

Little, M (2010) "Looked After Children: Can existing services ever succeed?"
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Should the state continue to provide substitute care? Are existing services the right ones? These may seem irrational questions to readers of Adoption & Fostering, but the political and financial fault lines of society are shifting. In the next five years there will be about 20 per cent less money and as yet, an unquantified increase in social need and greater freedom for local bodies to marshal limited resources for maximum impact.

There will be questions asked of residential and foster care. My purpose is to pose those questions in their starkest form. Can we justify existing services? This is not the beginning of a campaign; I seek something more than polemic. I do not expect many people to agree with me nor many local authorities greatly to change policy, but it will be disappointing if the question is ignored. Ideally, a handful of local authorities and other agencies will seriously explore alternative strategies to orthodox social care provision.

Four arguments against existing care services

1. They are not ethical

The world of research is rightly subject to ethical scrutiny. Surprisingly, save for the lip service paid to children's rights, there is less attention to the ethics of policy or practice. Too often there is greater attention given to the impact of an intervention than to details of the intervention itself.

If there were an ethics committee to vet children's services interventions it would demand far more autonomy for parents. Naturally, in most cases parents must give informed consent before their children can be taken into care. But can it be said with confidence that parents know about the risks associated with foster and residential care before they agree to its use? Do parents know whom their child will be placed with, how many moves they are likely to experience, or the potential impact of separation on schooling and health care?

An ethics committee would require that practitioners 'first do no harm' and further, that there is beneficence, a likelihood that the intervention will result in good. Of course, no practitioner sets out to harm a child and all hope for the best. But most recognise the risk of children completing their period of care worse off than if they had not been separated. For some groups, for example young adolescents whose family relationships have broken down, the risk of poor outcomes is particularly high. Beneficence is a long shot for many children coming into care.

Is residential and foster care just? Only children whose health and development is significantly impaired, or at risk of being so, should be admitted to care.

At any one time, between five and ten per cent of the nation's children meet this threshold. So why is care reserved for that small proportion of children whose parents are poor, and often the worst equipped to argue their case? The rates of children looked after away from home vary hugely from one local authority to another (and between Scotland and the rest of the UK), only partially respecting patterns of need. Children's services choose the number of children they support in foster and residential care. Some choose high, some low. It is rare for ethics to figure strongly in this selection process. The ethical test of foster and residential care deserves an essay in its own right and I cannot do justice to it here.

The argument can be simplified to what we at Dartington have called the 'my child' test. Were my family in dire straights, would foster or residential care be good enough for 'my child'? The answer for me is 'no'. Knowing what I know, I would fight tooth and nail against it.

2. State care belongs to another historical context

Foster care is the product of legislation, the modern version of which is nearly two centuries old. The purpose was to provide a 'safety net' to catch the worst off before they hit the 'bottom', meaning destitution or death. Categories of children who most offended societal sensibilities – those at moral risk, avoiding school or behaving very badly – were prioritised for help. Families turned to the Poor Law when all other options had been exhausted, and the Poor Law authorities made sure that their support could be bettered by nearly all impoverished families. Minuscule crumbs falling off the state's table were grabbed by those whose need overcame their embarrassment.

Today the context is different. About a third of all families routinely knock on the door of health, education, social care, police and youth justice for additional help each year. Children's services know something about most of these children. Although legislation provides a single threshold to decide who is and who is not to be helped, a rag-bag of expensive barriers and delaying tactics is used to ration limited provision. A mixture of hapless and persistent families get the most help.

The law now requires something more than a safety net. Less eligibility has been outlawed. The purpose of children's Services, residential and foster care included, is to improve outcomes and ensure the health and development of children.

For 20 years now, in theory at least, children have enjoyed rights bestowed by the United Nation's Convention, for example to services such as education and health care, to develop their talents to the fullest potential and to grow up in an environment of happiness, love and understanding. The relationship between the state and family has also changed.

Some of the excesses of state engagement with the least adroit families, such as putting voluntary care arrangements on a statutory footing without redress to the courts, have been scaled back. On the other hand, today the state holds more information on children and families than even Orwell might have imagined when he sketched 1984.

The backdrop has altered: local authorities are in contact with most children; the state holds volumes of data on families; the law requires a focus on better outcomes; parents and children have more rights. But part of the portfolio of services on offer – state care – is little different in essence than it was a century ago. It is used because it is there, not because of its value to contemporary aspirations for children and families.

3. The selection of children for substitute care is haphazard

The great strength of systems is that they systematise. The great weakness of systems is that once in place they seem almost impossible to dislodge. Children's services, theoretically integrated, are an amalgam of universal provision and arrangements for

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children with special educational needs, those who have broken the law, or those whose mental health is in question and social care. Over time, thanks to the rising profile of evidence, about which more below, we are encouraged to think of children in terms of their needs and not the systems designed to meet them or the categories into which to fit them.

Extraordinary amounts of overlap between the needs of children across systems have been revealed. Those getting help for their special educational needs look remarkably similar to those who have broken the law or those hovering on the edges of state care.

Looking closer, it appears to be largely accident that propels the carriage of a needy family down one of the four sidings of special education, youth justice, social care and mental health.

Unfortunately, what happens at the end of each line differs considerably, so children with similar problems end up getting different kinds of help.

Why do we carry on with such arrangements? It is because they are so well systematised. Each part of children's services is expert at protecting its turf. One consequence is the time-consuming and expensive sifting of families who ask or are referred for extra help. One product of this shunting is candidates for substitute care. It ensures they come from economically poor families. They will likely have a conduct or emotional disorder, and some will have both. Their family relationships will at best be shaky and in the worst cases children will have been abused or neglected, and some will be living in dangerous situations. The children's poor mental health will in many cases be mirrored by their parents. Domestic violence, misuse of alcohol or drugs and disability are also common.

No doubt this sorting process sometimes gets to the children who need the most help. But why they are allocated to different systems is at best unclear, and why it should be expected that a dose of residential or foster care, short or long, ought to resolve complex mental health and family problems is hard to fathom.

4. The evidence base for state care is weak

When state care was created, little was known about child development or the impact of separation. Two centuries later we know quite a lot. Not as much as we need to know, but a lot nonetheless. But too little of what is known is put to good use. It would be pointless in such a short article to try to summarise the evidence.

Instead, I will reflect on the major reviews of research that are available and their application.¹

The processes of state care – how children get in and what happens to them once they are there – are well charted. In the 1980s, the absence of data on outcomes, the impact on children's health and development, was noted.

Some longitudinal studies were sponsored as a result and there has been a scattering of randomised control trials estimating the contribution of segments of the care system, such as support for post-17-year-olds who have been long in foster homes.² In the UK, the state has also invested in monitoring dental check-ups, school qualifications, and so forth. Much of this evidence is disquieting, for instance revealing lots of movement in care and

elevated rates of mental ill- health. But we do not know whether these effects are the result of the intervention or the environment that propelled the children into care, or both. For example, does movement increase the chances of mental disorder or is it difficult to provide stability for children with mental ill-health? Summaries of the evidence provided by luminaries like Michael Rutter decades ago, that separation is harmful but that in the majority of cases there is a marked recovery, hardly encourage placement of vulnerable children in substitute families, nor do they deny the possibility.

Thanks to people like Rutter, we take it for granted that impairments to children's health and development are the product of the interplay between risk and protective factors in children's lives. To this we are coming to comprehend the concept of resilience, that some children loaded with risk cope better than others, due to their cognition for example. They will never be a panacea, but the role of genes and their interaction with the environment are better understood, as in the role played by the MAOA enzyme in the development of victims of child maltreatment. Even in this paragraph, which would barely suffice as advertising puff for a long book, it can be seen that, as with illness, the routes to poor outcomes for children are multiple. So why would we expect monoliths of foster or children's homes to deal with the many strands of impaired development?

Two other observations about evidence damn state care the most. First, separating vulnerable poor children from their parents represents arguably the greatest intrusion into child development sponsored by the state, and certainly one of the most expensive. Why then has it not been evaluated with a major experiment? The absence of a robust estimate of the impact of different doses of substitute care on child outcomes is especially puzzling when the fact is that demand for the intervention greatly exceeds the potential supply.

Second, why has there been so little take-up and subsequent testing of evidence-based programmes, evaluated by major experiments, that serve the state care population, have proven impact on outcomes and often, as with say Functional Family Therapy, do not require any separation from home?

What is the alternative?

It is easy to knock the care system. Faced with the same array of choices available to social workers, I am sure I would be rushing many children into residential and foster placements. I know from personal experience that intervention can be a potential life saver. So, taking a positive slant, given what we know about child development, the inefficiencies of our systems and what society expects for children and families, including their rights, what could be done instead of the current form of state care?

I would argue for the design of several interventions that reflect what is known about risk and protective factors and resilience, that are ethical and can be consistently delivered at high quality by children's services, and are supported by an evidence base that calculates the contribution of each to child outcomes as well as the economic costs and benefits. My guess is that some of these interventions may have, as a component, separation into places that have some of the attributes of foster and residential homes. But I would wager that most high-end interventions will be directed at children living with their birth families.

Such a portfolio would have a better chance of succeeding if it were supported by

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thresholds that reflect not only the law (that major intrusions into family life be limited to children experiencing or likely to experience significant impairments to their health and development) but also epidemiological evidence pointing to those most likely to benefit from the portfolio of interventions available.

Epidemiological evidence should encourage children's services to abandon the strategy of waiting for families to knock on their door for extra help, only to wait for almost certain disappointment. Instead, agencies would have confidence to screen in children's centres, schools and general practitioner surgeries for those who can most benefit from intervention. Instead of waiting for families to come to children's services, children's services would go to the families. (Along the way we may come to learn, as has Tom Dishion in the United States, about the impact of screening and general advice upon child well-being.³)

Almost certainly this direction of travel would lead to the breakdown of 6 silos of practitioners specialising in special educational needs, social care, youth justice and mental health. The arrangements would not be reserved for economically poor families.

A portfolio of interventions would incorporate not only treatments but also prevention and early intervention. Success might depend on new accountabilities. What would happen, for example, if the local authority became financially accountable for interventions in adulthood, such as for prison and mental health places? Those that got smart at prevention and early intervention and those that minimised the iatrogenic effects of their treatment provision would be rewarded.

Logical exceptions

All of the above is well within our wit. It may be demanded of us by the economic downturn. (It will be interesting to monitor government enthusiasm for expensive and potentially ineffective, possibly even harmful, services.) If this route were pursued, how much of existing arrangements would survive?

There will always be a place, one would presume, for the adoption of children, especially those in the first months of their life, volunteered by their parents or whose birth parents are deemed grossly incompetent. There will be some children where it is necessary for the state to intervene rapidly ahead of any assessment of wider needs to provide protection from severe maltreatment. There will be a small proportion of children whose response to treatment will be enhanced by respite in a foster or residential home.

It would not take much further analysis to specify the rate of children to be separated under new arrangements. Given current knowledge, we can be confident that fewer children would be looked after away from home, for shorter periods of time.

There are areas of child welfare where progress is more difficult to chart. For example, residential and foster care has found a function in supporting unaccompanied asylum-seeking children. Their situation is complicated in several ways, not least by the distance from their family and the inadequate knowledge base. Maybe for them, state care in its current form continues to be an option.

Conclusion

A few years ago the Nuffield Foundation supported five international experts – Roger

Bullock, Mark Courtney, Roy Parker, Ian Sinclair and June Thoburn – to revisit the question ‘Can the corporate state parent?’, first asked by Parker in the 1970s. Their learned answer was published in this journal (Bullock et al, 2006). It is much more thorough and thoughtful than I have been here. But my reading of that article is that the authors conclude that the state can only parent rarely and with great difficulty. Now is the time for some, not all, local authorities to experiment with an alternative set of arrangements from which others can learn.

References

Bullock R, Courtney M, Parker R, Sinclair I and Thoburn J ‘Can the corporate state parent?’, *Adoption & Fostering* 30:4, pp 6-19, 2006

