likely to be more expensive in the short term, but improvements in inter-agency working and service delivery may prevent the need for costly long term services such as welfare benefits, prisons and long stay

mental health facilities (Chamberlain et al. 1998; Walker et al. 2002; Chamberlain 2005). However, further research is needed to measure the long term benefits of effective joint working with young people.

The current proposal to bring together all local services for children and young people suggests that there is an expectation for young people to remain in their home area and access these services (DfES 2004). However, this was not possible for the majority of young people at ILFC, who were placed out of borough. This also applies to many other looked after children, who continue to be placed some distance from their homes (Sinclair et al. 2005). Until there is an increase in the foster care workforce, the practice of moving some children and young people to 'out of borough' placements is likely to persist and they will not be able to access local services. For these young people, continuity of joined-up services will not be achievable.

Foster carers are a valuable resource and increasing the numbers and the diversity of this specialised workforce is an essential part of the government's strategy for improving outcomes for young people (DfES 2004; Fostering Network 2004). This study found that there is a high level of interest in this type of home working. But the assessment and referral system is labour intensive, time consuming and expensive (Wilson et al. 2004). This is confirmed by the small percentage of applicants that eventually become approved carers. It will be essential for local authorities and IFAs to streamline the efficiency of advertising, the initial contact, ongoing assessment and final approval process. These changes are needed to make certain that vetting is efficient but potential carers are not lost.

Retention of trained foster carers is important for the stability of placements and continuity of care. ILFC was successful in recruiting a diverse group of foster carers, but there was a high attrition rate. Ensuring that carers have the ability and ongoing confidence to manage children with high risk behaviours requires training and support from professionals who understand the issues for their household. The carers and the young people should always be provided with open and honest information; this applies to all types of placements, including respite and other short term placements. When young people have very challenging behaviours and mental health difficulties,

failure to identify the risk issues for the household can lead to placements breaking down (Farmer et al. 2003; Farmer 2004; Pithouse et al. 2004).

The young people and the foster carers need to feel they are valued and that their needs are important. Allegations and complaints are common. To protect all parties these must be formally considered, properly investigated and the decisions must be documented. When allegations are being investigated, everybody needs to have a clear understanding about the overall process, what input they can have, the level of support they can expect from the agency and also how they can access external, professional support. Although these, and other support systems, were in place and these were similar to those found in other agencies, (Walker et al. 2002; Sellick et al. 2003) they were not always effective and revealed the need for regular monitoring and evaluation.

The young people interviewed as part of this study demonstrated their competence and their ability to engage in discussions about their behaviours and life experiences (Morris 2000; Christensen et al. 2002). The new childcare partnerships need to develop and implement systems to ensure that the children and young people, who are the service users, will be able to participate fully and evaluate the quality of the services they receive (Aynsley-Green 2005).

What also needs to be borne in mind is that there is a greater risk of overlooking children's needs during periods of organizational change (Salari 2003). This is because the focus is often on amending the organizational structures and improving professional practice, rather than on the children themselves. Therefore the introduction of responsive mechanisms to ensure children can access the formal complaints process will be essential. The right to independent advocacy to support looked after children (Department of Health 2002) is an essential service for young people when they feel that no one is listening to them. However, to use these services, young people need to know that they exist and how they can be accessed. Young people require full information to be able to make informed choices.

What also has to be considered is that many looked after children have a large number of professionals involved in their lives, but what they sometimes lack is ongoing

supportive relationships with their families and other young people their own age. Therefore a detailed assessment of the viability of their ecological, personal and professional networks could highlight the gaps, strengths and weaknesses and where it might be possible to make improvements (Bronfenbrenner 1986). In this context what should also be assessed is whether it would be better to provide some families with holistic services to prevent their children entering the care system, rather than waiting until the families are in crisis. Nonetheless, it also has to be recognised that, for some young people, removal is necessary to ensure their safety and at times there is a measure of relief when they are separated (Quinton 2004).

The Children Act 1989 clearly states that, wherever possible, the best place for children is with their own families. It is also known that the costs of social exclusion are high, (Scott et al. 2001; Sellick et al. 2003) and that young people are more likely to return home when there is a good enough relationship with the birth family (Wilson et al. 2004). However, direct parenting work does not seem to be a high priority for the local authorities, nor was it at ILFC. Even so, the limited amount of parenting support work undertaken by the support social workers and the foster carers proved to be beneficial, and seemed to improve the relationships when the young people did return home. What is still needed is further research to test the effectiveness of the different methods of working with parents and families (Moran et al. 2004).

Respite was recognised as a useful and necessary service by the foster carers and the young people. Introducing after care services that include periods of respite to selected and known care placements could help the gradual reintroduction of children back into their families (Ainsworth et al. 2003). This type of service could also help to provide stability and continuity for young people who move on into independent living instead of returning home (Allen 2003).

When evaluating some parts of the project, the lack of robust evidence was disappointing. As Robson (1993) argued, this can often be expected when carrying out 'real world' research. Although the development of ILFC was based on research evidence about the services needed to improve outcomes for difficult adolescents, (Blackmore 1991) this was not fully followed through into practice, resulting in a lack of evidence about service provision and the impact of these services on the young

people's outcomes. However, what has been provided is a broad understanding about all aspects of service delivery, together with the views of the service providers and the service users.

Fox Harding (1997) argued that 'there is no certainty and/or consensus as to the state's role in child care'. However it is unlikely that there will come a time when state intervention is no longer necessary to protect and improve the health and well-being of children. What is hopeful for the future is that the findings in this small scale study suggest that looked after children, who have been categorised as 'difficult adolescents', can benefit from services that focus on their needs holistically, providing the organizational problems which have been uncovered in this study can be overcome.

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- Appendix 5 ILFC's Training Programme**
- Appendix 6 ILFC's referral process for young people**
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- Appendix 8 The views on why the foster carers left ILFC**
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- Appendix 10 The young people's qualifications and future aspirations**

Aims and Objectives of ILFC

Author: Project Manager

Scope: Describes the key objectives and standards for ILFC.

Responsibility: All ILFC employees and contracted workers.

- 1. To work with the local authority to identify, assess and place young people who meet the referral criteria and who would benefit from a potential positive outcome from being with the project.**
 - 1.1. To undertake an analysis of the local authority referral system and assess the systems suitability to identify appropriate referrals to the project.
 - 1.2. To analyse the diversity of need in order to target recruitment of carers to meet the needs of the young people.
 - 1.3. To set up a process to facilitate a thorough assessment of referrals made to the project in order to determine the suitability.
 - 1.4. To work with young people, their families, significant others and professionals to prepare and place young people in an appropriate placement.

- 2. To provide extensive and flexible packages of care to enable young people to live with foster carers in the local community, in a placement for up to eighteen months. To receive appropriate health and education input within each package.**
 - 2.1. Each young person has a comprehensive and realist care plan.
 - 2.2. Each young person will have a detailed education plan.
 - 2.3. Each young person will have access to appropriate mental and physical health services.
 - 2.4. Each young person will be matched carefully with an appropriate carer from the project.
 - 2.5. Each young person will have an identified support worker and sessional worker who will work specifically to address individual needs in accordance with the care plan and the wishes and feelings of the young person.
 - 2.6. Each young person will have access to a comprehensive database of adolescent resources across London.
 - 2.7. The project will provide twenty-four hour cover and emergency services for carers and young people.
 - 2.8. Psychological input will be provided for team members in the forum of training and consultation.

- 3. To recruit and train a core of professional carers and support workers to provide a high standard of carer and support for young people.**
 - 3.1. To recruit a diverse group of calibre permanent carers to meet the needs of young people on the project.

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- 3.2. To recruit a diverse group of support workers who will compliment the work of the carers and support the young people in a flexible and creative manner.
 - 3.3. To assess each individual workers training needs and implement a corporate and individual training strategy, which takes into account current need and career development.
 - 3.4. To access specific support for the teacher(s) on the project within the main infrastructure and externally recognising that they will be a minority discipline.
4. **To provide a culturally sensitive and non-oppressive service to all young people and their families.**
 - 4.1. Ensure that the staff group represents the various cultures and languages of the client group.
 - 4.2. Provide a range of information and positive images which reflects the facial, religious and cultural needs of the young people.
 - 4.3. Ensure that where there are deficits in the projects provision to provide appropriately sensitive services that a plan is devised to access these services from the wider community.
 - 4.4. Ensure that the relevant records are available regarding young people's life history to promote their sense of identify.
 - 4.5. Where there is insufficient information regarding the young person and their culture, life and family history, project staff will actively work with the young person, if it is their wish, to compile the information.
5. **Endeavour to operate a policy of non-rejection, attempting to resolve difficulties or providing an alternative short/long term placement within the projects own networks.**
 - 5.1. To recruit carers and support staff who have a firm belief and commitment that young people can change and attain their potential, given consistent care and understanding even during times when young people are particularly challenging.
 - 5.2. To assess the need of each individual young person referred to the project in a comprehensive manner to ascertain the appropriateness and suitability of the individual to achieve change.
 - 5.3. To recruit time-out carers to provide respite care for young people when it is not possible to maintain them with an alternative permanent carer when there is potential conflict or difficulties.
 - 5.4. To negotiate with other projects who provide alternative care and accommodation for young people when there is a crisis which cannot be contained within a fostering environment.
 - 5.5. To utilise the skills and knowledge of the immediate or extended family to consider resolving difficulties.
6. **To enable young people to establish, maintain and improve a young persons contact with family members and significant others, where appropriate and with their agreement. To work towards rehabilitation if this is an option.**
 - 6.1. To negotiate with the young person and their social worker the areas requiring support for the young person to maintain or establish contact

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- with their family or significant others, if it is appropriate and the wish of the young person. The support worker will then agree to undertake certain tasks with the young person. This agreement must be recorded in the care plan.
- 6.2. To provide supervised contact if necessary.
 - 6.3. To attempt to trace absent family members if appropriate.
 - 6.4. To compile a photograph album with each young person of current, absent or deceased family and significant others if they wish. This will go with the young person to their next placement or home.
 - 6.5. To consider with the young person, their family and the family social worker whether there is an opportunity for the young person to return home to their family. If this is possible, a plan to be established outlining the role of the project in enabling the young person and their family to achieve this goal.
- 7. The project will ensure that the young person and their family are consulted regarding their wishes and feelings. These views will be incorporated into care plans and the development of the project to reflect and respect individual and corporate need.**
- 7.1. The project will establish a protocol and policy regarding ascertaining the wishes and feelings of the young person and their family, from the point of referral onwards.
 - 7.2. The views of the young person and their family will be regularly reviewed and where possible incorporated into the care plan the projects general development.
 - 7.3. Ex-service users will be actively recruited and will be encouraged to provide specialist roles within the service to provide a young person-centred view regarding the experiences of looked after young people.
- 8. To ensure that there are clear and supportive transitional arrangements made for each young person when they leave the project.**
- 8.1. To negotiate at the initial placement agreement meeting the actual or projected transitional arrangements for the young person leaving the project.
 - (i) in a planned way
 - (ii) in a time of crisis
 - 8.2. To continually update these arrangements to ensure consistency of approach and to reinforce the projects focus of working with young people to change over an intense period of time.
- 9. Equal Opportunities will underpin all aspects of the project's work.**
- 9.1. To ensure that all staff and young people and their families are aware of the Meso Equal Opportunities policy.
 - 9.2. Young people and their family are encouraged to contribute to a ILFC Equal Opportunities protocol, which they agree to adhere to.
 - 9.3. To ensure that monitoring and evaluation systems are in place to record key aspects of information so that the project can regularly evaluate compliance with Meso Equal Opportunities policy and the projects protocol.

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10. To work in partnership and develop a viable inter-borough approach with three partner authorities to develop resources and practice for young people with difficult and challenging behaviour.

10.1. To consider various ways in which a partnership with the local authority and agencies can be meaningful in order to implement the core aim and objectives of ILFC.

10.2. To ensure that an audit of the partner local authorities current provision is undertaken to inform the way forward for the inter-borough strategy.

10.3. To consider resourcing the working practices across social services, education and health to adopt the best method for enhancing collaboration.

10.4. To agree with three partner local authorities, the priorities for inter-borough developments.

10.5. To implement the priorities within realistic agreed timescales.

11. To evaluate the process and outcomes of the project.

11.1. To agree a model for evaluation and to monitor outcomes.

11.2. To determine a strategy for implementing areas which need to be developed, as arise from the evaluation process.

12. To work to Meso wide policy, procedure and standards.

12.1. To refer to Meso's policy, procedure and standards when addressing core issues.

What will happen to all of the information?

- * When I have spoken to everyone. I will write a report about the work of ILFC. The report will be given to the people who fund the project and other people who are interested in specialist foster care.
- * You can have a copy if you want one.
- * I will also include some of the information in my university work.
- * If you have any complaints about anything I do, or say. Or if I promise to do something and don't do it. You can tell:
Ruth Sinclair, Director of Research,
National Children's Bureau,
8, Wakely Street, London, EC1V 7QE
Tel: 020 7843 6000.

Finally,

What you say is important. Thank you for taking the time to talk to me.

Lynn Brady

*Have your say.....
about
ILFC ?*



*No-one else can tell
me what you know....*

Please help me to find out more about 'ILFC'

My name is Lynn Brady. This interview is part of my research for the National Children's Bureau and Brunel University. I want to talk to everyone who has been involved with ILFC:

- * the young people
- * the foster carers
- * the staff

I want to know if the project is doing everything it said it would do to help young people. I will go through the questionnaire and I will tape record your answers to make sure I have got everything right. Tell me if you don't understand any of the questions. You can miss out some questions if you don't want to answer them. You can also stop the interview at any time.

Your name won't be mentioned in anything I write. No-one at the project will see your questionnaire - unless you want to show it to them. Everything you tell me will be confidential - unless you tell me about a risk of serious harm to you or someone else.

After the interview I will type up your answers and send you a copy. You can check through it on your own, or with someone else if you want to. I will send you an envelope so you can send the questionnaire back to me if you want anything changed. I will also phone you - you can tell me then if everything is OK, or if you want to alter anything.

What's in it for you?

- * You will have the chance to tell me about being in care at ILFC.
- * You will be helping other young people in care, because your views will help to decide what is best for the future.
- * You will be given £10.00 to say thank you for your time.

Financial breakdown for services provided by LFC

1997	January	February	March	April	May	June	July	August	September	October	November	December	Date Unknown
Staff									2	2	2	2	
Carers													
Young People													
1998													
Staff	5	5	5	6	7	9	5	5	6	7	7	7	
Carers					2	2	6	6	7	7	9	9	
Young People					1	2	2	2	3	3	4	4	
1999													
Staff	6	6	7	7	7	8	8	8	8	9	10	10	
Carers	10	12	12	12	12	12	11	11	11	11	11	11	
Young People	4	4	5	5	8	7	6	8	8	8	7	8	1(overnight)
2000													
Staff	11	11	11	10	10	10	10	10	15	14	12	12	
Carers	10	10	10	10	10	10	11	11	10	10	11	12	
Young People	7	7	6	9	8	8	6	6	6	5	8	7	
2001													
Staff	13	12	13	12	12	13	13	12	12	12	12	13	
Carers	12	12	9	9	10	10	12	12	14	14	14	14	
Young People	7	8	6	5	5	6	8	8	7	9	9	9	
2002													Current 31/8/02
Staff	15	15	15	15	15	17	17	18					18
Carers	14	13	13	13	13	13	13	13					10
Young People	9	9	10	8	9	10	9	9					9

Financial breakdown for services provided by ILFC

Breakdown costs of weekly fee of £1937.52 per week

	Cost	Hours	
Holiday/Christmas/Birthday	£15.16		£15.16
Staff resources based on minimum input per week			
Teaching time per week	£24.28	7	£169.96
Social worker input to Foster care	£24.28	5	£121.40
Social worker input to Young Person	£24.28	5	£121.40
Sessional Worker input	£11.30	6	£67.80
Travel/material/expense	£23.66		£23.66
Out of Hours Services			
Per week 365 days	£25.12		£25.12
Respite care Placement			
Respite for full-time Placement	£54.53		£54.53
Parenting Services	£24.28	1.5	£36.42
Aftercare	£6.85		£6.85
Project support/equipment/accommodation	£195.26		£195.26
Recruitment/Foster Care Training/Fostering Panel costs	£112.49		£112.49
Management and Administration Costs	£369.00		£369.00
Foster carer fee			£499.45
*Young Person Care Allowance			£197.20
			Total <u>£2,015.70</u> **
Actual Costs per week placement	£2,015.70		
Cost to Local Authority	£1,937.52		

** Fundraised Services provided not costed into fee:
Therapeutic services inclusive of psychotherapy / psychology / psychiatric input
Evaluation of Service

* Breakdown of Young Persons Allowance

Age	Pocket money	Clothing	Households	Selfcare	Travel	Education and Leisure	Food	Total
7	£1.92	£5.75	£98.53	£3.95	£23.66	£23.66	39.73	£197.20
8	£2.92	£7.50	£92.21	£5.92	£23.66	£23.66	41.33	£197.20
9	£3.92	£9.27	£85.47	£7.89	£23.66	£23.66	43.33	£197.20
10	£4.92	£12.88	£76.89	£9.86	£23.66	£23.66	45.33	£197.20
11	£5.92	£15.79	£69.01	£11.83	£23.66	£23.66	£47.33	£197.20
12	£8.07	£19.55	£61.13	£11.83	£23.66	£23.66	£49.30	£197.20
13	£10.23	£21.32	£53.24	£13.80	£23.66	£23.66	£51.29	£197.20
14	£11.84	£25.64	£41.40	£15.78	£23.66	£23.66	£55.22	£197.20
15	£14.00	£28.51	£33.51	£17.75	£23.66	£23.66	£56.11	£197.20
16	£15.61	£31.72	£23.66	£19.72	£23.66	£23.66	£59.17	£197.20
17	£17.76	£35.50	£15.78	£19.72	£23.66	£23.66	£61.12	£197.20

ILFC In – Service Training Programme

1998

- May - Recruitment and Assessment
- 1st October - Breakdown of Allowances workshop – NFCA
- 7th October - National Insurance & Tax for Carers – NCFA
- 16/17th October + 3rd December - Training the Trainer
- 20/21st October - Education
- 27th October - Communication Skills Training
- 7th December - Police & Criminal Evidence Act (PACE)
- 8th December - Half Day – Looked After Children (LAC) workshop
- 15th December - ILFC Team Day

1999

- 10th February - Working with young people who have been sexually abused (introduction)
- 23/24th March - Working with young people who have been sexually abused.
- April - Recruitment and Assessment
- 22/23rd April + 6/7th May - First Aid
- 26th April or 13th May - Child Protection
- 13/27th May + 1/2nd June - Managing Difficult Behaviour
- 19th July - Record Keeping
- September onwards.. - Psychology sessions with independent psychologists 2.5 hours fortnightly
- 11/12th October - Young people and drugs

Appendix 5

2000

- April – September - 6 Half Day Sessions for Selected Carers Parenting children who have been sexually abused.
- To September - Psychology Sessions with independent psychologists 2.5 hours fortnightly
- May - Working with sexuality: Child focused practice
- 8th June - Panel training for ILFC Panel members and support team
- 14th July - Working with young offenders
- 2nd August - Supervision training (SW support team only)
- Sept – Dec - Parenting young people who have been sexually abused
- 19th September - Working with young offenders
- 11/12th October - Education Training
- 26th October - Behavioural Action Plan workshop
- 2/3rd November - Working with difference
- 13/14th November - Young people who show sexually abusive behaviour

2001.

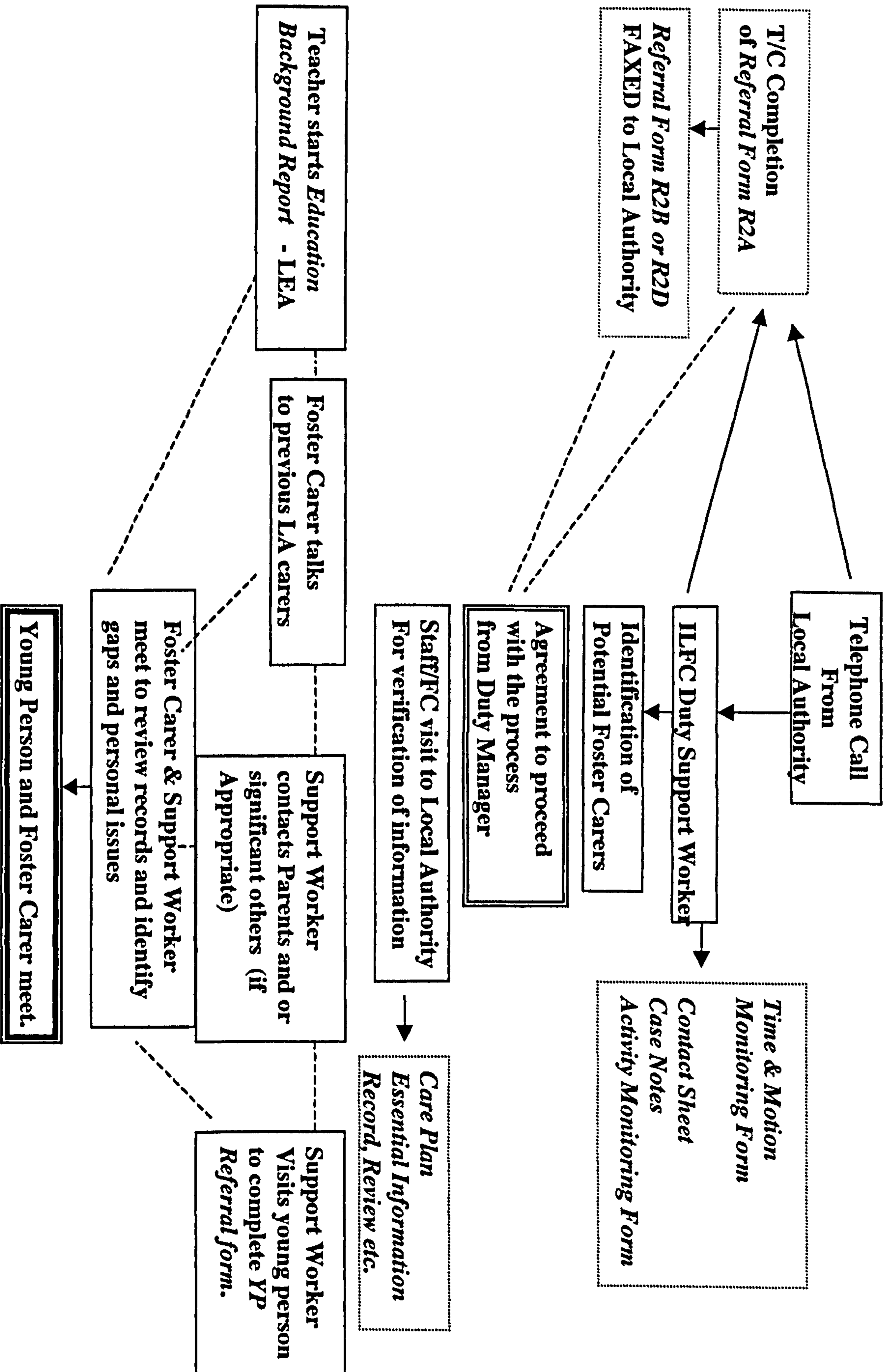
- January - Working with challenging behaviour
- 15/16th February + 7th March - Education training
- 4/30th March + 1st May - Working with challenging behaviour
- April 2001 – March 2002 - NVQ Level 3 – Caring for Children & Young People 1 year course – 2.5 hours fortnightly.

- **No records of training between May – September 2002**

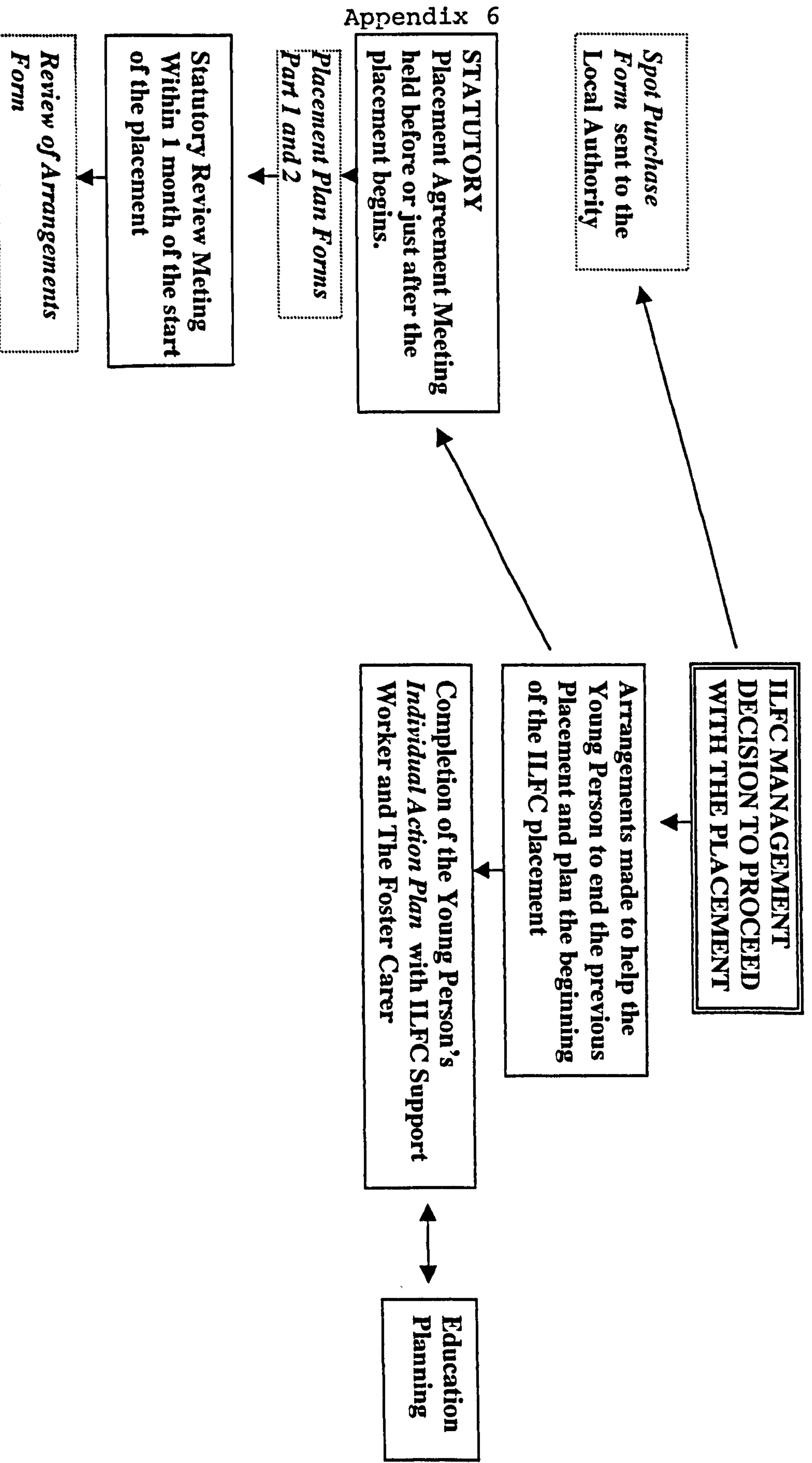
External Training – Foster Carers only

NVQ Level 3 – Caring for Children & Young People

The Process Used for Referring a Young Person to ILFC

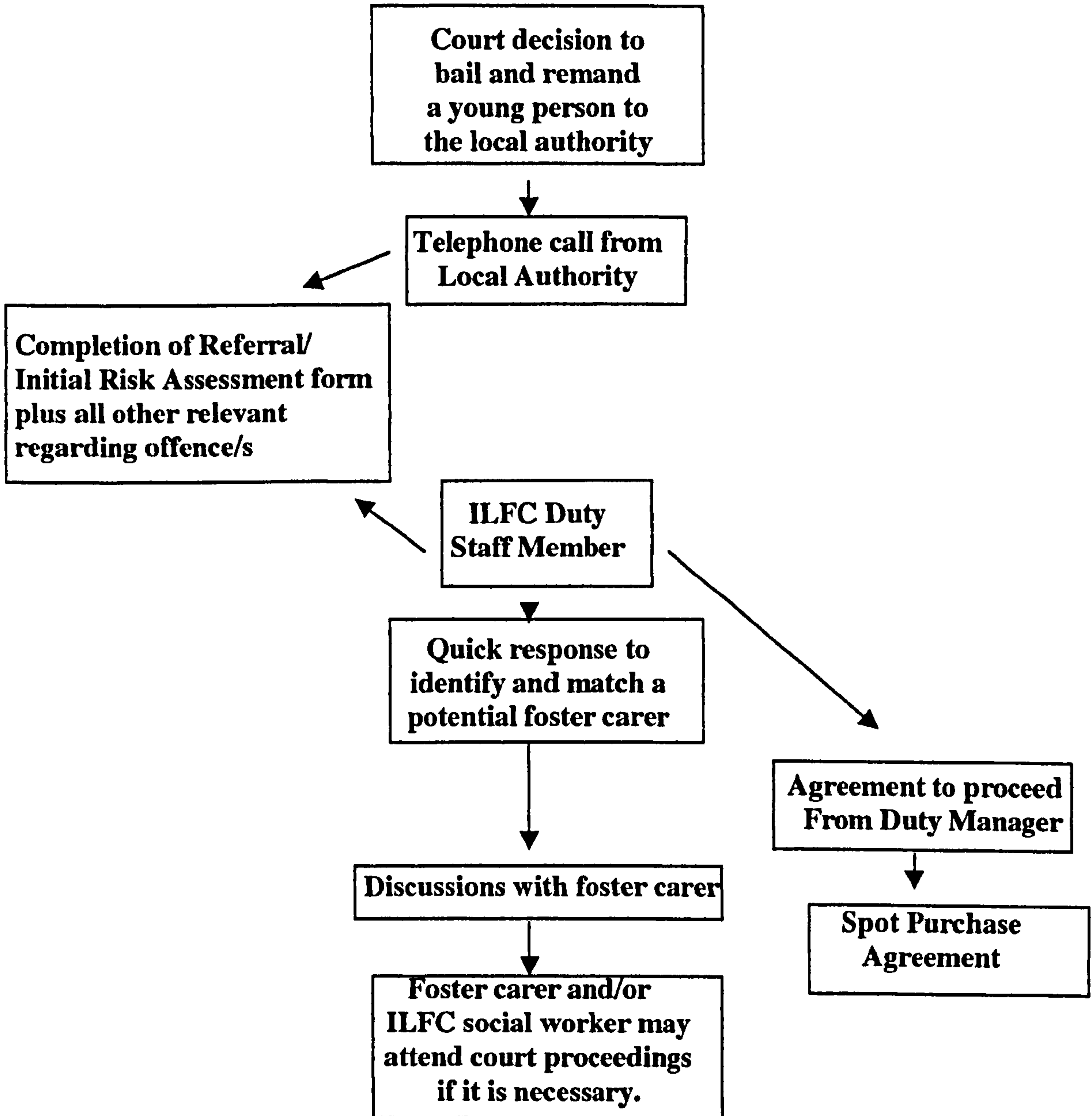


The Process Used for Referring a Young Person to ILFC



Appendix 6

This process is similar to ILFC's standard procedure but is carried out quickly to meet the needs of the young person.



ID and Length of stay	Reason for leaving	Manager's view/File information	Foster Carers' views
1 - 2 yrs 9 months	Resigned	Was burnt out after a long term placement.	Disagreement about a new placement. Unhappy with management. Returned to fostering for a previous local authority
2 - 2 yrs 9 months	Resigned (couple)	Took an allegation about sexual abuse personally.	Disagreement about the unsuitable placement of a young woman. Now in social work and race adviser
3 - 2 yrs 7 months	Resigned	Conflict with personal needs.	Dissatisfaction with management. Returned to fostering for a previous local authority
4 - 1 yr 5 months	Deregistered	Competency issues – panel decision	Wanted to do a social work course alongside fostering, but was a single carer. Now a social worker.
5 - 1 yr	Deregistered	Competency issues	The panel withdrew my approval, now I do voluntary work in West Africa.
7 - 1 yr 1 month	Resigned	Conflict between caring and family life	Dissatisfaction with the project's decision making over an allegation and not allowing visitors to stay. Now secretarial work and writing
10 - 2 yrs 1 month	Resigned	Counselled out – changes in life style	Unhappy about lack of support and compensation when a young person caused serious damage to the house.
11 - 1 yr 4 months	Resigned	Personal bereavement issues	Used bereavement for a reason to leave. Was unhappy with much of the project's decision making. Now a social worker.
12 - 2 yrs	Resigned	Wore herself out, group dynamic issues.	I lost confidence in the management style of ILFC, which I found to be infantile, punitive and destructive for the most part. Now a social worker
16 - 1 yr 8 months	Resigned	Burnt out – needed a break.	Approval changed to respite only – was encouraged to resign
18 - 9 months	resigned	Approved, didn't foster, resigned, reappointed, resigned again.	Not known
19 - R 1 yr 3 months	Resigned (couple)	Appointed for respite – did not foster – still had a fostered child from another authority.	Wanted to foster for ILFC, but it didn't work out because of the long term fostered child who didn't want to leave.
21 - 6 months	Resigned	Resigned whilst on holiday to save their relationship.	Nothing we did was good enough – communication and management are problems in the organisation. Now nursing.
22 - 5 months	Deregistered	Competency issues – panel decision	I wanted to stay but I was told to either resign or be sacked. I would have liked more training.
25 - R 6 months	Deregistered	Competency issues – panel decision	Not known

R = Respite only carer

YP ID	Sex	Age	Eth	LA	F/C ID	Sex	Age	Eth	Area	Children at home	End as Plan
YP1	F	13	Mix H	Northborough	CC2	F/M	40/50	0+BC	Northborough	Older 2 x F (Mix)	NO
YP2(p1)	F	14	W/UK	Northborough	FC6	F	40/50	W/UK	Northborough	F & M in range (Dua)	NO
YP3	M	13	BA	Northborough	FC1	M	30/40	BC	Local Auth H	None	YES
YP4	F	13	W/UK	Northborough	FC5	F	40/50	W/UK	Local Auth L	None	Moved
"	"	"	"	"	FC7	F	40/50	W/UK	Local Auth B	Older 1 x F	NO
YP5	F	12	Mix H	Northborough	FC4	F	30/40	BC	Northborough	None	Moved
"	"	"	"	"	FC6	F	40/50	W/UK	Northborough	F & M in range (Mix)	YES
YP6(p1)	F	16	W/UK	Northborough	FC7	F	40/50	W/UK	Local Auth B	Older 1 x F	YES
YP7(p2)	"	"	W/UK	"	FC7	"	"	W/UK	"	Older 1 x F	YES
YP8	F	15	W/UK	Northborough	FC5	F	40/50	W/UK	Local Auth L	None	Moved
"	F	"	W/UK	"	FC10	F	50/60	BA	Local Auth A	1 x F age unknown	NO
YP9	F	16	Mix H	Northborough	FC7	F	40/50	W/UK	Local Auth B	Older 1 x F	Moved
"	"	"	"	"	FC10	F	50/60	BA	Local Auth A	1 x F age unknown	YES
YP10	M	14	B/UK	Northborough	FC4	F	30/40	BC	Northborough	None	YES
YP11	M	17	BA	Northborough	FC3	F	40/50	BC	Local Auth A	None	YES
YP12	F	16	OTH	Northborough	FC12	F	30/40	BC	Local Auth N	None	NO
YP13	M	14	B/UK	Northborough	FC4	F	30/40	BC	Northborough	None	YES
YP14	M	16	A/UK	Northborough	FC12	F	30/40	BC	Local Auth N	None	YES
YP15	F	14	Mix H	Northborough	FC11	F	30/40	Mix H	Local Auth M	1 x F younger	NO
YP16	F	14	W/UK	Northborough	FC7	F	40/50	W/UK	Local Auth B	Older 1 x F	YES
YP17	F	14	Mix H	Northborough	FC10	F	50/60	BA	Local Auth A	1 x F age unknown	Moved
"	"	"	"	"	FC11	F	30/40	Mix H	Local Auth M	1 x F younger	NO
YP18	M	12	Mix H	Northborough	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	NO
YP19(p2)	F	16	W/UK	Northborough	CC2	F/M	40/50	O+BC	Northborough	F & M in range (Mix)	NO
YP20	M	16	BC	Northborough	FC3	F	40/50	BC	Local Auth A	None	NO
YP21	M	15	Mix H	Northborough	FC12	F	30/40	BC	Local Auth N	None	YES
YP22	F	15	Mix H	Northborough	FC7	F	40/50	W/UK	Local Auth B	Older 1 x F	NO
YP23	F	14	B/UK	Northborough	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	NO
YP24	F	18	W/UK	Northborough	FC7	F	40/50	W/UK	Local Auth B	Older 1 x F	NK
YP25	F	12	BA	Northborough	FC10	F	50/60	BA	Local Auth A	1 x F age unknown	YES
YP26	M	15	W/UK	Northborough	FC7	F	40/50	W/UK	Local Auth B	Older 1 x F	YES
YP27	M	12	B/UK	Northborough	FC3	F	40/50	BC	Local Auth A	None	MOVED
"	"	"	"	"	FC16	F	"	B/UK	Local Auth A	1 x M age unknown	"
"	"	"	"	"	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)	"
YP28	M	11	BC	Southborough	FC14	F	40/50	BC	Local Auth H	Older 1 x F rel	YES

MATCHING - KEY
 Yellow = Locality
 Green = Ethnicity
 Purple = Colour

YP29	M	13	Mix H	Northborough	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)Mix	NO
YP30	M	12	Mix H	Northborough	FC6	F	40/50	W/UK	Northborough	F & M in range(Mix)	NO
YP31	F	14	B/UK	Local Auth A	FC15	F	40/50	BC	Local Auth K	2 x F (1 in range)	Moved
"	"	"	"	"	FC10	F	50/60	BA	Local Auth A	1 x F age unknown	NO
YP32	F	NK	NK	Southborough	FC15	F	40/50	BC	Local Auth K	2 x F (1 in range)	YES
YP33	M	13	B/UK	Southborough	FC15	F	40/50	BC	Local Auth K	2 x F (1 in range)	YES
YP34	F	15	BA	Southborough	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	YES
YP35	F	16	W/UK	Southborough	FC6	F	40/50	W/UK	Northborough	F & M in range(Mix)	NO
YP36	F	13	Mix H	Northborough	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)Mix	NO
YP37	M	15	W/UK	Northborough	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	YES
YP38	M	15	BA	Local Auth B	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)Mix	NO
YP39	F	15	Mix H	Local Auth B	CC17	F/M	30/50	BC	Local Auth O	F & M (1 in range)	NO
YP40	F	16	W/UK	Southborough	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	YES
YP41	F	15	W/UK	Local Auth B	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)Mix	Moved
"	"	"	"	"	FC22	F	50/60	W/UK	Local Auth C	1x M Not at home	"
"	"	"	"	"	CC24	F/M	40/50	W/UK	Local Auth B	1 x M age unknown	NO
YP42	F	12	BC	Local Auth B	FC15	F	40/50	BC	Local Auth K	2 x F (1 in range)	YES
YP43	M	12	BC	Northborough	CC20	F/M	30/50	BUK+A	Local Auth P	F & M (1 in range)	NO
YP44	M	15	W/UK	Southborough	CC21	M/M	30/50	W/UK	Local Auth N	None	NO
YP45	F	15	B/UK	Southborough	CC17	F/M	30/50	BC	Local Auth O	F & M (1 in range)	MOVED
"	"	"	"	"	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	YES
YP46	F	15	B/UK	Southborough	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	NK
YP47	F	14	W/UK	Local Auth C	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)	NO
YP48	M	11	BA	Southborough	FC23	F	40/50	BC	Southborough	1 x M older	YES
YP49	M	13	B/UK	Local Auth N	CC17	F/M	30/50	BC	Local Auth O	F & M (1 in range)	YES
YP50	F	14	W/UK	Local Auth D	CC24	F/M	40/50	W/UK	Local Auth B	1 x M age unknown	YES
YP51	F	16	W/UK	Local Auth C	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	NK
YP52	F	15	W/UK	Northborough	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)Mix	YES
YP53	F	17	W/UK	Local Auth E	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)Mix	YES
YP54	M	15	Mix H	Local Auth F	CC13	F/M	40/50	BC+W	Local Auth J	2 x M (1 in range)Mix	NK
YP55	M	15	BA	Northborough	CC17	F/M	30/50	BC	Local Auth O	F & M (1 in range)	YES
YP56	F	12	BC	Local Auth G	FC23	F	40/50	BC	Southborough	1 x M older	NO
YP57	F	14	Mix H	Southborough	FC8	F	40/50	B/UK	Local Auth K	1 M + Grmchild M & F	NO

The young people's qualifications and future aspirations.

Age and sex	Type of qualification	Aspirations
17 (F)	None	I want to be a singer. I would like to have my own tape with my own voice. I want to go back to college and do psychology. <i>(1 child taken into care)</i>
18 (M)	GCSEs Maths, English, History, RE, Music, Art and Design Technology	Working – a professional DJ <i>(In Young Offenders Institution)</i>
16 (F)	GCSEs (waiting for results) English lit and language, Maths, Double Science, RE, Drama, Sociology	To be employed as a drama teacher – surviving
18 (F)	None	To be a millionaire if not working in a retail shop and have a family and be happy. I've got a husband I just need kids now. <i>(2 children taken into care).</i>
17 (F)	AQAs English, Science and Maths (taken in a secure unit)	To be at college getting an IT qualification
16 (F)	Food & Hygiene certificate (1 day course) held at the residential unit. GCSE Maths (waiting for result)	I want to be at University. I want to do law.
17 (M)	None	Doing painting and decorating because it's a trade
13 (M)	Still too young	Have my own house, working in a business selling cars, bikes, computers or something
14 (M)	Still too young	I want to go to college and do music and engineering
16 (F)	GCSEs unspecified (waiting for results)	I want to be a child psychologist, or work in a Children's Home or be a professional football player.
15(M)	NVQ Electrics	I would like to be an electrician. I took a 10 week course last year and it was alright.
15 (F)	First Aid	Voluntary work
16 (F)	Unspecified exams at a special school (waiting for results)	Life guarding – First of all in a Leisure Centre and then in Australia on the beach.
14 (F)	Still too young	I want to go to college and do my GCSEs
12 (M)	Still too young	Doesn't know yet

*The information about the young people's qualifications was self reported and has not been verified.