

Better outcomes for children in state care

A potential collaboration between research,  
local authorities, government and foundations





A great deal has been written about looked after children, or children in state care. Much recent legislation and practice reflects the influence of the research literature. But the circumstances of children in state care continue to worry many western developed countries.

Progress could be made simply by implementing what is known. But it may also be time to consider **a different way of thinking** about the problem.

## 2

The Social Research Unit and its partner organisations at Dartington are interested in demonstrating how better **outcomes** for children can be achieved.

The Social Research Unit's interest is in finding out whether state care reduces impairment to children's development.

Dartington-i is using evidence to design state care services that will reduce impairment.

# choice services

## 3

Reflecting on the evidence we have helped to assemble during the last 30 years and the developments in practice we have encouraged, we want to test a different way of thinking about foster care and residential care.

Our proposition has these four strands:

- 1 since central and local government choose how many children to have in state care, that it is better to choose a low number and offer a better service to fewer children
- 2 that state care should be formulated into a series of services with many more dimensions than the alternatives of foster care or residential care.

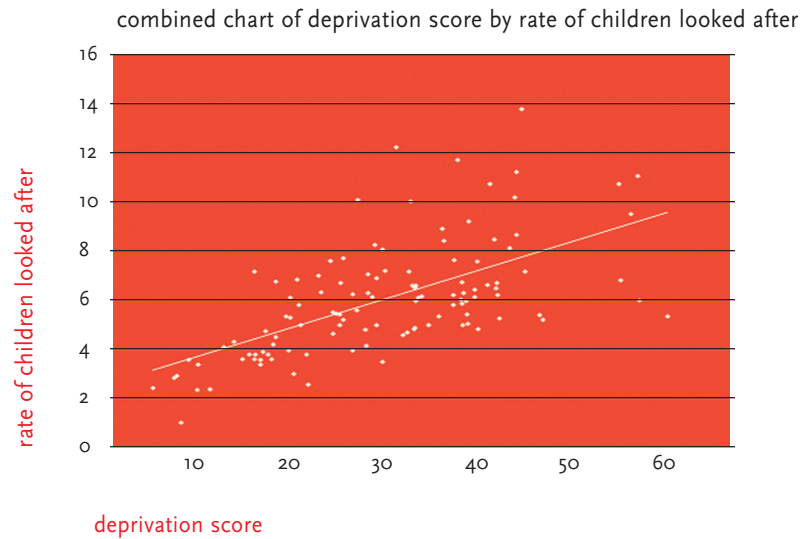
integration

evaluation

4

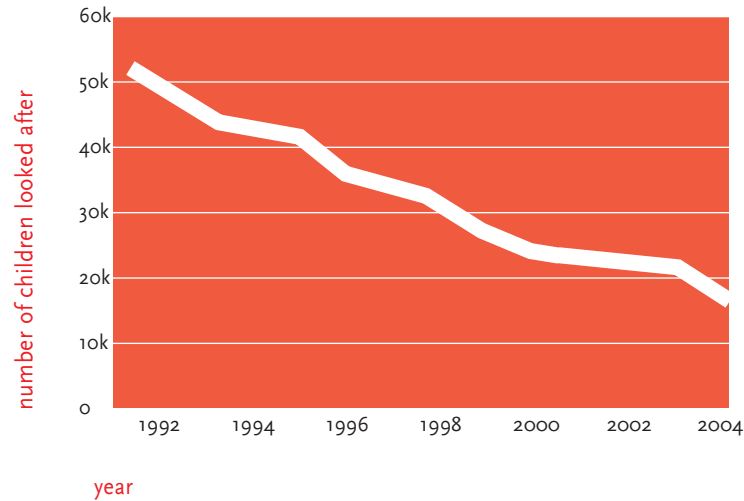
- 3 that children should be offered the same range of services, irrespective of whether they are referred along social care, youth justice or mental health routes.
- 4 that those services should be evaluated to establish whether they have any impact on children's development.

# 5



The first proposition is about choice. There is only a **weak association** between **need** and the number of children in **state care**. In some local authorities where there is a high level of need, children enter state care at a low rate, and vice-versa. It follows that local authorities decide the rate for themselves.

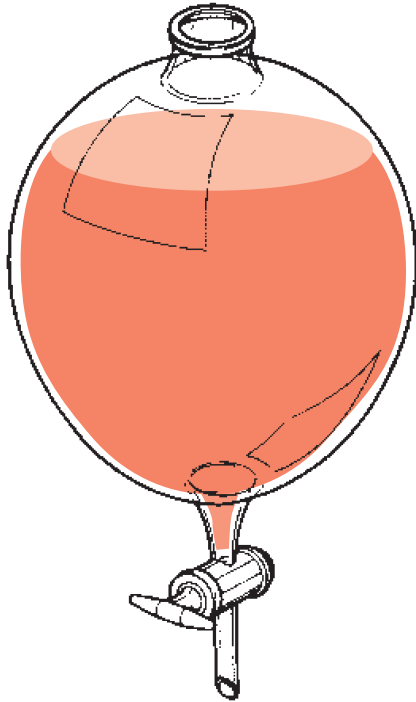
# 6



There is no evidence that a high or low rate is better or worse for child outcomes (either for children coming into state care or for other disadvantaged children).

In **New York City**, the number of children in state care dropped from **50,000** to **18,000** in under five years. There is no indication that the well-being of New York children has suffered as a result of this change (or that it has improved).

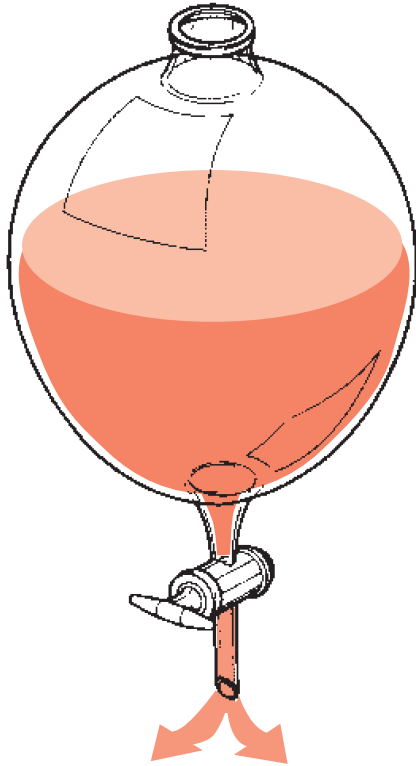
# 7



If a local authority chooses to reduce the number of children it places in state care, how does it go about the task? We know from evidence that this is primarily a question of **system dynamics**.

The idea can be illustrated by thinking of the state care system as a **flask of water**. The water represents children. As the number of children decreases, so the water level in the tank falls.

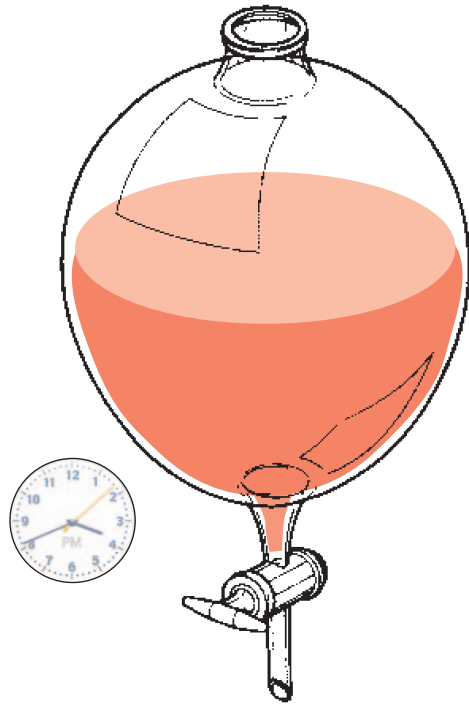
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There are four ways of lowering the water level.

- 1 The **flow out** of the flask can be increased.

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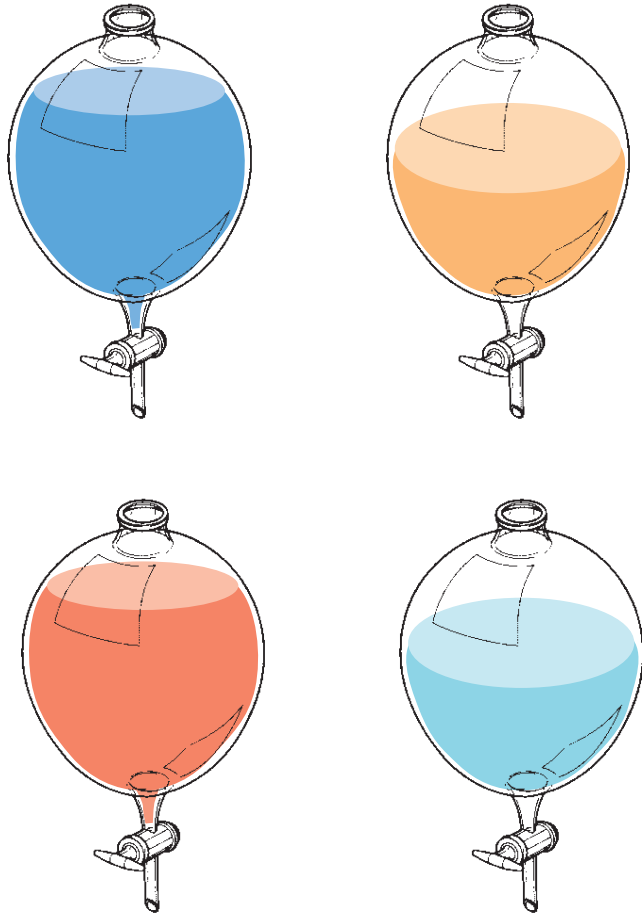


- 2 The **length of time** the water is expected to be held in the flask can be reduced.

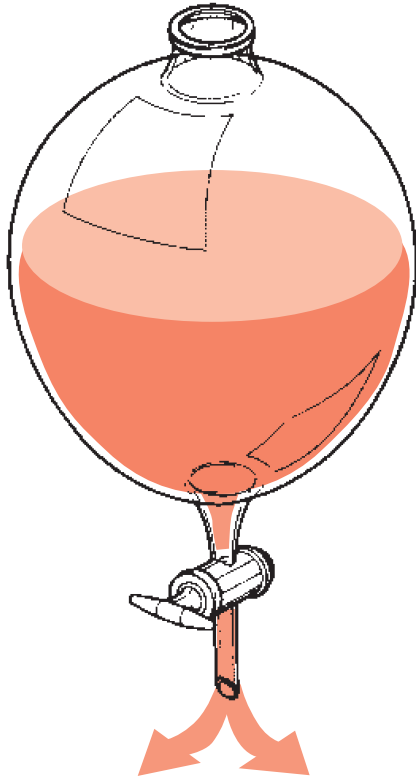
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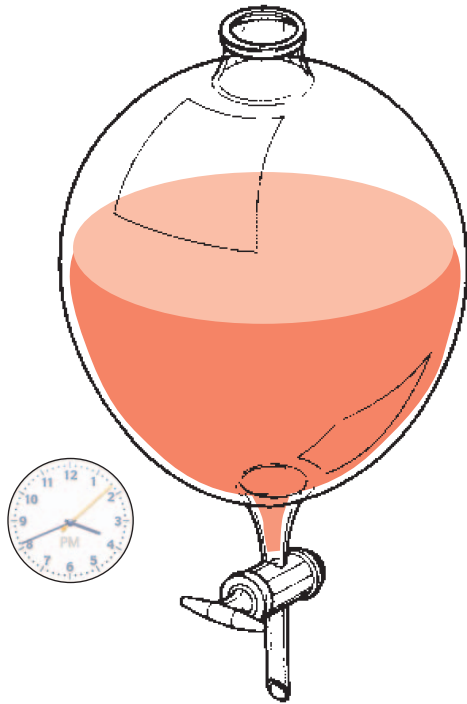
- 3 The **flow** of water into the flask can be reduced.



4 Other options can be put in place of the state care flask.



Increasing the flow of water out of the flask is relatively simple to achieve with respect to children in state care. Children can sometimes be returned to live safely with relatives, but they may **drift** or become **lost in care** – two conditions frequently mentioned in the research literature.



Reducing the time the water stays in the flask poses different challenges. How long a child stays in care can be an **arbitrary choice**. Six weeks may be selected as a target when 26 days – to select another arbitrary figure – may be better for the child’s well-being.

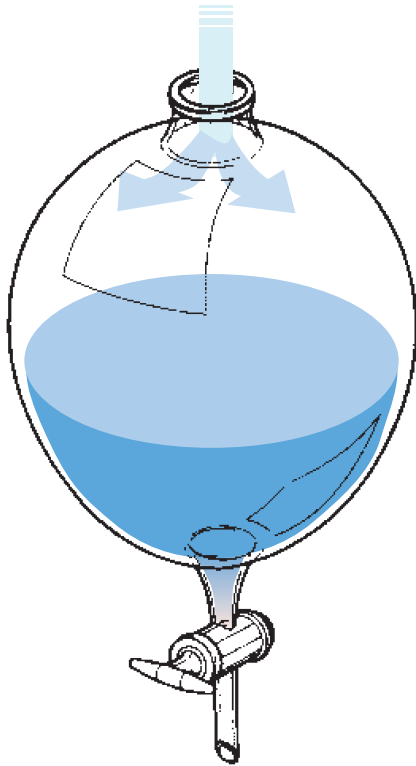
Routinely looking to reduce the number of days every child stays in care is another way to lower the water level.

(This analogy should raise questions – but they must wait for another day – about how numbers and rates of children in state care are calculated.)



Reducing the number of children coming into care is a strategy more familiar to local authorities. Many have experimented with **placement panels** to assess the necessity for care.

Dartington-i is encouraging local authorities to **think differently** about how these placement panels operate.



Local authorities will also be familiar with the concept of putting other options in place of the flask to govern the flow of water.

For example, in the 1970s ‘intermediate treatment’ to reduce the use for residential care was in vogue. But it proved to be an ineffective and unhelpful way of thinking about prevention.

Designing and implementing several services to **support children in their family homes** is a more productive approach



Dartington-i uses a combination of **Common Language practice tools** to help local authorities lower the rate of children in state care. The work involves increasing the outflow, next reducing length of stay, then reducing the inflow. It culminates in investment in new and better services to support children at home with their parents. The use of these methods is described in another presentation.

The purpose of the work is to give children in state care a better service. But a **negative side-effect** of paying so much attention to system dynamics may be to give the impression that state care is a problem for all children.

In fact, there is no authoritative evidence about the value of state care to child outcomes.

The goal of **reducing numbers** is to improve interventions for those entering foster and residential care, and then to find out how effective they are in **reducing developmental impairment**.

If we are to improve outcomes for children in state care, it is necessary to make the 'care' or 'accommodation' element part of a wider service. No child needs to live entirely away from home. Typically, children in foster or residential care have complex needs that demand a sophisticated response. 'Care' can only ever be one aspect of that response.

It is for this reason that Dartington-i invests heavily in the **design, implementation and evaluation of services.**



## 19

The point can be illustrated with an example of a **service designed using Dartington-i methods**.

Most local authorities look after a particular group of children, typically boys of around 14 who do not get on with their parents. They are often on the brink of getting into trouble and of being excluded from school.

Coming into care does little to address their needs. They are likely to **stay in care for two years, move placements frequently, break the law and attend school only fitfully**. At 16 they return to their parents **worse off** than at the point of separation.

foster family 4 weeks	to reduce tension at home
no contact 1 week	to reduce tension at home
mediation 8-12 weeks	to understand tension at home
teaching assistant 12 weeks	to keep child in school
contract	for consistency

The service Dartington-i designed for this group has these **five elements**:

- a four week placement with a foster family experienced with adolescents (to give birth parents and child a break from each other)
- no contact between child and birth parents for a week (to aid the cooling off period)
- 8-12 weeks of mediation between parents and child (so they will better understand tensions at home)
- a teaching assistant to support the child in school for three months (to ensure the child stays in school)
- a contract between parents, child and practitioner to complete the programme (to get commitment to the intervention).

This service design amounts to a **hypothesis**. Several practitioners, policy makers, and researchers with good input from parents and children have **predicted** that the intervention just described will achieve a **better outcome** than the existing provision. The hypothesis has to be proven. **The prediction has to be tested.**

Dartington-i is seeking local authorities to implement a version of this intervention using a service ‘manual’. The Social Research Unit at Dartington is seeking funds to **evaluate** the process and the results using **experimental methods**.



Traditionally, this kind of service design would be implemented by a social services department. Today, the task falls to **integrated children's services**, including youth justice and mental health agencies.

There is good evidence from several audits of referrals to children's services undertaken by Dartington-i that children referred to CAMHS, YOTS and SEN agencies have needs that may respond well to what has just been described.



This breadth of thinking has led **Norfolk Children's Services**, supported by Dartington-i, to formulate, implement and rigorously evaluate **ten new services** designed to reduce impairment to health or development for children referred to **health, education, social care or youth justice agencies**.

local authorities

government

foundations

The Social Research Unit and its partner organisations at Dartington want to open a new conversation about how to improve outcomes for children in state care.

Part of this work involves:

- working with local authorities to **reduce rates of children in care**
- partnering with local authorities to **design and implement new services**
- partnering with government or foundations to **evaluate** these services **rigorously**
- encouraging local authorities to develop an **integrated perspective**.

treatment

foster care

Oregon

Dartington's work is only a small part of a broader conversation. New legislation is being formulated. **Stephen Scott** and colleagues are evaluating the impact of a foster care service imported from the **United States**. Many local authorities are experimenting in other ways.

Another conversation is about trying to establish what it is that foster parents contribute to better outcomes for children in state care, particularly in relation to children who stay long. For example, we have discussed with **Ian Sinclair** the value of making a **long-term commitment** to a child, and of **continuing** to offer **support** long after after the legal arrangement has ceased.