REES CENTRE
Research in Fostering and Education
University of Oxford Department of Education

UNIVERSITY OF OXFORD

# The Big Event: HFN 3 June 2015

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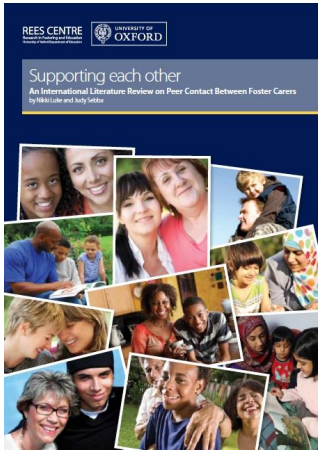


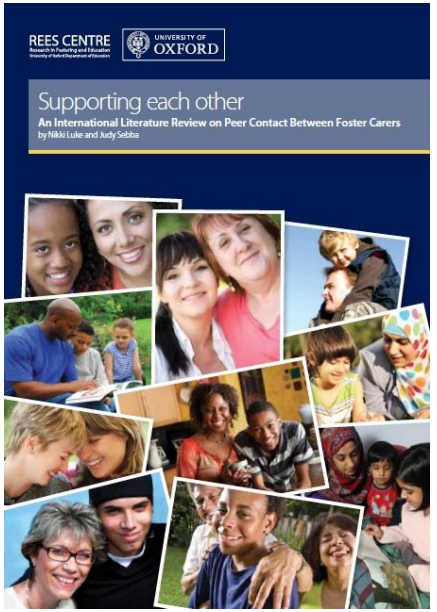
# Rees Centre for Research in Fostering and Education

The Rees Centre aims to:

- identify what works to improve the outcomes and life chances of children and young people in foster care

We are doing this by:

- reviewing existing research in order to make better use of current evidence
- conducting new research to address gaps
- working with service users to identify research priorities and translate research messages into practice
- employing foster carers and care experienced young people as co-researchers
- developing research-mindedness in the services




Centre is funded by the Core Assets Group (Foster Care Associates, Scotland) but also has grants from a range of other funders

# Rees Centre Research overview

**Reviews**

- Review on the motivations to foster (2012)
- Review on foster carer peer support (2013)
- Review on the selection of foster carers (2013)
- **Review of the impact of fostering on carers' own children (2013)**
- Review on parent-child fostering (2014)
- **Review of mental health interventions for CiC (NSPCC, Sept 14);**
- Review of the role of the Supervising Social Worker (Sept 14);
- Review of recruitment & selection of LGBT carers (Feb 15);

**Research Projects**

- **Investigating people's motivation to foster;**
- Increasing the benefits of foster care support;
- **Impact on carers of allegations;**
- The educational progress of CiC: linking care and educational data;
- Evaluation of Step Down;
- Evaluation of pan-London foster training to support education;
- DfE Children's Social Care Innovation Fund – Evaluation Coordinator.

# Some outcomes of CiC in England

- 12% achieve **expected grades (5 x A*- C incl Eng & maths)** at 16 years compared to 52% of all children – a gap of 40%.
- In England those who return home do worst, then residential, **those in foster care do best;**
- The achievement **gap is lower at KS2 (age 11)**;
- CiC are five times more likely to have **fixed term exclusion**.
- 38% of care leavers in England were not in education, employment or training – **NEET**;
- 8% **access HE** compared to > 50% of general population;
- Educational experiences and outcomes contribute to later **health, employment** (22% unemployment rate), **crime** (27% of those in prison).

DfE (2014) Statistical First Release Dec 2014, * restricted qualif, 1st entry only.

# The schooling experience of a young person in care

I entered care at the age of 5. By the time I was 6 and had begun primary school I had had 15 different foster placements. That's 15 different houses, sets of rules and family values. Early school life was very difficult from being left at school late until someone collected me to turning up late without the correct equipment or kit for that day because I had spent the night upset in a home I didn't know.

Secondary school was no easier the only difference being I was no longer interested in education but instead my only goal was to go home to my mum. I'll never forget the receptionist at my school as she was the only consistent person in my life and always remembered to ask how my mum was doing.

# Resilience: a great idea, hard to define

The term 'resilience' is defined in many different ways and used inconsistently. It '…is most commonly defined as a positive outcome in the context of risk'[1].

Karen Reivich (2008)[2] highlights 7 learnable skills of resilience:

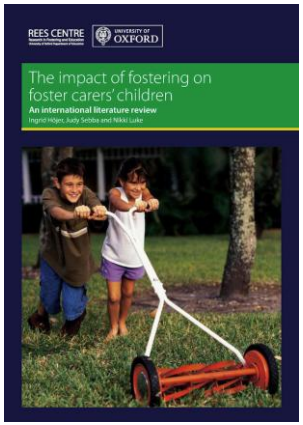
- **Emotional awareness or regulation** - the ability to control your feelings.
- **Impulse control** - tolerate ambiguity before acting.
- **Optimism** - realistic and facilitates problem solving.
- **Causal analysis** - look at problems from many perspectives.
- **Empathy** - ability to read and understand the emotions of others.
- **Self-efficacy** - confidence in your ability to solve problems.
- **Reaching out –** prepared to take appropriate risk, failure is part of life.

What follows is as much about the resilience of foster carers as it is about the resilience of young people in care.

[1]Luthar SS, Cicchetti D, Becker B. (2000) The construct of resilience: A critical evaluation and guidelines for future work. Child Development.71:543–562.

[2]Reivich 2008, http://www.cnbc.com/id/25464528

# The impact of fostering on foster carers' children




- 17 studies – 10 UK, 2 US, 2 Canada, Sweden, Belgium, Spain;
- Participation of carers' own children in decisions to foster limited but increases with age of child;
- Preparation of carers' own children before fostering begins and acknowledging them as part of the fostering team improves subsequent relationships;
- More caring & empathic but feel under pressure to be perfect.

# The impact of fostering on carers' own children

**Benefits**

- Learning about people, increased empathy
- Gaining in confidence and self esteem
- Increased social competence
- Ability to cope with problems
- Making friends
- Appreciating their families

**Difficulties**

- Sharing parent's time;
- Loss of family closeness;
- Lack of personal space;
- Stricter rules - behaviour difficulties;
- Protecting parents by not telling them of their own problems;
- Unwanted knowledge -"see the ugly side of human nature"

# Recommendations for policy and practice

- Engage carers' children in the process and acknowledge them as part of the fostering team;
- Give them information about fostering in general, and individual children in particular – avoid too much detail;
- Provide support – groups, materials and activities (e.g. TFN);
- Protect time with parents and others – to be listened to and license to discuss difficulties, express concerns;
- Professional development/training for social workers, carers and teachers that covers these issues.

Impact and Evidence series

# WHAT WORKS IN PREVENTING AND TREATING POOR MENTAL HEALTH IN LOOKED AFTER CHILDREN?

Nikki Luke, Ian Sinclair, Matt Woolgar and Judy Sebba

August 2014

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NSPCC
Cruelty to children must stop. FULL STOP.

# Preventing and treating poor mental health

http://reescentre.education.ox.ac.uk/research/mental-health/

- Report commissioned by NSPCC
- Practitioners need to know whether a particular intervention is likely to work
- Report provides an indication of the strength of the evidence for a range of interventions
- Also looks at the context in which these interventions operate
  - i.e. the importance of 'ordinary care' as an intervention in itself
  - evaluations of interventions often miss out the importance of context and children's individual experiences
  - important to think how quality of care environment and decisions made can influence well-being before using targeted (and often costly) interventions

# Mental health interventions

- Many 'problem' behaviours have developed in response to living in a dysfunctional family environment
  - responses that can help children to survive very harsh conditions can be less adaptive in the wider world
- Individual variation in experiences and reactions needs to be borne in mind during assessments and interventions
- 106 studies showed some promising interventions based around attachment theory and social learning theory (e.g. Fostering Changes)
  - but more thorough and longer-term evaluation is needed
- Evaluations should consider the views of young people
- One size **does not** fit all
  - e.g. MTFC benefits highly antisocial young people but not others

# Mental health and foster carers

- Early decisions are crucial for children's well-being;
- Getting the quality of care right can have a big impact;
- The key to the children's experience lies in the foster carers and staff with whom they happen to live;
- Need to select and then train, support and supervise carers/care staff to create an environment that will best support the child's well-being;
- Carers' attitudes can affect whether help is sought and how successful interventions are;
- Carer training to support young people's mental health should be backed by ongoing consultation, to support carers in generalising what they have learned across different placements.

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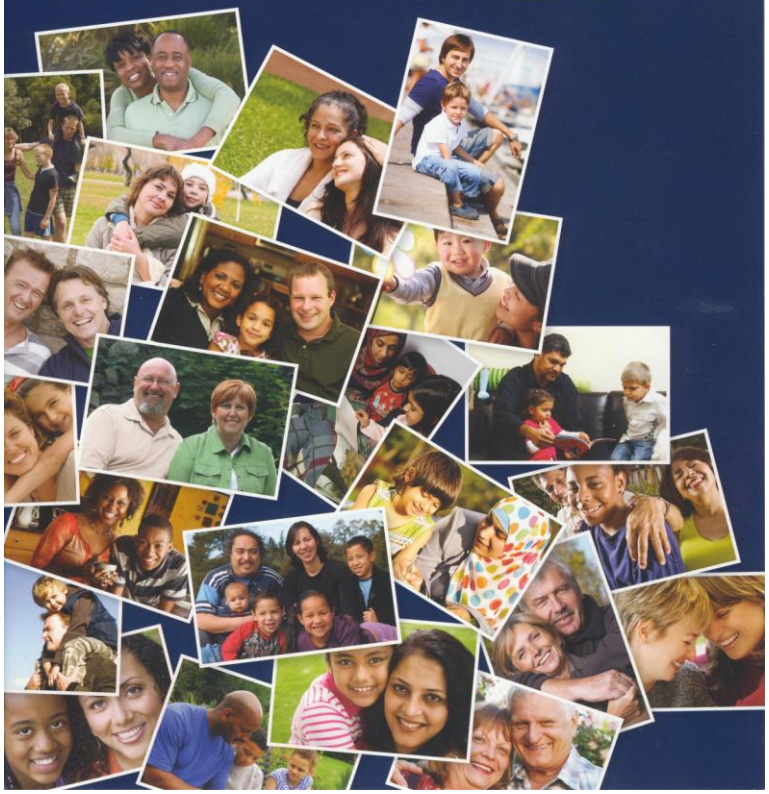
# Why do people become foster carers?

## An International Literature Review on the Motivation to Foster

by Judy Sebba



# Why do people become foster carers: a review of the international research (Sebba, 2012)

- Reviewed 32 studies from Australia, Canada, US and Scandinavia;
- Studies were retrospective, mainly small scale, often relied on one source only and possible that interviewers were seen as potential 'assessors';
- Only one study (Brown et al 2006) in which carers played a significant role in the research;
- Findings suggested that knowing an existing foster carer was a key initial motivation, people were put off by 'myths' about fostering and by negative reports about lack of support.

# Motivation to foster

10 fostering providers referred inquirers who were willing to participate, to the research project over 9 week period;

Aims were to identify:

- what motivates people to inquire about fostering;
- what works well and what could be improved in the process from initial inquiry to approval;
- why people drop out of this process when they do so.

Prospective study focusing on inquirers;

Carer-interviewers did 112 telephone interviews about the factors that led to inquiring about fostering;

Follow up interviews 8-12 months for those progressing application - 38;

Follow up interviews of those who withdrew 17.

# Main messages

Initial Motivation:

- Contact with existing carers
- Prior experience of working with children
- Own children grown up, ‘empty nest’
- Advertising
- Main **qualities**: patience, tolerance, empathy, understanding, sense of humour;
- Main **challenges**: finance, letting them know they are loved;
- Approval (conversion) rate ranged from 2-12%, average 5%;
- Time taken application to approval ranged 5-15 months, average 9.5 months.

# Overall messages about the process

- Most complained about:
  - delays;
  - paperwork;
  - intrusion into privacy.

- Many complaints about inconsistent information:
  a) bedrooms; b) employment;

- Focus on partner relationship rather than capacity to provide for child.
  '…do they try to put you off to see how keen you are?'

- Minority (mainly those who had worked with children) viewed the process as positive - length necessary to ensure safety, thorough, plenty of support available.

# Main conclusions/recommendations

- Engage existing carers in recruitment & retention;
- Target those with experience of working with children & who have ‘empty nest’;
- Local advertising is effective;
- Prepare applicants better for intrusive questioning and delays – provide them with the rationale;
- Clarify any potentials for misunderstandings re employment and rooms.

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"FISS"
Foster Carers Independent Support Service

"FosterTalk"
supporting those who care

# Pilot Study into the impact of allegations made against foster carers who accessed FISS or FosterTalk services.

**Paul Dyson and Judy Sebba**

# Impact of allegations made against foster carers

In 2012-13, there were 43,000 fostering households, 1856 allegations made, approx 860 were investigated further. Carers who are the subject of allegations have a right to independent support under the minimum standards.

Aims of the pilot study were to:

- improve foster carer support following allegations;
- improve support to carers who have received allegations;
- document the impact upon the foster families;
- increase retention and recruitment of foster carers and reduce placement disruption.

Study was commissioned and funded by FosterTalk

# Impact of allegations : analysis of records

- 37 case records (23 LA, 11 Ind, 3 unknown) were reviewed of unproven allegations made against foster carers who accessed the support of FosterTalk Jan-July 2013;

- Of the 37 carers, 9 resigned, 8 de-registered, 18 continued fostering, 2 unknown;

- 7 interviews were done:
- 2 carers who continued to foster,
- 2 carers who resigned,
- 2 carers who were de-registered,
- 1 who haven't received independent support.

# Impact of allegations: findings from interviews

- The allegation '*came out of the blue – there was a knock on the door'*. All carers reported no warning, just happened;
- All but one family were **not** told about the nature of the allegation at the time – major contributor to stress. Four found out from the police;
- 4.5 months on average for allegation to be processed and resolved. Case of carer who challenged de-registration through the Independent Review Mechanism took 2.5 yrs;
- Children placed with the carers all removed on day of the allegation or following day, none were returned. Stress was exacerbated by removal of foster children who had nothing to do with the allegation;
- Support highly rated but only some get it *' (The) worker (was) absolutely fantastic I don't know how I would have got through it without her; absolutely amazing I think I would have gone mad.'*

# Impact of allegations: conclusions

- Life changing: break up of foster family by removal of children, extreme stress on marriages & carers' birth children;
- Emotional – major stress, illness, long-lasting fear etc;
- Economic – reduction or removal of income.

Wider implications:

- Resignations of significant numbers;
- Severely damaged relationships between carers and their fostering services;
- Costs of investigations, de-registration, replacement of carers;
- Puts off potential carers.

# Impact of allegations: Recommendations

- Reducing the number of allegations e.g. through training
- Improving the process when an allegation is made –
  - Neither the nature of the allegation, nor the process of inquiry is made clear as set out in minimum standards;
  - Significant delay increased the negative impact of the allegation;
- Improving independent support – this service was reported to be exemplary but many fostering providers don't register for their carers to get support.

**Major study starting June 2015:**

200 carers' records, characteristics of carers and children to identify patterns, interview 40 foster carers to get different perspectives.

# Challenging our own practice – Knowledge Claims

1. The quality of ‘ordinary care’ influences the outcomes of mental health interventions – what are we doing to improve ‘ordinary care’ before requesting specialist services e.g. MST?

1. Moving schools in Years 10-11 has a major affect on worsening outcomes – what are you doing to prevent this?

1. Preparing and supporting carers’ own children for fostering reduces placement disruptions – how is this done in your service?

1. Better support for foster carers who experience an allegation would increase retention – what do you do to provide this?

# How you can be involved

- Express interest in being involved in future possible research projects;
- Come along to lectures & seminars and log into webinars – **THIS AFTERNOON**;
- Join our mailing list and receive newsletters 5 times/year rees.centre@education.ox.ac.uk;
- Web - http://reescentre.education.ox.ac.uk/;
- Comment on our blog – or write for us;
- http://www.facebook.com/reescentreoxford
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# Webinar: Identifying and addressing the mental health needs of children in care

Dr Nikki Luke, Rees Centre, Oxford, Helen Drew, University of Sussex

**Please join us online Wednesday 3 June 2015 at 4pm. This invitation is extended to anyone with an interest in the mental health and care of looked after children.**

The webinar will focus on two mental health projects relating to children in care. The webinar will include an overview of both projects with plenty of time for discussion.

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To join the webinar:
http://reescentre.education.ox.ac.uk/our-events/ click the link for joining the webinar.

Allow 10 minutes for technical set up. To save time, download relevant software beforehand by visiting
Frequently Asked Questions

The webinar is open to all and will last approx 45 minutes.