

Placement Stability – a review of the literature
Emily R. Munro and Ainsley Hardy

Introduction

This literature review was commissioned by the Department for Education and Skills to provide a summary of current knowledge on patterns of placement stability for children looked after by local authorities. It offers an appraisal of research that has been undertaken in England since 1989. The timeframe focuses attention on studies undertaken following the implementation of the Children Act 1989, with the exception of *Child Care Now: A survey of placement patterns* (Rowe et al., 1989) which has also been included on the basis that it describes movement in and out of care and within the system for a large sample of looked after children ¹.

Literature has been accessed via a search of the following databases: Applied Social Sciences Index and Abstracts, Article First (OCLC), British Humanities Index, CSA Illumina, Electronic Collections Online, FirstSearch, International Bibliography of the Social Sciences, PsycINFO, Scopus, Social Science Information Gateway, Sociological Abstracts, SwetsWise, Web of Knowledge, Zetoc; and using the following search terms [placement, foster care, residential care, children's homes, care system, looked-after children, instability, stability, moves, disruption, outcome, drift, change, permanence]. The review also draws upon studies commissioned by the Department of Health, Department for Education and Skills and the Fostering Network.

A systematic review and determination of the final studies for inclusion, based upon criteria reflecting the methodological quality of papers was considered. Once the initial search was conducted, however, it became

¹ Unfortunately the most significant and recent research on this topic (Sinclair, forthcoming) could not be included in this review as approval for dissemination has not yet been obtained.

evident that only a small number of English studies had been undertaken. Further, a critical review undertaken by Holland and colleagues (2005) found only 17 studies meeting more stringent review criteria, the majority of which were carried out in the USA. Given that international research was beyond the scope of this review, a decision was taken to include, where possible, all the articles identified. The paucity of studies meeting acceptable criteria is a common problem in this subject area (see Ward et al., 2004).

Why the concern regarding placement instability?

The importance of developing secure attachments in early infancy has long been recognised as an essential ingredient in normal child development (Ainsworth et al. 1978; Bowlby, 1969; Bentovim, 1991). As Monck and colleagues identify:

The early development of secure attachment with primary carers is the foundation of the child's ability to optimise what he or she can subsequently gain from new experiences and relationships' (Monck et al, 2003; p.19).

In response to abusive and neglectful parenting or multiple care givers children may develop psychological defences to cope with anxiety and distress. This can cause the development of internal working models that impair their ability to relate to others in the future (Howe, 2005).

Placement instability further reduces the opportunity for children to develop permanent, secure attachments (Leathers, 2002) and may compound existing difficulties and further reinforcement of insecure patterns of attachment. Children are less likely to attempt to establish intimate relationships with future carers and more likely to display behaviour that keeps carers emotionally distant. Such maladaptive coping techniques and apparently

challenging behaviour may lead to placement breakdowns and further rejection.

Placement instability can lead to transitory relationships, a lack of knowledge about the past and sometimes cultural denial, all of which may amount to greater confusion and a lack of social identity (Coleman, 1987). Young people experiencing high levels of placement instability have previously been found to have the poorest levels of adjustment in terms of employment, social relationships, financial management and housing (Biehal et al 1995).

Numbers of moves and placements

Children in the community move on average three times before reaching adulthood (Moyers and Mason, 1995). Research on very young children revealed that over a quarter of babies who were looked after had experienced the equivalent level of movement before their first birthdays (Ward, Munro, Dearden, 2006). It is not unusual for looked after children to experience three placements in the course of a year (DfES, 2006). As well as emotional stressors, frequent placement movement may also impose a whole range of other changes, alongside separation from parents. Moving home and having to establish a relationship with a new carer may also result in separation from siblings, a change of school, loss of contact with friends, relocation to a new geographical area. Many of these changes may cause distress to children and in combination, these stressors can have a considerable impact on the child.

Placement instability therefore needs to be considered both within the wider context of children's past histories and with reference to the multiple levels and types of change they experience. Jackson and Thomas (1999) identify

the importance of considering continuity (of contact, education and health care) alongside stability.

Rowe and colleagues (1989) found that over a 12-23 month timeframe, 57 per cent of a large cohort experienced no moves, 26 per cent had one move, 9 per cent two and 8 per cent had three or more. More recently, Ward and Skuse (2001) found that in the first year of their care episode 44 per cent of a long stay sample of 242 children and young people had one placement². However, 28 per cent had three or more placements – including 3 per cent who had six or more. The level of placement stability did improve in subsequent years. Sinclair and colleagues (2005) also found moves to be most likely amongst children and young people who had been looked after for less than twelve months. Sixty nine per cent of this group had moved a year later. For those who had been in placement for between one and two years the figure was 50 per cent.

A survey of adoption in England between 1998-9 (Ivaldi, 2000) revealed that 38 per cent (683) children had one placement prior to adoption. However, 29 per cent had four or more. Children aged between five and eleven at the age of placement and subsequently placed for adoption spent almost four years in care before permanent placement and experienced an average of five changes of placement (range 5.0, range 1-24, S.D. 3.9) (Dance and Rushton, 2005). Jackson and Thomas (2000) indicate that ‘too many children enter a system in which further damage is caused to their social, emotional and cognitive development through its failure to provide a place where the child knows they will remain for any length of time’ (p4). A complex interplay of factors leads to placement instability.

² Placements were defined based upon SSDA 903 definitions

Reasons for instability

Usher and colleagues (1999) identify the importance of research that ‘moves beyond simply counting the number of placements children experience’ (cited in Holland, 2005, p.29). Studies have consistently sought to distinguish between different reasons for change and instability although the methodologies adopted to do so are varied.

Distinctions have been drawn between planned and unplanned movement within the system. Planned moves may occur on the basis that:

- The child ceases to be looked after
- A child requires a medium or long-term placement (for example when it becomes clear that rehabilitation home is not viable)
- Insufficient placement choice and/or emergency admission may mean that children are moved to more appropriate placements when they become available
- Foster carers need relief, for example, they go on holiday and the child moves to alternative carers until they return
- Children’s homes close down or foster carers retire
- Specialist placements may be offered on a fixed term basis

Unplanned moves may be the result of:

- Disruption or breakdown when residential units or carers cannot cope with children’s behaviour
- Unforeseeable changes in the carer’s circumstances, for example diagnosis of an illness.
- Parents or children may object to placements resulting in additional moves.

Considerable attention has been given to instability as a result of the characteristics and circumstances of children and carers. However, as Jackson and Thomas (1999) acknowledge changes are also the result of institutional factors and methods of service delivery – these tend to align more closely with planned moves. The extent of such movement, particularly for very young children, has recently been highlighted (Ward et al., 2006)

In order to identify and understand patterns of stability and instability, attempts have been made to distinguish between purposive and beneficial moves, including rehabilitation home or placement with adoptive carers and reactive and detrimental changes such as the breakdown of a long term placement. Attention has also been given to examining the quality of placements (Berridge and Cleaver, 1987; Farmer et al., 2005; Rowe et al., 1989; Selwyn and Quinton, 2004; Sinclair et al., 2005). Simple categorisations are, however, problematic as perceptions of the need for changes of placement and the quality of provision may well differ depending upon whose views are elicited and at what stage the outcomes are examined.

Planned moves

In their long stay sample of children aged 0 – 16 years, Skuse and Ward (2001) found the most common reason for placement changes was ‘planned transition’, accounting for 54 per cent of moves. They found that those aged 0-1 had the highest number of *planned moves* (66 per cent). Further exploration of placement change revealed that 40 per cent (17) of these 42 babies had three or more placements in the first year they were looked after (Ward et al., 2006). Moreover, this figure was found to mask additional changes such as temporary moves when foster carers went on holiday, which are not recorded on the SSDA 903 statistical returns. When these

'hidden changes' were included, two thirds of these babies had spent time in four or more domiciles and nearly half (19/49%) had four or more primary carers whilst looked after. Ivaldi (2000) also found that 'infants aged 1-12 months were over-represented in the group with a complex history of care: 44 per cent of them had four or more placements while in care' (Ivaldi, 2000, p.29). Local authority policy, practice and resource issues shed some light on reasons for movement, particularly (although not exclusively) planned transitions.

Local authority policy, practice and resources

A number of studies (Rowe et al., 1989; Sinclair et al., 2005, Waterhouse and Brockelsby, 2001) identify the high proportion of unplanned or emergency placements that occur. In the 1980s social workers reported that 75 per cent of admissions were 'emergencies', although in the majority of cases the families were previously known to social services (Rowe et al., 1989). In the late 1990s Waterhouse and Brockelsby (2001) found that two-thirds of placements were unplanned and that children aged under five and over 15 years were particularly vulnerable to unplanned admissions. Half of the placements were made by duty social workers in collaboration with duty family placement workers. An inspection undertaken by the Social Services Inspectorate (SSI) in 17 authorities found 90 per cent of placements were unplanned (SSI, 1998). Research demonstrates that crisis-driven and hurried placements increase the likelihood of breakdown (Farmer et al., 2004; Sinclair et al., 2005). Problems are also likely to be exacerbated by the well-documented shortage of carers and lack of placement choice (Holland et al., 2005; SSI, 1998; Waterhouse, 1997, Sinclair, 2005; Wilson et al., 2006; Ward et al., 2006). High levels of vacancies within social work teams and high levels of inexperienced staff have also been identified as factors influencing

decision making (SSI, 2002; Holland et al., 2005). Ward and Skuse (2001) also identify that high staff turnover can reinforce instability.

Placement choice

Between 1990 and 2000 there was an increase of approximately ten per cent in the number of children placed with foster carers in England (Wilson et al., 2004). In 2005, 68% of children in care were fostered (DfES, 2006). *Fostering for the Future* (SSI, 2002) found that five out of seven councils had difficulties finding suitable matches between child and carers. Sinclair and colleagues (2005) reported that in fifty per cent of cases, social workers stated that they had no choice of foster carer, in 20 per cent they had some choice and in 30 per cent they did not know if a choice was possible or available. A smaller scale study (Waterhouse and Brocklesby, 2001) found that in just over a quarter of cases some sort of choice of foster carer was available to social workers (although in some cases family placement workers had already ruled out other alternatives). They found that nearly a third of carers felt that their skills and experience were not considered in the matching process. Minty (1999) identifies how the shortage of carers and difficulties matching increase the danger of foster carers being persuaded to accept children outside the categories they are committed to take. In Scotland, the Fostering Network (2004) found that nearly half of carers had three or more children in placement, many admitted in emergencies when alternatives were not available.

Culture, foster carer skills, willingness to work with the care plan, family characteristics, geographical location have all be identified as relevant to how satisfactory a placement is seen to be (Sinclair et al., 2005). Lack of placement choice can result in children being placed out of their geographical area and a long way from home (Holland, 2005). UK local

authority and voluntary service providers in Holland and colleagues survey (2005) found this to be one of the most difficult aspects of placement to match. It can create difficulties concerning contact, education and cultural continuity. Difficulties have also been identified regarding placement of black and minority ethnic groups (Holland et al., 2005), white children in some parts of London and sibling groups (Ward et al., 2006; *Someone Else's Children, 1998*), children with complex needs and especially those with severe behavioural difficulties.

Interviews with carers revealed some concerns that matching was based upon 'colour coding' and that authorities did not always fully consider culture and religion (Holland et al., 2005). Ward and colleagues (2006) found that in certain authorities social workers and family placement workers felt that policies on placing minority groups had been over simplified and matching on this criteria was prioritised over other needs.

Care planning

The underlying philosophy of the Children Act 1989 is that children are generally best brought up by their own family. The proportion of children who are rehabilitated in a relative short timeframe has remained fairly stable in recent years - approximately 20 per cent are looked after for less than two weeks, a further 25 per cent return home in less than six months (DfES, 2006). As Minty (1999) identifies the system is increasingly focused upon providing short-term placements for those expected to be rehabilitated home quickly. Ward and Skuse (2001) found that care plans reflect this expectation – half of a sample of children and young people who remained looked after for at least twelve months were expected to be in care or accommodation for less than six months. Retrospectively these plans proved overly optimistic and this is one reason for the high level of planned

transitions they experienced when they overstayed short-term placements (see also, Ward et al., 2006). Given the low fulfilment rate of initial plans greater use of twin tracking/parallel planning as opposed to contingency planning appears desirable. However, Ward and colleagues (2006) found confusion amongst workers about different approaches to care planning (see also, Lowe and Murch, 2002). Since the completion of these studies considerable emphasis has been placed upon improving assessment and care planning. Recent research (Held, 2005) found that ‘every authority identified strong effective care planning as being at the heart of improved outcomes for children and in particular for stability’ (p.15).

Concurrent planning ‘aims to place the children with foster-parents who can assist rehabilitation work with birth parents, who will become the adoptive parents...[should rehabilitation fail] (Monck et al., unpublished). In England, an evaluation of the effectiveness of this approach compared to traditional adoption plans revealed that the use of concurrent planning meant children spent significantly less time in impermanent care and experienced fewer placement moves (Monck et al., 2003)

Court issues

Ward and colleagues (2006) identify how delays in the decision-making process and court directions for additional assessments increase the likelihood that children will experience further instability (Ward, Munro and Dearden, 2006). Ivaldi (2000) found that children under a care order at the time of preparation for adoption had more complex care careers. Although the author does not discuss possible reasons for this, it may relate to delays in the court arena. The average duration of proceedings has increased over time and in 2001 it stood at an average of 47 weeks (Beckett and McKeigue, 2003).

Children's characteristics

While policy, practice and resources all influence placement stability, children's circumstances and characteristics, are also highly influential. A number of risk factors for placement breakdown have been identified.

Pre-placement history

Sinclair and colleagues (2005) found emotional abuse to have the strongest association with disruption. Preferential rejection or 'scapegoating', where one child from a sibling group is singled out has also been found to be associated with less settled placements (Dance et al., 2002). Similarly, Ward and Skuse (2001) found that children who were rejected or estranged from their families were particularly vulnerable to frequent placement changes.

Age

A large body of research suggests that children's age is an important risk factor for placement breakdown, with older children experiencing significantly higher levels of breakdown (Berridge & Clever, 1987; Fratter et al., 1991; Minty, 1999; Rowe et al., 1989; Selwyn & Quinton, 2004; Ward & Skuse, 2001). Selwyn and Quinton highlight how this issue can be exacerbated by the care system where delays in decision making and in carrying out plans mean that children are older when permanent placements are found.

Although adolescents and very young children may experience a similar level of placement change the primary reasons for the moves they experience differ. Changes of placement for older children tend to be as a result of placement breakdown, whereas those for younger children tend to be planned.

Emotional and behavioural difficulties

Pre-placement histories and life experiences will influence the needs of children and young people entering care or accommodation. (McCarthy, 2004; Sempik et al., forthcoming). Research demonstrates that the mental health needs of looked after children are significantly higher than the general population (see for example, McCann et al 1996, Meltzer et al, 2003). Meltzer and colleagues (2000) found that 79.8% of boys aged 11-15 who were in care or accommodation had emotional or behavioural problems, compared with 12.8% of their peers. For girls of the same age, the figures were 77.9%, compared with 9.6% respectively. Based upon information available from case files, Sempik and colleagues (forthcoming) identified high levels of health need at entry to care or accommodation. While emotional and behavioural difficulties tend to be recognised as contributing to placement breakdown for older children, these findings revealed that 23 per cent of children under five were exhibiting some problematic behaviours. This places additional demands upon foster carers.

Although definitions differ, research consistently demonstrates that conduct and emotional and behavioural difficulties increase the risk of placement breakdown. Fratter and colleagues (1991) found instability to be associated with conduct difficulties in a sample of 1100 placements in late adoption and permanent foster care. Ward and Skuse, (2001) found that those with conduct disorders had significantly more placement moves than those without conduct disorders. Rowe and her colleagues (1989) found a strong association between unmanageability, stealing and breakdown.

MacCarthy found that 100 per cent of a group of children who had experienced a high number of placement moves showed aggressive and

defiant behaviour prior to care entry, compared with only 30 per cent of the control group who had experienced low levels of placement movement (categorised as a maximum of three placements over a period of two years). 80 per cent of the high placement movement group also displayed significant signs of hyperactivity and poor concentration, compared with only 20 per cent of those in the control group.

Farmer and colleagues (2005) found that looking after young people who were hyperactive was a particular strain for foster carers. Skuse and Ward (2003) found 25 per cent of looked after children aged 10 years and over had borderline or abnormal scores on the conduct subscale and hyperactivity subscale of Strength and Difficulty Questionnaire (SDQ). Follow up of the babies at six to seven years revealed that half had borderline or abnormal scores on these measures (Ward et al., 2006). Although the sample was far too small to draw any conclusions, it is of concern that young children, whose movement within the looked after system was predominately the result of planned transitions, were displaying behaviours that increase the risk of placement breakdown.

Increasing concern has been raised that, despite the high prevalence of emotional and behavioural difficulties and the association between these and placement instability, there are barriers to accessing services (Ward and Skuse, 2001; Holland et al., 2005). Held (2005) identifies increased multi-agency and multi-disciplinary support, including CAMHS, 24/7 services and professional development for both residential staff and foster carers as one of four critical factors that may reduce placement disruption and improve foster carer satisfaction. Multi-dimensional Treatment Foster Care is also being piloted in England and seeks to improve outcomes for children and young people with complex needs.

Disability

Ward & Skuse (2001) found a significant negative correlation between number of placements and ongoing health conditions. Thus, placements were not jeopardised by the exceptional demands made on carers by children with ongoing health problems or learning difficulties. Sinclair and colleagues (2005) also found that placements for children with special physical needs were very unlikely to disrupt. However, Cleaver (2000) found that placements for children with learning disabilities were more likely to disrupt, whereas Sinclair and colleagues found outcomes for this group to be similar to the rest of the sample.

Placement with siblings

There is a general assumption that, where possible, children should be placed with siblings, although a shortage of placements for larger sibling groups may make this difficult to achieve at least in the short-term (Ward et al., 2006). Various authors have suggested that better outcomes are achieved where children are placed with siblings (Berridge and Cleaver, 1987; Fratter *et al.*, 1991; Quinton *et al.*, 1998; Wedge & Mantle, 1991). Recent research by Sinclair and colleagues (2005) found that placements with siblings were less likely to disrupt. However, when children's age was accounted for, this association between disruption and sibling placement ceased to be statistically significant.

Motivation towards the placement

Children rated by their foster carers as wanting to stay in their placement disrupted in 20 per cent of cases, whereas the figures were 30 per cent and fifty percent for those who wanted to leave 'to some extent' and 'a great

deal'. The findings were found to be highly significant, even once children's ages had been taken into account (Sinclair et al., 2005).

Carers' circumstances and characteristics

Risk and protective factors relating to children's characteristics cannot be seen in isolation. The circumstances and characteristics of carers are also influential in the success or failure of placements and the extent to which they meet the needs of the child.

Certain placements do not breakdown, but are however viewed to be problematic, although perceptions of this may differ depending upon who is asked. Rowe and colleagues (1989) identified 13 per cent of placements as 'not very helpful and a further six percent as 'unhelpful'. Emphasis on placement stability means that on occasions a damaging placement may be sustained. Interviews with young people revealed that some young people had not been permitted to move from placements despite requesting to do so (Skuse and Ward, 2003, see also Sinclair et al., 2005). It is possible that performance targets may reduce workers willingness to move young people from placements that are not meeting their needs. *Fostering for the Future* (SSI, 2002) identified how carers felt that on occasions support was offered to sustain placements when young people were in crisis, but that alternative arrangements might have better met the needs of the child. The remainder of this section examines research evidence specifically on foster carers' circumstances and attributes and the impact these have upon placement stability and how support and training may support carers in managing challenging behaviour.

Information on 495 children from foster carers from seven English local authorities (Sinclair and Wilson, 2003) suggests that placements with warm,

child-oriented foster carers are more successful, highlighting the importance of foster carer characteristics in placement stability. Children, carers, and social workers in this study emphasised the importance of foster homes where the child is liked and encouraged, and also the relevance of less tangible considerations such as 'chemistry' between the child and carer. The importance of matching the child to the foster family with regard to family and carer characteristics was also highlighted. However, as discussed above, a lack of placement choice and shortage of foster carers can make this problematic in practice. Alternatively, children and young people may pass through a number of 'short-term' placements before being more appropriately matched (Ward and Skuse; Ward et al. 2006).

Stressful life circumstances

Stressful life circumstances are experienced frequently by foster carers for children of all ages (Wilson et al, 2000). Overloading of stressful events such as serious illness, someone leaving or joining the family, placement breakdown, and difficult behaviour, have been found to increase incidences of foster placement breakdown, and reluctant or pressured acceptance of new foster children and difficulties in contacting social workers have been found to further increase strains on foster carers (Farmer et al, 2005).

Strained foster carers have been found to be less likely to ensure that their foster children's needs are met, that they fit into the foster family, or that they are prepared for independence (Farmer et al, 2005). In terms of reducing strain on foster carers, and potentially placement breakdown, Farmer and colleagues found that foster carers who had access to help and advice from non-social services professionals experienced lower levels of strain. Selwyn and Quinton (2004) found that while carers were generally appreciative of social work support, criticisms were made about the speed

that requests were responded to or tasks completed and the lack of support in dealing with other agencies, such as education and health.

The introduction of children and young people with behavioural and emotional problems into a family can apply added pressure to the strains already experienced by foster carers. Training foster carers in techniques to deal more effectively with such behaviours has been found to show some improvements in carers confidence and success in dealing with this (Macdonald and Turner, 2005). Indeed, in their sample of 117 foster carers in the south-west of England, Macdonald and Turner found that foster carers in the cognitive behavioural training (CBT) group (as opposed to wait list control) reported feeling more confident, and achieving more successful outcomes with problem behaviours, whilst an increase in the number of placements agreed to was also seen in this group. The authors explain this finding by carers self-reports of improved confidence in their ability to manage challenging children. Macdonald and Turner also analysed the effect of CBT training upon placement outcome, finding that foster carers in the training group actually showed a slight *increase* in unplanned placement terminations from post-training to six-month follow-up, whilst those in the wait-list control group showed a slight *decrease* in unplanned terminations. However, the actual numbers that this finding is based on is almost certainly too small to draw any robust conclusions. For example, in the training group four placements had broken down, compared with two previously, while in the control group four placements had also broken down, however this was compared with five at the previous time point.

Pithouse, Hill-Tout, and Lowe (2003) also assessed the effects of training foster carers in managing challenging behaviour. This study, conducted with 106 foster carers in Wales, focused on carers of children exhibiting

behavioural problems and provided training in techniques to understand and manage challenging behaviour. Foster carers were allocated to either intervention or comparison groups and were followed-up 5 to 7 weeks after course completion. Despite carers positive views regarding the specific knowledge they had gained from the training, no group differences were found post-intervention in levels of carer stress as measured by the Malaise Inventory (Rutter et al, 1970) and the State and Trait subsections of the Spielberger Self-Evaluation Scale (Spielberger, 1983), or carers response to challenging incidents. The authors did not measure the impact of the programme upon placement stability.

Presence of foster carers' own children

Minty (1999) indicates that placing a child in a family where there is already a child under 5 years of age, or of a similar age to the child is a risk factor in placement breakdown. He describes this as an extremely secure finding, particularly since there are 'good developmental and systemic reasons for it' (p.994). More recently, however, findings have been contradictory (see Farmer et al., 2004). Sinclair and colleagues (2005) found that another child in the house meant there was significantly less likelihood of disruption. This association was still evident when age was taken into account, but not to the level of significance. In part, this finding may reflect greater awareness of the potential tensions and rivalries that placements might cause. A further hypothesis is that social workers are cautious when taking such placement decisions (Sinclair et al., 2005).

Contact

Findings concerning the impact of ongoing contact and stability are not clear cut. Fratter and colleagues (1991) found that in permanent foster care

contact was linked to stability. In a review of research evidence, Quinton and colleagues (1997) concluded that there is no systematic relationship between contact and placement breakdown.

A number of studies have identified that carers may be dissatisfied with contact arrangements. Sinclair and colleagues (2005) found that 16 per cent of carers were dissatisfied or very dissatisfied with contact arrangements. Farmer and colleagues (2005) found contact to have a negative effect on 41 per cent of carers. Ward and colleagues (2006) identified how delays in court proceedings meant that high levels of contact between children and birth parents were sustained, even when adoption (with letter box contact) was planned.

Children's views

Qualitative research on children's experiences of being looked after provides an insight into how they experience extensive instability, not only while they are looked after but also prior to entry. Changes in school, GP, friends, may also accompany placement moves. In addition, high staff turnover in residential units and changes of allocated social worker can further unsettle children and young people (Skuse and Ward, 2003). Although not asked directly about their perceptions of how placement changes had affected them a number of young people commented on how unsettling they found the experience. As one young person said, it is difficult: -

just settling into new families and starting all over again...fitting in with other kids that live their especially if it was their birth children...it varied how they treated you, especially when they compared you to their own, and when they got annoyed with you because you didn't know how to take them or anything' (Skuse and Ward, 2003, p.115).

The detrimental and unsettling impact of short-term moves, when foster carers went on holiday were also identified:

Moving is so stressful and I hate moving...They went on holiday , so I went to someone called Mrs X and stayed there for two weeks and then went back. And a week later my foster carer had to go into hospital and I went to someone called Y' (Skuse and Ward, p.116).

Even when children and young people do not change placements, they may be distressed by the abrupt departure of others (Holstrom, 1999; Skuse and Ward, 2003). The following quotes graphically illustrate this:

Another girl was knocked down and killed ...and her description fitted me. I bumped into one of my friends around six months ago, and she'd spent four years thinking I was dead' (Holstrom, 1999, p.13).

There's so many kids coming in and out of children's homes, or foster homes. You can have a best friend one day, and then, you can go to the shop and they've gone, and they're not allowed to tell you where they've gone, so you don't know (Skuse and Ward, 2003, p.118)

As a result of the level of change that many looked after children may experience, it can be difficult for them to maintain links with their past. Holstrom (1999) identifies the particular importance looked after children attach to their possessions, as these are the main links they have to their past. It is of concern that a number of young people identified how their

belongings had gone missing while they were looked after. In children's homes, items were stolen by other residents. In foster care, some children were particularly upset that presents they'd been given while they were looked after were withdrawn at the end of the placement (Skuse and Ward, 2003).

Conclusion

Studies included in the review span a number of years. Over this period policy and practice have evolved and changes have occurred in the profile and needs of the looked after population. Further difficulties in comparing studies relate to:

- The complexity of the system and the different purposes it serves for children with diverse needs
- Differences in sample criteria and the primary focus of the studies
- Differences in definitions of placements and moves and what constitutes a placement breakdown or disruption
- Certain studies focus upon movement within the system and others on outcomes once children cease to be looked after

Despite this, there is considerable consistency in much of the research evidence and themes and issues recur. Placement changes are inevitable and in some circumstances desirable. However, the key is to minimise the number of changes children experience.

Quality Protects and Choice Protects seek to address many of the problems identified in previous research. Recent research (Held, 2005) indicates that four critical factors influence the ability of local authorities to improve placement stability in practice. These are 1) early intervention 2) strong tracking and case planning to avoid drift and achieve permanence 3)

increased placement choice 4) increased multi-agency and multi-disciplinary support (p. 3). Holland and colleagues (2005) survey also demonstrates that in practice authorities have implemented a range of interventions designed to promote stability and continuity for looked after children. As yet, many of these innovative approaches have not been evaluated and further research on the this would be valuable.

The review also identified a dearth of research on the experiences of those in residential care and those children who experience high levels of instability as a result of multiple placement breakdowns. Such placements are particularly costly and may be out of the local authority. Gillen (2005) identifies an increase in the number of young people placed in out of authority placements on the basis no placements were available, rather than on the basis of the child's assessed needs. A further area that has received relatively little attention is the stability and quality of placement with relatives. Research studies on such topics would expand the knowledge base and further contribute to an understanding of the complex inter-play of factors that influence placement patterns, stability and outcomes for looked after children.

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