

Time for a Change: A Review of *Fostering Now* and other Programmes of Research on Children in Need

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ABSTRACT

Fostering Now is one of the most important books on foster care in recent years. It presents new information and is part of a series of publications on children's services designed to convey research messages to policy makers and practitioners. However, if key questions are to be answered and effective services developed, different types of research and new methods of dissemination are needed.

Introduction

My partner works in a school supporting a 13-year-old boy, Luke. He is a child who has been looked after by his local authority for seven years. He needs full-time support to keep him in an ordinary school. His parents were pretty awful to him. He loves them both but does not want to go home. One of his foster carers took to locking him and his brother in their bedroom from the time they returned from school to the time they got up in the morning. The social worker that discovered this has since left. The boys are now with new foster carers who do not really want him but soldier on knowing there is not much alternative at the moment. We have thought about fostering him ourselves but have been this way before and worry about the 10-year commitment and the impact on our own children. Luke plays on my mind in the same way children in care play on our collective conscience. But probably we will do nothing.

Ian Sinclair's book is about children like Luke. It is about foster children who have been away from home for more than six months; that is about 85 per cent of children who are looked after by local authorities at any one time and 60 per cent of those newly admitted to care or accommodation.

Fostering Now brings together 16 studies commissioned by the Department of Health (responsibility now residing with the Department for Education and Skills) and the Scottish Office. It is the ninth in a series of overviews conceived in 1984 by Jack Barnes and Jenny Griffin in the Department of Health and subsequently developed by Carolyn Davies, a research liaison officer in the Department of Health and later the DfES and now retired from the civil service (in the modern un-retiring way) and is working at the Thomas Coram Research Unit in London.

My task is to review the book. I know from experience that it is easier to criticise than write these things. And the book is so short and accessible, why review it at all? If you are not going to read the book then you probably will not learn much from a further précis of what is effectively a summary.

So I am not going to review it in the normal way. Instead I want suggest some ideas to consider as the book is opened and to reconsider as it is closed. I want to say something about the success of this kind of research, the dissemination strategy and,

to an extent, what we do well with looked after children. And then I want to suggest that we do something different.

The strengths of the dissemination approach

Each time I pick up one of these overview books (a full list of the series is included at the end of the article) I think of Carolyn Davies. I associate her with the creation and sustenance of the project through many political and policy vicissitudes. I count the series as the single most important contribution to dissemination in children's services to date. There will many professionals who will struggle to put a study to the name of Professor Sir Michael Rutter but will be able to attribute some aspect of practice to a Pink or Blue or Yellow book (in the early days there was a tendency to distinguish the overviews by the colour of their cover, starting with Jane Rowe's (Pink) *Social Work Decisions in Child Care* in 1985. The number of books has outstripped our lexicon of colours but for the record Sinclair is Dark Blue).

If children's services practitioners were restricted to one series of books on their shelves then this set would be a strong contender. It contains a body of knowledge that will last. They are written in a way that is especially helpful for practitioners. They contain guidance on how to deal with the concerns that keep practitioners awake at night and they are accessible. The reader who fails to read these publications is unlikely to read any books in the field (Weyts et al., 2000).

The methodology is straightforward. The starting point is research commissioned under the Rothschild principle (1971), established in the late 1970s, where policy questions are informed by studies specifically designed to answer them (and add to the broader knowledge base). A research liaison officer mediates the transaction, protecting the quality of the science but ensuring that it remains policy relevant. The context for the Sinclair studies has been the recent *Quality Protects* and *Choice Protects* policy initiatives (DH, 1998; 2002).

Davies's innovation has been along the following lines. To begin with, several linked studies with similar policy questions are commissioned. The researchers and relevant policy makers then meet regularly as the studies get underway and the policy implications are drawn and refined. As the studies come to completion, one of the investigators takes responsibility for pulling the emerging messages together into a single overview.

The structure of the overviews has broadly followed the template set down in 1985 by the author of the first publication, Jane Rowe. It comprises: an essay drawing together the research messages and making suggestions for policy; short summaries of each of the studies reviewed; and some exercises, usually assembled by a group of practitioners, researchers and policy makers who have read early drafts of the overview, that connect the results to practitioners' day-to-day work.

One strength of the series has been the quality of writing going into the essay part of the overviews and a preparedness on the part of authors to go beyond the evidence to draw out some practical lessons for policy makers and practitioners. So Sinclair draws together several messages into the single observation that children in foster care want normality, family care, respect for their origins, control over their destiny and opportunity.

The results are then published in an accessible format covered with the unintended irony of cartoons of smiling children (increasing ethnic diversity and sensitivity to maltreatment mean that it is practically impossible to use photographs of real children) and the logos of relevant government departments and policy initiatives. A Minister or senior civil servant (Tom Jeffery, the Director-General for Children, Young People and Families, in this case) writes a foreword.

In the early days, the relevant Minister of State launched these overviews with an opening address at a major event. They are often too busy these days but the habit of holding a series of conferences around the country at which the overview author and some of the individual investigators present their findings has endured. The dissemination programme for the first few editions was probably responsible for introducing many practitioners to the world of research.

Several of the overviews have had their impact on policy and practice but the effect comes from researchers riding the policy much as a surfer rides a wave. In the middle of a huge wall of moving water one exerts an influence by virtue of being on the board, but the critical element is knowing which wave to ride: some ride to relevance, most peter out.

The weaknesses of the dissemination approach

Strength implies intrinsic weakness and so it is with this series of overviews. The strength of the Rothschild type research is its policy relevance; its overwhelming weakness, in the context of children in need at least, has been the tendency to collect data on service populations. So a study of foster children comes to depend on data on foster children when what we often need is information on children who have been fostered and those from similar circumstances who have not. Nearly all of the questions that remain unanswered (summarised below) require data on children not in foster care as well as those who are. What is sobering is not so much the gaps in our knowledge, for example, the contribution of foster care to child outcomes, as the failure to mount studies capable of filling these gaps.

The nine overviews comprise of over 100 studies. There are only three experimental evaluations among them, and the one in *Fostering Now* (McDonald and Kakavelakis, 2004) focuses on the training of adults. The approach relies heavily on administrative data (practitioner records) and pays less attention to validated measures, for example of behaviour, health and cognitive ability. There is hardly any longitudinal work and most that exists stops when the child leaves care. One of Sinclair's own studies covered in the overview is illuminating because it tries to catch up with a group of children in care 15 years previously to see how they got on: but there is precious little other evidence of this sort (Sinclair et. al., 2004).

By design, each overview is also largely restricted to the studies included within. This poses two problems for the author. First, some studies will not be as interesting as others, and the quality of their science will vary yet there is an expectation that they be given roughly equal coverage. Second, many important findings will be in studies outside of the overview. Sinclair uses the device of including his own review of the United States research to connect *Fostering Now* to the broader evidence base (Wilson et. al., 2004).

A further difficulty arises from the changing nature of the children's service audience. The first overview was written by a social worker for a social work audience and,

while the world has diversified to the point where social workers are now integrating into children's services departments, the series has remained primarily focused on this one audience and its concerns. Social workers care about outcomes but they also focus on rights and process. The authors write with a weather eye to these sensibilities. Future research will need to take into account the changing audience especially as ninety per cent of personnel in the new children's services work in education and schools control two-thirds of the budget.

The series can be viewed as an historical record: a *Who's Who* of children's services research in the last two decades of the last century (with some curious exceptions, for example, the work of Olive Stevenson does not feature, yet she has been a dominant figure in the field); a compendium of Rothschild principle research on children in need and an almanac of policy concerns from the mid 1980s onwards. But 20 years on and nine overviews later, one senses that the limit has been reached and that not much more can be squeezed from this kind of research into these kinds of policy questions.

Which brings me to the final weaknesses and back to the surfing metaphor. This series of books is for surfers. There is not much room for people studying the dynamics of the water that makes the wave or those who seek, sometimes successfully, to build a breakwater. What place for them in improving the lives of children?

What do we know?

Whatever the weaknesses of the series, Sinclair's book is a major source of information on children in need. The overview findings have been pretty constant over the 20 years. I will concentrate on what they say about looked after children, including those in foster care. I do not think there will be much disagreement about the items in the potted summary that follows.

Looked after children come from economically poor families. By now, this hardly needs to be said; Sinclair uses one sentence to state the obvious. What cannot be said, because the research is not set up to show it, is that most people working in or commenting on the care system would not let their own children anywhere near it. Some involved in writing these books have been 'in' the system, either by virtue of being foster children, foster carers or residential workers. For them, or at least for me, there is a tacit steering of the child away from care and towards safety, or normality, while respecting those left behind.

Being a child in care is to have an exceptional experience. Ninety-eight per cent of children in society live with relatives, usually a birth mother, until their 16th birthday, and the trend is to stay at home longer into early adulthood. Over a six-year period (1991-1996) nearly one in ten (9 per cent) of children under 17 were in 'chronic' poverty in the sense that their family income over the six years was below the poverty threshold (Hill and Jenkins, 2001), but only two per cent of all children will ever be looked after, and most of these will spend significant periods - often the majority - of their lives with birth parents.

Most children are long known to children's services before they are separated into care. It is rare for a neighbour to discover abuse, for the child immediately to be whisked away into foster care and eventually be adopted. In fact, the evidence seems to suggest that the greater the emergency, in administrative terms at least, the longer will be the subsequent period of negotiation about where the child should live in the

long-run. Yet, children separated by emergency proceedings are more likely to return to live with relatives than those separated in other legal contexts.

For each individual child, and arguably for the system as a whole, there is a dilemma that is seldom resolved, between, on the one hand, keeping rickety families intact and, on the other, providing for the child a permanent alternative family (which in many cases involves a reasonable degree of contact with family members). This dilemma has two significant consequences.

First, separation is rarely a single event. It is a series of stops and starts with workers seeking both to serve the child's best interests by placing them away from home and trying to prevent family breakdown by placing the child back with relatives. Too often, the child gets stuck in the middle, getting neither a viable upbringing at home nor a stable, safe alternative. Today, just over half of children who are looked after for two or more years will move placement. This figure appears better than the 83 per cent recorded in 1982 although this latter figure falls to 69 per cent when the calculation excludes the now decommissioned 'observation and assessment' centres, which generated a placement change by virtue of their role (Millham et al., 1986; Dartington-i, 2004).

Second, the resolution of the family prevention versus permanent placement dilemma effectively creates two segments of the care system, both vying for the same resources. There are 'short-stay' or temporary arrangements put in place while minds are being made up, and 'long-stay' or potentially permanent arrangements. The needs of the children in each segment differ markedly, as does their profile, but the provision for them is much the same as is, rather depressingly, their experience.

Sinclair's book is about 'long-stay' arrangements. A constant over the last 20 years has been the misunderstandings arising from readers taking the findings about one segment of the looked after population and trying to apply it to another.

By the time they come into care, children have experienced a pretty miserable set of family circumstances, including variously maltreatment at the hands of parents, witnessing inter-parental conflict and experiencing the various sequelae of poverty. In the middle of all this misery are a small and decreasing proportion of children whose parents are doing reasonably well but are temporarily unable to cope with practical problems - lone parents who are under stress or will not use relatives to care for their children while they are ill, homeless or in hospital.

Children come into 'care' with more problems than most. The prevalence of mental health problems for children in care is about four to five times higher, depending on age, than for other children. Meltzer and colleagues (2003), for example, report that the rate of emotional disorders among 5-10-year-olds in care is four times higher than it is for children of the same age living at home (11 per cent versus three per cent), while for 11-15-year olds behaviour problems run nearly seven times higher (40% in the care population compared with 6% living at home). Note, however, that in both instances the majority of children in care do not have these problems.

Since these children come from miserable homes and have accumulated more than their fair share of mental ill health, it is hardly surprising that they struggle in many social contexts, particularly school. Much concern has been expressed about the poor academic performance of children in care, but as much could be said about their achievements performance prior to admission. It is churlish to put all the blame on the care system.

This catalogue of adversity invites the lay reader to several misinterpretations about cause. Children in care have elevated rates of poor mental health: viz being in care causes mental health problems. Children in care do less well than peers at school: viz being in care causes education difficulties. There may be a causal pathway that links being in care to poor mental health or educational problems but not only is there no evidence of such a pathway but no study has ever been mounted to prove or disprove the connections.

What we do know is that most children in society who have been maltreated or who live in the context of other family adversity, or who experience mental health problems or do badly at school, go nowhere near the looked after system. There is no proof but getting into care is probably due to a combination of socio-economic circumstance (being poor is a *de facto* entry criterion) exacerbated by ineffective parenting and administrative accident. Indeed, if a child's case is the responsibility of a social worker, the options are somewhat different than those available to a psychiatrist or psychologist. (It follows that children with similar needs will get a very different experience depending into which part of children's services they fall – the looked after system, special education, CAMHS, youth justice et cetera. These administrative separations and the relative absence of services designed specifically to meet the needs of sub-groups of children known to children's services create a fault line that separates foster or residential care from success.)

The majority of children long in care (six months or more) go home, although seldom with much success. Despite the new evidence in *Fostering Now*, conclusions on this matter are still far from clear-cut but most commentators agree that there is no evidence that those going home do any better or worse than those who stay in care.

Turning to the care experience, it is clear that care careers of looked after children vary and some children in care do very well in adulthood. These success stories can be split into two camps. First are children who have done well despite coming from dysfunctional families and putting up with a less-than-satisfactory care experience. These children have sponsored a growing research interest in resilience. Second are those who have probably done well because of the care system. Although the evidence base is limited, there are reasonable grounds to believe that children adopted before reaching school age do much better than those separated into less permanent arrangements later. There are also reasonable indications that stable long-term foster families are part of the route to success for some children. Both avenues can work with or without contact with birth relatives.

Other children in care do very badly: as much is plain from the data on adult sequelae, which show elevated rates of family breakdown, crime, prison and homelessness. But I stress again that there is no evidence that these poor outcomes are the direct result of care. Added to this are the scandals that have plagued most jurisdictions. Rarely, but too often, 'care' can become an incubus for abuse.

Maybe there is much more to be said about what has been constant regarding 'care' and foster care over the last two decades. I will add one point to the list. This tiny segment of children's services is politically important because it makes the state the parent or at least a 'part-parent' to children. It is perhaps surprising that in an era when governments of all persuasions have become more vocal in telling their citizens that they must parent better, the corporate state continually fails to shine at the task.

What has changed over the last 20 years?

The world of children's services has changed markedly since Jane Rowe's first overview. There have been several major pieces of legislation (the 1989 and 2004 Children Acts and the 2002 Adoption and Children Act) and a myriad of re-organisations. Much potential good should come from legal reform – particularly with its stress on orders and services for *all* children - but we now know to expect little in terms of child outcomes from administrative change (Morpeth, 2004).

Reading Sinclair's overview in the context of the others in the series I am struck by how little *radical* change there has been. Arguably the greatest shift concerns child maltreatment. We recognise the problem now in a way we did not 30 years ago. Then it was just about possible to have a discussion on the merits of taking 'incest' victims into care. More than this, it appears that more children coming into care have a history of maltreatment, mostly at the hands of their parents. Rowe, lifting Packman's (1986) neat classification, talked of 'victims' (of maltreatment), 'volunteered' (by parents who could not cope) and 'villains' (who broke the law). There are now more of the first and fewer of the second and third.

Packman's taxonomy was a way of making sense of the heterogeneity of the care population. 'Heterogeneous' was a word I first looked up to learn about research on child welfare but it has become a word we say but do not understand. We still too often talk about 'care', and 'foster care' as if they define the needs of children served when in fact they capture the hinterland of several diverse groups. This, the most significant challenge to research on children in foster care, is probably more salient today than it was in 1985. But there have been other less extensive changes too.

If there are now more 'long-stay' children in care, it follows that children in care are staying longer. This may or may not be a good thing but the consequences of the change are important. For example, there will be more older children in care now and the challenges they present to foster parents, social workers and teachers will be greater.

Another change concerns the greater proportion of children who are now placed in what in the United Kingdom is known as foster care, meaning the homes of families that look after other people's children. There is less use of residential care, and hardly any for those under ten years old. At the same time, family structures have altered radically. Lone parents are more common, women are more engaged in the workforce and unemployment rates are relatively low. There are fewer incentives to become a foster parent and, with supply struggling to keep up with demand, prices have risen. It is now common to pay foster parents a 'wage' in addition to the costs of bringing up the child.

In common with other parts of public service, the independent (sometimes for profit) sector has grown. A greater proportion of foster placements are provided by the private and voluntary sector, which presumably offers something novel (why else would it be used?), although relatively little is known about it or its impact.

Then there have been fashions that have come, gone or are in the process of coming and going, each of which leaves some legacy. An emphasis on parental rights gnawed at the work of policy makers and led to the commissioning of the studies overviewed by Jane Rowe. The legacy was a sharing of care between the state and natural parents and much greater contact between children and birth parents. From time to time, greater stress is placed on permanency and attempts are made to increase the number

of children in care being adopted; as a proportion of the care population it has doubled in the last two decades (three per cent to six per cent) and nearly tripled as a percentage of all care leavers (five per cent to 14 per cent). The *UN Convention on the Rights of the Child* has filtered into several aspects of children's services, although it is sobering to reflect that in at least two important respects – equality of treatment and the principle of 'first do no harm' - the care system remains relatively untouched. Ethnicity – something hardly mentioned in the Rowe review- has made its impact and 'matching' of children with foster and adoptive carers has become a routine aspiration, not always achieved. More recently there has been a call to be more 'evidence-based' although the nature of the evidence used in children's services is rather variable (Parker, 2001).

The current vogue is the child's voice and consumer choice. Sinclair's review bears all the hallmarks of the former and eloquently draws out the simple requests of young people that could be heard but too often are not. As has been said, most children eventually go home but, as the voices in this overview call out, many do not wish to.

Potentially the most significant change has been the lengthening of the period of 'care' into early adulthood. The state has come to recognise that parental obligations do not stop at the child's 16th or 18th birthday. Children fostered in adolescence now have a right for support until their 21st birthday. This is still an arbitrary cut-off point that rarely reflects the needs of young people or the obligations felt by foster parents, but it is an improvement on the previous situation all the same.

Probably the most significant legal changes in children's services since Jane Rowe's first overview stem from the 1989 and 2004 Children Acts. The introduction of a single threshold and set of orders in the *Children Act 1989*, the presumption of shared care, the greater stress on contact between parents and absent children and the more rigorous application of 'voluntary' arrangements between parent and state have left a significant mark, most would argue for the better. The increasing stress on outcomes for children, beginning with Department of Health seminars in 1987 (Parker et al. 1991) and culminating in the focus on health, safety, economic well-being, enjoyment, and achievement and contribution to society in the *Children Act 2004*, has captured some imagination, although ironically there is not one jot of evidence to suggest that foster care or other substitute parent arrangements have either positive or negative impact on children's health, safety or enjoyment and achievement, three of the five target outcomes. (There is much debate about 'care' or foster care being beneficial or harmful to child outcomes (Maluccio et al. (2000; 2003) but with regard to children's health and development, the plain fact is we do not know, and we do not seem to be making much effort to find out.)

What do we know now that we didn't know in 1985?

A considerable amount of knowledge has been added by the series of overview reports of which Sinclair's book is the latest. Arguably the greatest contribution of the kinds of study covered in the series and captured well by Sinclair are the simple, practical alterations that can be made by policy makers and practitioners and which can be expected to make a significant difference to children's experience.

Beyond the series, the understanding of child development and psychopathology has transformed over the last 20 years, although our knowledge base still remains a pin-prick of what we need to serve children properly and achieve the outcomes we are

now charged with achieving. So much evidence has been produced that is relevant to the experience of looked after children that it is only possible to allude to a fraction of it here.

We know quite a lot now about what might be termed ‘normative family functioning’, including the things that commonly go wrong in families. There is an established body of knowledge dealing with bereavement and we know much more about divorce, step-parenting and single parenting. To that we can add data on the prevalence and impact of inter-parental conflict and, in its extreme form, domestic violence (e.g. Straus, 1979; Straus and Gelles, 1990). We know quite a lot about maladaptive parenting techniques, for example coercive parenting, and there is a growing body of knowledge on how to reduce their use (Moran et al., 2004). We know a lot about ordinary methods of control, for example the fact that most parents have hit their children at least once (e.g. Creighton and Russell, 1995). We know a lot about the potential causal pathways that lead from the impoverished lives that many children lead before they come into care to the mental health, behavioural and educational outcomes they suffer during and after separation. For example, there is a growing body of evidence that helps to explain how maltreatment is translated through a series of complex mechanisms into a change in the way in which children think and make decisions about the world around them (e.g. Cicchetti and Toth, 1995; Dodge et. al., 1990).

Or to look to another body of research, we are beginning to understand much better how genetic risks interact with the environment to pre-dispose or protect a child from a range of health and behavioural outcomes (Plomin and Rutter, 1998). Taking just one side-show in the emerging genetic evidence base, we now take it for granted that two children brought up in the same family will have shared and ‘non-shared’ experiences, producing some similarities in well-being but also some differences. These findings are all hugely relevant to the way we approach children with abnormal life experiences such as those coming into care.

In the production rooms responsible for this emerging evidence base there are people whose job is to understand potential causal pathways and to design services to break the chains that link adversity to poor outcomes. The big production houses then secure funds to implement the service and rigorously test their impact on children’s well-being, a process that not only measures the value added by the service but also contributes to our understanding about causal pathways. With a few important exceptions, very little of this way of thinking has impacted on ‘care’ and foster care, where too often the service comprises the separation plus anything extra the substitute carer or social worker can secure on the child’s behalf.

We know that the cost of failing to prevent the escalation of childhood problems is considerable (Selwyn et al., 2003). Since economics has become such a powerful metric in modern life, it has become common to use cost-benefit analysis to indicate the impact of negative child experiences on adult lives. Most of the financial costs are embodied in the personal costs to the children in their adulthood life, with greater dependency on health services (physical and mental), greater experience of prison custody and higher dependency on financial support from the state.

We have also come to learn that significant proportions of children experience some impairment to their development as they grow up (and there is some indication that levels of impairment are rising) and that a high percentage of children are referred to children’s services for help with that impairment. Dartington’s epidemiology studies,

using a global measure, estimate that at any one time about one in seven children will be suffering (or are likely to suffer if no help is offered) some impairment to their development (the threshold for offering support, including accommodating children under voluntary arrangements, although the impairment has to be significant for a care order). About one in four children each year are referred to children's services, usually health and education in the first instance, for help with a need that goes beyond the support of universal services. How do children's services sift through the 25 per cent that are referred to find the tiny population that need to come into care?

What do we disagree about?

I may be wrong, but I do not think there is much disagreement about the findings I have summarised here. Where there are problems, they tend to stem from beliefs. Some people believe that adoption is a good thing, others that is bad, and these beliefs colour their reading of the evidence. This kind of belief is about as helpful as a belief that hospital is a good or bad thing. Most of us recognise that hospital is highly desirable if you have a brain tumour but less efficient if you have a headache. Why can we not take this approach to adoption?

There are some researchers who believe, but in my experience they are few in number. The problem is more beliefs attributed to researchers by believers. I have found in my own work, for example, that most children in care eventually return home to relatives – a largely undisputed fact restated in Sinclair's book. My evidence is wholly silent on the question of whether children *should* go home but is used by believers in re-unification to back their cause, turning me into an ogre among those who believe in protecting children from their birth families.

So we know quite a lot and have learned much since 1985, and there is relatively little dispute over the known facts. But the interpretation of that evidence remains muddled by beliefs, nearly all of which are implausible, impossible to prove or, at best, unproven.

What don't we know?

The gaps in our knowledge stem partly from the approach to research on children in care typified by the studies in the overview series, for example, the dependence on administrative data and the hazy approach to measurement. But the dark chasms of ignorance are all attributable to the dogged focus on service populations (e.g. children in care) and the lack of attention to those outside of the service (e.g. highly disadvantaged children not taken into care). It is not possible here to provide a comprehensive list of how we might usefully improve our knowledge base but a few examples should serve to make the point.

First, we know hardly anything about what researchers call 'selection effects'; that is, how children in care are different from and how are they the same as other children in need, known to and not known to children's services. The nearest approximation to a study of this nature compared the circumstances of 2,528 children entering care in 1987 with a sample of 5,407 children not in care and drawn from the 1985 General Household Survey (Bebbington and Miles, 1989). By design, this study tells us much about family circumstance and economics but little about risks and protective factors in the child.

Second, there is not a single indication that placing a child in care improves or makes worse that child's health, education, behaviour or any other aspect of their development. We know that children in care have elevated rates of behavioural problems but we do not know whether the care experience has caused, exacerbated or ameliorated them. Since the care population is heterogeneous, any examination of this point would have to focus on sub-populations. Thanks to the pioneering work of Parker, Ward and others in the late-80s the literature on children in care is littered with references to the word 'outcome' but our knowledge about the outcome of care, as opposed to the experience of being in care, is slight.

Third, hardly anything has been added to our knowledge on the impact of separation from family that is relevant to the use of state care since Michael Rutter's *Maternal Deprivation Re-assessed* was published (in its second edition) in 1981. The little evidence that has emerged in the last two decades comes to no clear conclusion and is based on imperfect methods. For example, Voirra and colleagues (1998) find that high IQ, low severity of presenting problems and high family stability were associated with better outcomes for children coming into residential care, but the study is based on a comparison between children in residential care units and children in their classrooms living in intact two parent families, making it impossible fully to isolate the impact of separation on the outcome.

Fourth, the literature is silent on the question of timing of intervention and dose effects. There has been some analysis of the curious impact of administrative arrangements on care careers, for example, how the chances of return to relatives are much elevated in the first three months of separation and lower but constant thereafter. But more important is to know whether separation at one stage in a child's development has different effects from separation at another stage. It is also critical to know at least something about dose effects; what is the impact, positive and negative, of each successive month in foster care on child outcomes? On these matters, practitioners are currently working completely in the dark.

Fifth, there are some important descriptive studies to be done. For example, no study has prospectively followed a cohort of children from the point they entered care over an extended period that includes the period after the time in care has ended. The nearest we have to this is Dartington's *Lost in Care* which stopped collecting data when the care episode ended but which has since included a few retrospective attempts to trace the children (Millham et. al., 1986). Rigorous measurement of such children's development over time would be one important contribution to our understanding. So too would be a clear description of what services are offered to the children, their birth families and the substitute carers. We do not know, for example, whether going into care increases or decreases the odds of a child getting appropriate help with, say, mental health or educational needs.

Sixth, there are some important side issues that would fit well with a shift in the research agenda. At present, we know hardly anything about the impact of return on children's development (there are good qualitative data on how people negotiate the transition but there is little objective information on, for example, its impact on cognition, emotions or behaviour). Much could be gained by conceptualising return as another separation (from foster or other substitute carers).

Finally, what little we know about separation is focused on the child. But what are the effects on the adult, and how do these effects then influence children's outcomes?

A different way of looking at the issue

Bearing in mind the previous discussion of the strengths and weaknesses of the care system and of the evidence base, how might we move forward? There are some strategies that might be discounted. More of the same will add little; there is very little to be squeezed from the research agenda that has formed the basis of the nine books in the overview series, and as the integration of services for *all* children gathers pace it will be difficult to sustain a safety net restricted to a small sub-group of children whose impoverished parents have erred.

Significant legislative or policy change might also be put to one side. The two Children Acts (1989 and 2004) provide a highly sophisticated framework that permits local authorities considerable latitude to improve and create a context where alterations at the local level that produce better outcomes for children that will be applauded at the centre. Thinking differently about 'care' and foster care might help, especially if a change encourages better integrated evidence and a preparedness to learn what we do not already know, including what works in improving child outcomes.

The care system is not dealing with a unique problem. There are many practical problems associated with poverty that we do not approach by the separation of parent and child (although in some cases separation might help). We help few children with mental health and behaviour problems by separating them from their parents (although in a proportion of cases separation might help). Interventions to deal with the effects of child maltreatment, particularly by parents, may necessitate separation (although usually it does not) but this can only be one part of the help that these children need.

A search for ways to address better the different combinations of need experienced by all children and consideration of how separation might aid or hinder that support might be a good starting point for the development of the sector. In the past, we have let the service define the child, his or her needs and the outcome. We must reverse this order.

Recently I worked at length with a local authority looking to implement fully the aims of *Every Child Matters* and the *Children Act* 2004. All of the leaders of children's services agencies sat around a single table and set out an integrated strategy most likely to achieve the five outcomes in the new legislation. A major strand of that strategy was the design, implementation and thorough evaluation of around 10 new services to meet the needs of children experiencing significant mental health, behavioural, family or educational problems. The new services will cross the current administrative divides of health, social services, youth justice and special educational needs. Some of the children served by these 10 new services will also be looked after but the services will be available for all children who have a significant impairment in their development.

In addition to addressing the government's outcome and integration agendas, this deceptively simple strategy also provides a potentially radical new direction for adoption, foster and residential care. If the strategy I describe is implemented, it seems to me that certain strengths of the current 'care' system and common sense findings of books like *Fostering Now* will endure. Two examples serve to make the point.

First, some separation of the recruitment, support and training of social workers, foster carers and other expert support for children staying away from home for short periods (less than six months) and long periods seems obvious. Children staying for long periods in care need long-term commitments that will endure not only the vicissitudes associated with ordinary growing up but also the increased risk of mental ill-health, behavioural problems and educational needs when a child cannot or will not live at home.

Second, there is now sufficient evidence to be confident about offering some generally successful parts of 'care' that might stand apart from other integrated mental health, behavioural or special education provision. For example, it is evident that adopting (and in some cases long-term fostering) children aged five years or less whose parents cannot cope at all or do not wish to continue to offer care is generally successful. In these cases, the adoptive or long-term foster parent can take the lead in finding services to meet their child's emerging needs. Or to take another example, there will likely continue to be a place for short-stay respite for that small percentage of parents who are unable to deal with a temporary incapacity and who unequivocally want their children back. In these cases, additional services are rarely required.

However we proceed, we must have a determination to learn as we go. There are some jobs for government and the research councils here, and there is also some work for local authorities and the new children's services departments. There is clearly a research agenda that probably approximates to that I describe above and which must be addressed if we are to be serious about improving outcomes for the extremely disadvantaged children who currently find their way into foster and other substitute care placements. Understanding the impact of separation, the benefits and drawbacks of 'care' for different sub-populations and being able to describe what happens to children moving in and out of 'care' is critical for effective policy and practice. Local authorities can help by experimenting. If the strategy I mentioned creates 10 new integrated interventions that permit some of the children served to be supported away from home, it should also require that the innovations be rigorously evaluated, finding out 'what works' and also contributing to our meagre understanding of the development of the extremely disadvantaged children served.

Finally, as results emerge we will need to disseminate them and, if we are to learn from this series of books, continue to forge new ways to connect research, policy and practice. The series of which *Fostering Now* is part has been hugely successful and we could do a lot worse than ask Dr. Davies to tell us how she might go about the task (Davies, 2003). It is encouraging that for this most recent publication, a CD with video illustrations and leaflets for different audiences has been made to aid training and development work (RiP, 2004) and that an evaluation of this will appear in a forthcoming edition of this journal. For my part, I hope that future iterations of dissemination practice will go beyond communicating to suspicious audiences what has been found by research. I hope we can begin to communicate ways of thinking about research, policy and practice, encourage consistency and rigour in analytic approaches and possibly even begin to submerge some less helpful beliefs. As important will be continually to remind ourselves how little we know and how much we have to discover.

Conclusion

Those of you that have read this far in the article will no doubt want to buy not only *Fostering Now* but also the series of books of which it is part. Anyone who is in some way involved in adoption and foster care will want to read the book and draw their own conclusions. My plaintive plea in this article has been to consider the book and the series as a starting point for a discussion that will lead to, first, alternative ways of thinking about and delivering services for children with significant impairments to their development, and, second, reflections on the research base and approaches to dissemination that might be needed to effect such a change.

There are few greater intrusions into a child's life than separation from their parents. These children start from a point of exceptional disadvantage. We owe it to them to find out more about the impact of the intrusion and to use the knowledge to make sure it is used with children that can most benefit and with the greatest effect.

And what about Luke, the boy mentioned at the outset? In 20 years time, what will we be doing for children like him? Possibly our increasing bank of prevention and early intervention services might have reduced the number of children like Luke and maybe reduced the severity of problems that they experience. Maybe the service will be organised around a common patterns of needs. Maybe it will have been evaluated. For the next generation of children like Luke we might hope to maintain integration into mainstream school but also improve provision of mental health services. On top of that we might hope for a single placement into early adulthood, and ideally beyond, consistently co-ordinated by a social worker who, depending on the child's needs and wishes, also involves the birth family. Much would be the same, but the differences could make a significant difference to the lives of children like Luke. Let's see if we do anything.

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The nine overviews of research commissioned by Carolyn Davies on behalf of the Department of Health and later the DfES are:

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- Department of Health, *Child protection: Messages from Research*, London: HMSO, 1995
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- Department of Health, *Adoption Now: Messages from Research*, Chichester: Wiley and Son, 2000
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