



From Pillar to Post

How to achieve greater
stability in the care system

by Nicola Smith
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Believe in
children
 Barnardo's

Foreword



Having someone to turn to when times are tough is something most of us take for granted. For children and young people who have experienced abuse, neglect or trauma, relationships with trusted adults are especially important, and can provide a lifeline if things reach crisis point.

The care system exists to support children who cannot live with their birth parents. At its best it can protect children from harm and help them recover from traumatic early experiences. Yet sadly we know that growing up in care can also be a lonely and isolating experience. It can mean at least one change of home, and often a change in neighbourhood and school. One young person told us:

“That initial ‘you’re going into care’ is the most isolated you’ll ever feel.”

In his first speech as Prime Minister, Boris Johnson spoke of a need to “*level up across Britain*”.¹ I firmly believe that a key test of whether this vision succeeds is whether it can achieve lasting change for the country’s most vulnerable children.

The Government has rightly acted on its manifesto commitment to review the children’s social care system in England. This is a unique, once in a generation opportunity to ensure that children ‘looked after’ by the state have the best possible chance of achieving a positive future. It cannot be right that growing up in care means you are much less likely to gain good qualifications², to enter employment³, and to have good mental health⁴. It cannot be right that care experienced young people are more likely to be homeless or end up in prison compared with their peers.⁵

Correcting this fundamental inequality in outcomes for children in care is a major undertaking. However, if we can get the system right for these children then we can truly start to ‘level up’ opportunities across the country.

We know from our direct experience supporting thousands of children in care across the UK, that one of the greatest challenges they face is instability. For far too many children, being in care can feel like being ‘bounced around’ a system, with frequent changes of home,

1 Prime Minister’s Office, Boris Johnson’s first speech as Prime Minister, 24 July 2019

2 At the end of key stage four the average child has a progress 8 score of 50.9 when the average score for a looked after child is 23.2. See <https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england>

3 In England for 19 to 21-year-olds, 41% were NEET, compared with around 12% of all young people aged 19 to 21 years old. See <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021>

4 Almost half of all Looked After Children have a diagnosable mental health disorder – compared to some one in six children in the general population, see <https://www.localis.org.uk/research/a-healthy-state-of-mind-improving-young-peoples-mental-fitness/>

5 25% of those who were homeless had been in care at some point in their lives and 49% of young men under the age of 21 who had come into contact with the criminal justice system had a care experience see <https://www.nao.org.uk/wp-content/uploads/2015/07/Care-leavers-transition-to-adulthood.pdf>

school and social worker. This makes it extremely hard to build the long-term, trusting relationships we know children need to thrive.

At Barnardo's we have a long history of supporting children in care and young people who are transitioning into independent adulthood. In 2020/21 we supported 7,136 children in care and 1,898 care leavers. As the UK's largest voluntary fostering and adoption agency, we placed around 800 children with foster families and 281 with adoptive parents. This report draws on experience from our services and wider research to make the case for improving stability in the care system. We explore innovative models of foster care and residential care that promote strong and long-lasting relationships; we advocate for wider access to an 'independent visitor' or 'buddy' who provide support and friendship for children throughout their care journey; and we propose ways of helping children to build wider support networks, so that in addition to 'corporate parents', they also have a broader extended family.

The report makes a number of recommendations which we hope will be taken forward by the Independent Review of Children's Social Care and will inform the Government's response. In future we want children in care to experience greater stability and be supported to develop strong, trusted relationships which will help them on their journey into adulthood.

A handwritten signature in black ink, appearing to read 'Lynn Perry', is written over a horizontal line.

Lynn Perry MBE
Chief Executive, Barnardo's



Contents

1. The need for change: children’s experience of instability whilst in care	6
2. The impact of instability on children	9
3. How to improve stability for children in care – learning from practice across the UK	11
3.1 Children’s House, Belfast, Northern Ireland	12
3.2 Mockingbird Constellation, Edinburgh, Scotland	12
3.3 Safer Futures specialist fostering, North West England	13
4. Building wider relationship networks around children in care	15
4.1 Lifelong Links	15
4.2 Independent visitors	16
5. What needs to change?	18
5.1 Ensure all children in care have access to placements in their local communities that meet their needs. This includes high quality residential care for children who need it	18
5.2 Improve mental health support for children in and leaving care	20
5.3 Make it easier for all children to access an independent visitor so they have a consistent, trusted relationship throughout their time in care and beyond	21
5.4 Take action to tackle loneliness and isolation for children in and leaving care	22
5.5 Improve our understanding of: ‘what works’ to achieve stability, the impact of instability, and the experiences of children in the care system	23
Appendix: Barnardo’s recent reports on the care system in England	24

1. The need for change: children's experience of instability whilst in care

A recent YouGov poll, commissioned by Barnardo's found that 82% of adults surveyed believed it is very important for children to have consistent adults in their lives who support them through their childhood and beyond. Furthermore, 70% said they themselves had the support of family and friends to help them when they first moved out. We know, however, that children in the care system often don't experience this level of consistency in their lives. Instead they experience frequent change of home, school and social worker, before leaving care at 18 or sometimes younger with few people they can rely on.

The stability or otherwise of children's journeys after entering the care system in England has been tracked by the Office of the Children's Commissioner for England and published in the Stability Index. Using data from the annual Children Looked After Census and the termly School Census, as well as data sourced directly from local authorities, it provides a comprehensive picture of trends in **placements moves, school moves, and social worker changes**. The latest version of the Index was published in November 2020.⁶ Going forward the responsibility for the Index will be passed to the Department for Education which will publish it as part of their regular statistical updates on children in the care system.



Placement moves

The 2020 report suggests that there is a significant group of children who change placement frequently and few inroads have been made in recent years to reduce placement moves for this group.

- **One in 10** (10.4%) children in care on 31 March 2019 experienced two or more placement moves in a single year. This did not improve from the previous two years.
- **Over one in five** (23%) children in care experienced two or more placement moves over a two-year timeframe.
- Nearly **one in three** (30.5%) children had two or more placements over a three-year timeframe.
- A small but significant number of children experienced very high numbers of placement moves in 2018/19: 1.8% experienced four or more placement moves, and 0.8% experienced five or more moves.

Table (i)

Percentage of children in care with two+ moves (2018/19 data)	
In the last year	10.4 (8,098)
Over the last two years	23 (12,822)
Over the last three years	30.5 (12,686)

⁶ Children's Commissioner (November 2020) Stability index 2020, technical report available on line at <https://www.childrenscommissioner.gov.uk/report/stability-index-2019/>



School moves

Just over **one in 10** children in care enrolled in state school during 2018/19 (11%) moved school during the year. This decreased slightly from 12% in 2015/16.

Table (ii)

Percentage with a mid-year school move 2015/16	12 (5,815)
Percentage with a mid-year school move 2018/19	11.5 (5,877)
Percentage change of children in care aged 5+ enrolled in state schools	6.5

There is, unsurprisingly, a strong link between children who have experienced two+ placement moves in a given year and those who move schools in the same year.

- Children who experience two+ placement moves are nearly twice as likely to move school in the same year, compared with other children in care.



Change of social worker

Due to the pandemic, the latest Stability Index was not able to obtain data on social worker moves but in the 2019 report⁷ there is evidence of high rates of social worker mobility. **Strikingly, it is more common for children to have a change of social worker in a given year than to have the same worker for the whole of that time.** This report shows that 60% of children in care, experienced at least one change of

social worker in 2017/18, and just over a quarter of children experienced two or more changes.

Which children are more likely to experience unstable care journeys?

Trends in placement stability differ significantly depending on characteristics, with some children far more likely to experience an unstable care journey than others. The older a child is on entry into care increases the risk that a child will experience multiple moves. Nearly **one in five** (18%) of children aged 12-15 who recently entered care experienced two+ placement moves in 2019, at least double the rate for children of the same age who entered care aged 0-4 (7.4%) or 5-11 (9.3%).

Table (iii)

Age of entry into care	Age on 31 March 2019	Percentage with 2+ placement moves in 2018/19
0-4	12-15	7.4 (298)
5-11	12-15	9.3 (1,109)
12-15	12-15	18 (1,177)

Rates of mid-year school moves however are generally highest amongst younger children in care. This is likely to be because some effort is being made to avoid school moves for older children during the critical exam years – even if placement changes do happen during this time. However, teenagers who enter care later (aged 12+) do still see high levels of school moves.

- Almost **one in five** (8.9%) of this group moved school mid-year in 2018/19 more than any other cohort of children in care.

⁷ Children's Commissioner (November 2020) Stability index 2020, technical report available on line at <https://www.childrenscommissioner.gov.uk/report/stability-index-2019/>

Children are also more likely to have two or more placement moves in a year if they came into care with the agreement of the birth parents (orders made under s20 of the Children’s Act) rather than a full care order.

- 13.1% of s20 children experienced two or more placement moves in 2018/19 compared to 8.2% of children on a full care order.

Multiple placement moves are also more common for children who have special educational needs and disabilities (SEND), particularly for those who do not have a Statement or Education, Health and Care Plan (EHCP). This is particularly true for children who have identified social, emotional and mental health (SEMH) issues than for other primary needs.

One in ten (11%) of children in care with identified SEMH experienced two+ placement moves in 2019, more than double the rate for most other SEN types. However, children with SEND and an EHCP are less likely to move schools than other children, 13.9% of children with no SEND experienced an in-year school move in 2018/19 compared to 8.9% of children with SEND and an EHCP.

The Centre for What Works for Children’s Social Care recently conducted a review of the available evidence regarding links between ethnicity and placement moves⁸. This showed that while there was limited evidence available, that which there is suggests there is no difference in placement moves based on a child’s ethnicity. The Office of the Children’s Commissioner has not specifically looked at this since 2017, when it found that there was no significant difference in the number of placement moves between children identified as black and children identified as white, while asian children experience significantly fewer moves.⁹

Unlike placement moves and school moves, the risk of having multiple social workers in a given timeframe is not linked to personal characteristics but primarily to local workforce issues. This is more common in authorities with high rates of agency social workers and high rates of vacancies and turnover¹⁰. The 2019 index also showed that change in social worker is generally higher in local areas with lower Ofsted ratings.



8 What Works for Children’s Social Care (2022) “Outcomes for Black Children in Care: A rapid evidence review synthesis” available on line at <https://whatworks-csc.org.uk/research-report/outcomes-for-black-children-in-care-a-rapid-evidence-review-synthesis/>

9 Children’s Commissioner for England (2017). “Stability index for children in care: Phase 1: Technical information” available online at <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Childrens-Commissioners-Stability-Index-2017-Overview-Document-1.3.pdf>

10 Children’s Commissioner (2019) Stability index, 2019, overview report available online at <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-stability-index-2019.pdf>

2. The impact of instability on children

The lives and circumstances of children in the care system are often complex and changes of placement, school or social worker will not always have a negative impact. Sometimes moving placement will be necessary to meet a child's needs, to allow them to make a fresh start and in extreme cases to keep them safe from people who pose a threat to their safety. This includes cases of sexual and criminal exploitation.

However, overall the evidence suggests that where it is possible stability is good for children in care and forming long lasting relationships can bring important benefits. Barnardo's fostering service in Northern Ireland has recently worked in partnership with Queen's University Belfast to produce research¹¹ looking at how those who have left care look back on their relationships with former foster carers and what they valued in them. Many of the participants talked about the value of having long and trusting relationships in their lives (specifically in relation to their foster carers). As one participant highlighted:

“they gave me a place that I could actually call my own home and a family that loved me and cared for me... Norma had reassured me that I could stay with them as long as I want and even if I got my own place the back door or the front door will always be open and I could just walk on in no matter what time of the day it is I could just see them whenever.”

Children who are adopted therefore who, barring placement breakdown, have a single long-term home, can provide a helpful comparator group for children who remain in the care system. A 2018 paper in the British Medical journal¹² provided a comprehensive look at the experiences of adults who had been adopted and compared them to those who grew up in foster homes and residential care. This paper looked at outcomes across a range of different measures. It found across most outcomes children who were adopted fared better than those who remained in care (if not as well as non-looked after children). For example:

- **Percentage with a degree** – 11.3% of women who had been adopted had a degree compared to 3% of the women who had been looked after.
- **Financial difficulties** – 20.1% of women who had been adopted had faced high levels of financial difficulties compared to 33.2% of women who had been looked after.
- **Mental health** – 15.5% of women who had been adopted reported ever having had a mental health problem compared to 25.9% of women who had been looked after.

There could of course be many reasons for this difference: children who are adopted tend to come into care when they are younger for example. However, it is likely that the stability of a single long-term placement helps to provide adopted children with consistency and could contribute to their greater chances of succeeding as adults.

11 MacDonald M and Marshall G (2021) “Lasting Relationships in Foster Care” available online at <https://www.barnardos.org.uk/sites/default/files/2022-04/Lasting%20Relationships%20in%20Foster%20Care-%20Research%20for%20Practice.pdf>

12 Teyhan A, Wijedasa D, Macleod J. (2018), “Adult psychosocial outcomes of men and women who were looked-after or adopted as children: prospective observational study.” BMJ Open 2018 available online at <https://bmjopen.bmj.com/content/bmjopen/8/2/e019095.full.pdf>

Conversely instability, and in particular frequently moving home, can have a negative impact on children and lead to poorer longer-term outcomes.¹³ Frequent changes can negatively affect children's attachment and emotional wellbeing. Qualitative research from America¹⁴ undertaken with care experienced adults shows that many talked about the experience of moving placement with a profound sense of loss. Adults reflecting on their past explain how they 'shut down' emotionally and that the experience caused them to lose friends, contact with siblings and sometimes even their belongings. They also reflect that frequent moves in their childhood make it harder for them to trust other people as adults.

Children in care generally underperform in education. At the end of key stage four the average child in England has a progress eight score of 50.9, this compares to an average score for a looked after child of 23.2¹⁵. There is some evidence to suggest that instability is one of the reasons behind this, although this has not been researched recently.¹⁶

The children Barnardo's support also frequently tell us that instability can have a negative impact on their lives. In a recent survey of children and young people supported by Barnardo's, we asked care experienced¹⁷ young people to reflect on the impact instability has had on their lives. They told us:

"It was horrible I had no stability whatsoever and felt like I didn't belong anywhere or that I didn't have a real place I could call home."

"[I had] 8 schools. I hated moving schools as I never fit in, now at my current school I'm happy I fit in and I feel safe."

"It was stressful constantly changing worker .. because just when you have adapted and become used to someone you then must adjust to someone else. The only social worker I was happy with out of many was the last one I had but she was unfortunately only around for a few months."

Young people report that the impact of instability can continue to be felt as they move into adulthood. Since February 2020 Barnardo's has been running a partnership with Plymouth City Council, looking at how to improve outcomes for care experienced young people in the area. Loneliness and isolation have been a key theme of this work. Young people tell us that constantly moving around while in care can make transition to adulthood hard and mean that they don't have the social network others in society take for granted. As one young person explained:

"They just kind of look at you like you are an adult now you don't need us, when actually when you are a care kid, you've been passed around from pillar to post [and] all of the moving and all of the changing it can unsettle you no matter how old you are."

13 Ward H (2009) "Patterns of instability: Moves within the care system, their reasons, contexts and consequences" Children and Youth Services Review 31 (2009) 1113–1118

14 Unrau, Y. A., Seita, J. R., & Putney, K. S. (2008). "Former foster youth remember multiple placement moves: A journey of loss and hope". Children and Youth Services Review, 30(11), 1256–1266.

15 Gov.uk, statistical release (March 2022), Outcomes for children in need, including children looked after by local authorities in England available online at <https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england>

16 Social Exclusion Unit (2003) "A Better Education for Children in Care"

17 'Care-experienced' is the term preferred by young people themselves. Although other terms such as 'being in care' or 'care leaver' are often used to describe those who are in or have been in the care system, young people tell us this suggests that there is nothing more to them or their life. The term care-experienced allows us to recognise a person's previous experience while not presenting it as the defining feature of their life.

3. How to improve stability for children in care – learning from practice across the UK

Participants in the research by Queen's University Belfast were clear that it was possible to provide greater stability to children in the care system and to provide them with important and meaningful relationships that last. As one participant explained:

“[my mum] started not coming to see me and didn't show much appreciation because she didn't really talk to me at contact so then I just made up my mind that I was put with a lovely caring family and that I didn't have that with my real family, it didn't feel like they really cared about me that much, or they didn't love me that much, and I didn't want to like go back and live with my family I wanted to be with a family that loved me and cared for me and like made me feel safe.”

However, as outlined above, this is not currently the experience for too many children in care. We need to develop models of care that better support stability and provide children with a realistic prospect of long-term placements where they can grow and thrive.

In autumn 2021 Barnardo's conducted a survey of around 100 of our practitioners who support children in the care system. We asked them why, in their professional opinion the current system fails to provide long term stable relationships for some children. Their responses highlighted several key problems with the current system:

- **A lack of suitable residential placements.** Practitioners report that a lot of placements will advertise they are 'therapeutic', for example that they provide specialist care for children who

have emotional or behavioural needs. However, when this is explored the setting turns out not to have the level of support the child needs. This can lead to a break down in placement and the child being moved on.

- **Carers not being equipped to manage the changes children go through particularly in adolescence.** For example dealing with the impact of puberty, including increased self-awareness which can impact on a child's confidence and self-worth. Obviously, all children can struggle with these types of issues during adolescence but for children who have come into care and faced significant amounts of trauma and rejection this can be a particularly challenging time. If they are not properly supported during this period then placements are more likely to breakdown.
- **A need to better understand and support children with the impact of trauma.** Many children in care will have suffered significant past trauma and more and more children are coming into care with very complex abuse histories including being the victims of criminal or sexual exploitation. It can be a challenge to find appropriate placements able to support children who have suffered trauma associated with these complex forms of abuse.

Barnardo's, in partnership with local authorities, have developed service models which seek to address these barriers and create the preconditions for long-term stability, particularly for children who are most vulnerable to multiple moves. None of these will be a panacea but they provide important lessons in thinking innovatively about services for children in care.



3.1 Children’s House, Belfast, Barnardo’s Northern Ireland – specialist residential provision

Children’s House provides a specialist integrated service providing residential care for four children under 12. Children are referred to the service if they have experienced multiple placement breakdowns with the aim of a transition back to family life via Barnardo’s Fostering. It is expected that children stay at Children’s House for approximately 18-24 months during which time they are matched to a long-term fostering placement. This time is viewed as a “window of opportunity” to break the cycle of placement breakdown by comprehensive assessment, intervention and careful matching with prospective carers. It is a regional service, accepting referrals from any of Northern Ireland’s health and social care trusts.

Children’s House looks like a large family home and is situated in a quiet residential area. It includes a family room, playroom, sensory room, study and outdoor play area. It is managed by a senior team made up of a Children’s Services Manager and senior practitioners who are social work qualified and have a high level of trauma informed care knowledge. The care provided is underpinned by a Dyadic Developmental Psychotherapy (DDP) approach and informed by attachment and developmental trauma theory. The transferability of the model into the foster care relationship means that a DDP approach can continue after a child’s time in Children’s House and into their fostering placement. This provides consistency across a child’s experiences. The residential care team access external psychology support, as well as inputs from a sensory occupational therapist and a speech and language therapist. This ensures that holistic care plans are developed and delivered for the children.

Admission into Children’s House is a structured, planned, time sensitive process involving engagement from the whole of

a child’s network. Given it is a specialist, regional resource the admission panel provides a key function in ensuring the suitability of referrals. The integration of Children’s House and Barnardo’s NI Fostering is fundamental to the service and the fostering team start looking for a good match from the moment a child enters Children’s House – both for short-term breaks and their long-term placement.

Since it opened in 2003, 35 children have completed a placement in Children’s House. Of those 35 children, 30 (86%) moved into a family placement after leaving the residential care setting with only five children moving into another residential facility. In the few cases where a new residential care option is decided as the best option this is done following a very detailed and careful assessment of the child’s needs made in partnership with their network.

The service’s success in moving children on to long-term placements which are right for them demonstrates the effectiveness of Children’s House therapeutic and trauma informed model. Through this children are able to develop healthy, positive, trusting relationships, secure attachment, and resilience.



3.2 Mockingbird Constellation, Edinburgh – an extended network of foster families

Mockingbird is a pioneering programme delivered by The Fostering Network in partnership with 62 fostering services across the UK. The programme nurtures relationships between children and foster families, supporting them to build a resilient and caring community of six to 10 satellite families called a constellation, akin to an extended family.

Barnardo’s Scotland is currently engaged in delivery of The Promise, the outcome of the Independent Care Review in Scotland which was published in 2020. The aim of

The Promise is to achieve transformational change in the care experience and ensure every child grows up safe, loved and able to fulfil their potential.

Barnardo's is the first fostering service to have developed the Mockingbird model in Scotland. The model consists of a hub home with a central experienced carer who acts as a "grandparent" and several homes usually in a small geographical area which are treated as a "constellation". The aim is for the community to mirror an extended family, including children with a variety of ages and backgrounds, and to nurture relationships not only between children and their carers but with other children and adults within the group. Regular monthly activities are arranged that can include outings such as trips to the beach, water sports and arts and crafts. Carers also connect with each other informally between the meetings and the project aims to enable normal childhood experiences within the cluster, such as sleepovers and playdates, without the usual barriers and delays. This is possible since the agreement from the local authority (as the 'corporate parent') and the necessary police checks are already in place. Carers can support each other and share experiences with advice available both from other carers and from the hub home.

The model means that a network can be built around the child providing stability even if a foster care arrangement is put under strain. For example, one child within the Barnardo's constellation moved from one foster carer to another after the initial foster care arrangement broke down. However, as the new carer was already well known to the child before they moved in and as they were able to maintain a relationship with their previous carers, this was significantly less disruptive than typical foster care breakdowns.

Barnardo's Mockingbird project has only been operating for just over a year and it is too soon to provide a full evaluation. However, the model was the subject of a Government evaluation in 2020¹⁸. This found that although there was no difference in the number of placements moves of children who took part in Mockingbird compared to a matched group of children in more traditional fostering arrangements, there was evidence that Mockingbird improved continuity of care. This was because, if placements broke down, children could often move to a new foster carer in their constellation whom they already knew. Foster carers participating in Mockingbird were also less likely to de-register and there was evidence that they had higher levels of wellbeing. This is likely a result of the sense of community that the project provides.



3.3 Safer Futures specialist fostering, North West England – Developing trauma informed processes to help provide stable homes for children who have suffered complex abuse

Barnardo's 'Safer Futures' provides specialist therapeutic foster placements for children who have experienced sexual abuse, exploitation or who display sexually harmful behaviour, in the North West of England.

This model provides children with an individually tailored assessment to identify and understand risks and create a bespoke support package. The project arranges specific support depending on the needs of the child including play therapy, art therapy, CBT and sexual abuse recovery work. The project also works with the foster carer, helping them care for a child who has experienced trauma and building

18 Ott E, McGrath-Lane L, Pinto V, Sanders- Ellis D and Trivedi H (2020) "Mockingbird Programme, Evaluation Report" available online at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933119/Fostering_Network_Mockingbird.pdf

the carer's resilience. This includes helping carers to understand the risks children face and how to work with statutory agencies to ensure the child has a safe network of support around them as they recover from abuse. By supporting both the child and the foster carer the service aims to improve placement stability. This is particularly important as this group of children are, as a result of their significant past trauma and high support needs, at particular risk of placement breakdown.

Feedback from these placements has been positive:

“...[the therapists] have been invaluable in the support offered to this placement, both in determining the needs of the children and carer to guide the ongoing assessment and care planning. [The therapist] provided high levels of support to [the carer] in the following areas: face to face consultation to carer, phone/online consultation for carer, emotional support for carer, practical tips to help carer cope, new learning and understanding of the emotional needs of the child. [The therapist] has as aforementioned, provided excellent support to [the carer] to support her to increase insight into the children's needs and furthermore increase insight into [the carer's] own self-care.” (Supervising Social Worker)



4. Building wider relationship networks around children in care

The previous section looked at how we could develop more innovative service models to care for children. The aim being to help children and carers build more effective relationships and thus reduce the risk of placement breakdown.

In this section we will look beyond the placement to the wider community around the child.

For most children growing up with their birth families, while their parents will provide an important source of love and support, they usually have a network of other people they trust and who have a significant influence on their lives. This can include extended family such as aunts, uncles and grandparents, teachers, family friends, and neighbours. The experience of coming into the care system often breaks these relationships, and the experience of being in care does little to re-build them. Models of care – such as the Mockingbird model highlighted above – help to do this, but there are also other ways which the system could do more to develop effective support networks around children. This can be done both by supporting significant pre-care relationships and helping children develop new ones.



4.1 Lifelong Links – Keeping a child's existing support network

The Lifelong Links approach is licensed by Family Rights Group. It involves expanding on the Family Group Conferencing (FGC) model to identify and facilitate relationships that a child wishes to maintain throughout their life. Barnardo's received a grant from the Welsh Government to implement the Lifelong Links model in Newport in March 2021

and has been delivering the project there for around a year. We deliver this model in Scotland and have also recently been licenced to deliver it in Plymouth.

The model involves an independent coordinator working with the child usually over six to nine months, to explore and assess their networks. They explore who may be approached safely to see what contribution (if any) they could make to the child's life. Following this engagement, these "links" come together at a Lifelong Links event. After the meeting, the offers of support are revisited and links which have been agreed are formalised into the child's care plan.

Our experience of delivering the project in Newport over the last year has shown that it is very effective in helping to increase children's connections. Our service estimates that on average children referred to the service are in contact with around four family members at the start of the process, increasing to around 12 following the Lifelong Links intervention. One Lifelong Links worker explained the impact the service has had on one of the children they supported:

"The young person just wanted to have regular contact with his family. He had already contacted them and shared inappropriate images as this was his way of trying to get their attention. He now sees his mother, his father and his sisters regularly and this is extending to his grandparents. His mother has attended a [] review for the first time since he has been in care (he has been in care for 12 years)."

Our experience in Newport echoes the findings of the national pilot, which included 585 children in 12 local

authority areas¹⁹. Positive benefits for the children included:

- An increase in connections with family and friends. **On average children increased their social networks from seven to 26 people.**
- 78% of children felt an improved sense of identity.
- 84% of children who asked are now reconnected with their wider family networks.
- 94% of children who asked are seeing carers, former professionals and other important people including old school friends and godparents.
- Almost one fifth of children wanted to find out more about their family history and where they came from. A Lifelong Links coordinator was able to trace one young person's family tree back to the 1850s.



4.2 Independent visitors – developing new networks

The role of the independent visitor (IV) was first introduced as a statutory service for Looked After Children in the Children's Act 1989²⁰. The Act states that a local authority must appoint an independent visitor for any child in their care, if they feel it would be in the child's best interests.

An independent visitor is a volunteer who does not work for local authority social care services but is there to visit and befriend the child. Independent visitors should be consistent and reliable in order that children can build a trusting, positive relationship with them. They endeavour to become and remain a consistent adult in the child's life who does not change when placements or social workers change. The child has

the opportunity to try new activities, and spend time with their independent visitor, away from their placement.

Since March 2014 Barnardo's has hosted the National Independent Visitor Network (NIVN). This is a platform for independent visitor service providers, care-experienced children and young people and IVs in England and Wales. Through influencing and good practice, it aims to increase levels of access to high quality statutory befrienders for care-experienced children and young people.²¹ Barnardo's also runs a number of independent visitor services across England, which range in size from 10 independent visitors to 40. All aim to recruit adult volunteers prepared to commit to a child for at least 18 months (and preferably longer). The adults are matched to children based on interests and take them out once a month to do fun activities. The aim is for the volunteer to create a strong bond with the child through shared interests which can include pizza, bowling, the cinema, football and much more. Our services report that many independent visitors become the most consistent person in the child's life, with some matches lasting as long as six or eight years, enduring despite multiple placement moves. Since they sit outside social services and are not paid for their time, this distinguishes them from the many professionals in a child's life. As one Independent Visitor Service manager explained:

"It is just mind blowing for some of these kids to understand, this person they must really like me because they give up one Saturday a month to spend time with me, listen to me, pick me up and drop me off, put up with everything and unlike everyone else in my life they are not paid to do it! – it's amazing for their self-esteem and self-worth."

19 Holms L, Neagu M, Sanders-Ellis D and Harrison N (2020) "Lifelong links, Evaluation report" available online at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955953/Lifelong_Links_evaluation_report.pdf

20 See s23ZB of the Children's Act available on line at <https://www.legislation.gov.uk/ukpga/1989/41/section/23ZB>

21 More details can be found on the National Independent visitors network website at <https://ivnetwork.org.uk/>

Despite the difference that independent visitors can make, our services report that their role is often overlooked with few statutory professionals knowing about them. Services report that they receive referrals from only a small number of the same social workers and suspect many children miss out because social workers do not understand the service and what it can offer. Workers also report that too often the service is only put in place at the last moment as an intervention to a crisis, often when a teenager is at risk of placement breakdown. Referring children earlier, often before they reach secondary school, would enable them to build a long-lasting relationship with an independent visitor before serious problems materialise. This would help in the teenage years when many children in care can struggle.



Building a relationship – Mandy* and Tina*'s story

*Names changed

Mandy has been matched with Tina for nearly nine years. Tina has suffered significant placement instability with four or five different foster placements in that time and Tina has remained a consistent source of support.

Mandy plays an important role: she is an advocate for Tina if required; she safeguards her needs; and she steers her away from emotionally charged situations. Together they have built an annual traditional of visiting the local Christmas market. Tina has a love of live performances at the theatre; Mandy goes out of her way to make sure Tina can attend as many performances as she wishes to as part of their monthly visits. Mandy has also taught Tina many life lessons, including how to swim at a young age.

Tina says of Mandy: *"I can talk to her about a lot of stuff [and] I trust her."*

5. What needs to change?

Recommendations to improve stability for children in care

This report demonstrates that while ‘care’ can mean significant instability for many children, this is far from inevitable. Stability, especially for children who have experienced trauma, can be critical and helping children build strong relationships could improve outcomes across a range of indicators. It can also ensure that children have a network of support comparable to the extended family often enjoyed by children not in the care system.

To help promote greater stability we suggest the Independent Review of Children’s Social Care highlights the following principles that should be at heart of every local authority’s service planning:

- Minimise the **number of changes** of placement, school and social worker for each child in care.
- Attempt to ensure every child who comes into care is matched with the **right placement** and provided with the **right support** to ensure their placement can succeed. This is likely to include mental health services and wider therapeutic support.
- Ensure there is a **range of placement options** which are suitable to meet the different needs of children in care. This will likely include options such as specialist foster care or therapeutic residential care which are often the most suitable option for children who have suffered significant abuse or neglect.

To support local authorities in implementing these principles, the

Government must also take action. These are our four key recommendations for the Independent Review and the Ministers receiving it:

5.1 Recommendation one: Ensure all children in care have access to placements in their local communities that meet their needs. This includes high quality residential care for children who need it.

This will require increasing capacity in the residential care sector by providing funding for the development of innovative, trauma-informed models of care.

Most children in care are rightly cared for in a family environment with 71% of children in care in England in foster care²². However, in recent years there have been a growing number of older teenagers entering the care system. Children aged 16+ now make up one in four children in care in England compared to one in five in 2008. Foster care is often not the most appropriate option for these teenagers and some say they would rather be placed in a residential setting than in foster care. As one child in Barnardo’s residential care explained:

“I was in foster care and I prefer residential care because [although the] structure is different [...] I still feel loved by the staff.”

Despite the rising demand for residential care, the number of places available has

²² National statistics Children looked after in England including adoption: 2020 to 2021, Published 18 November 2021 available online at <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2020-to-2021>

been declining.²³ New children’s homes are often smaller (on average 3.4 places), which is positive, but it means more need to open in order to meet demand and effectively meet the specific needs of some children and young people. Additionally, they are not distributed evenly across the country, with a quarter of all children’s homes, and one in five available places, located in the North West. Only one in 19 homes, and one in 15 places, are in London²⁴.

This is resulting in widespread concerns about the market with the Parliamentary Under-secretary of State of Children and Families, Will Quince MP, recently stating that *“This market is fundamentally*

broken” and that this is partly *“because of the nature of the market and the demand being so much greater than supply.”*²⁵

If there is no suitable residential care available locally, then older children are often placed in semi-independent accommodation, which provides support rather than care. This may be suitable in some cases, but not for young people with complex needs. The number of Looked After Children in this type of accommodation increased by 76% between the end of March 2010 and the end of March 2021²⁶, in part due to the lack of available residential placements.



23 Ofsted (September 2020) “National statistics Main findings; children’s social care in England 2020” available online at <https://www.gov.uk/government/statistics/childrens-social-care-data-in-england-2020/main-findings-childrens-social-care-in-england-2020>

24 Ofsted (September 2020) “National statistics Main findings; children’s social care in England 2020” available online at <https://www.gov.uk/government/statistics/childrens-social-care-data-in-england-2020/main-findings-childrens-social-care-in-england-2020>

25 Oral Evidence to the Education Select Committee, Tuesday 1 March 2022. Available online at <https://committees.parliament.uk/oralevidence/9805/pdf>

26 House of Commons Library (November 2021) “Looked after children; out of area, unregulated accommodation and unregistered accommodation” available at <https://researchbriefings.files.parliament.uk/documents/CBP-7560/CBP-7560.pdf>

5.2 Recommendation two: Improve mental health support for children in and leaving care.

All children entering care should have a mental health assessment (just like they have a physical health assessment) and every local authority should have a mental health lead for children in and leaving care.

Many children in care have experienced significant trauma or abuse and will need support to help them recover. Therapeutic support is also key to ensuring stability, since without this many will struggle to adapt to their new living situations, increasing the risk of placement breakdown.

Data suggests that **almost half** of all Looked After Children have a diagnosable mental health disorder²⁷ – compared to some **one in six** children in the general population²⁸. Barnardo's own research demonstrated there was also a significant problem in relation to care leavers accessing mental health support. Our *Neglected Minds*²⁹ report found that almost half (46%) of the care leavers whose cases were reviewed were considered by their personal adviser to have mental health needs. One in four young people whose cases were considered had faced a mental health crisis since leaving care.

Some children's difficulties are so significant that they need a holistic therapeutic placement, combining support

for the child with support for the carers. In 2017 The Government committed to funding a series of pilots of mental health assessments for children when they enter the care system. The aim was to help ensure earlier identification of mental health needs. An evaluation of this scheme was recently published³⁰ and it demonstrated the impact of upskilling social workers. Regrettably, however, few local authorities running the pilot appear able to continue this work now that the funding has come to an end, this is due to workforce constraints with the pandemic a likely key factor. The Government should therefore use learning from these pilots to fund a national roll out of mental health assessments. These would be similar to the assessment of children's physical health which takes place when they enter the care system.

Once children's mental health is assessed, it is critical that the right services are available locally to meet their needs. This is especially important as we know Child and Adolescent Mental Health Services (CAMHS) are under significant pressure and there is significant variation in average wait times across the country. The average waiting time for children to receive two contacts (NHS England's proxy for 'entering treatment') varies from just six days in some areas to almost 81 days in others³¹. The forthcoming Integrated Care Boards, which will have responsibility for NHS functions and budgets, will play a key role in helping to improve services. Each board will have to develop a plan setting out how they will address the needs of children and young people under the age of 25.³² It is vital that

27 Channa K (2017) "A healthy state of mind improving young people's mental fitness" available online at <https://www.localis.org.uk/research/a-healthy-state-of-mind-improving-young-peoples-mental-fitness/>

28 NHS digital (2020) "Mental health of children and young people in England 2020: Wave 2 follow up to the 2017 survey" available online at <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

29 Smith N (2017) "Neglected minds: A report on mental health support for young people leaving care" available on line at <https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf>

30 Brown S, Thom G, Murray R, Davies K, Mistery S and Hampton I (Nov 2021) "Mental health assessment pilots for looked after children" available at <https://www.gov.uk/government/publications/evaluation-of-the-mental-health-assessment-pilots-for-looked-after-children>

31 Children's Commissioner for England (Feb 2022) "Children's Mental Health Services 2020/21" available online at <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2022/02/cco-briefing-mental-health-services-2021-22.pdf>

32 At the time of writing this is set out in the Health and Social Care Bill 2021-22. This is expected to receive Royal Assent in April or May 2022.

each Integrated Care Board considers in its plan the steps it will take to address the mental health needs of children in care and care leavers, including how it will end the ‘cliff edge’ often experienced at age 18.

Effective local leadership is key to improving access to support. The introduction of virtual school heads has helped to improve Looked After Children’s access to education through better co-ordinated leadership³³. Introducing a virtual mental health lead (which was included as part of the mental health assessment pilots) could achieve similar results in the field of mental health. In particular they could play a key role in co-ordinating action from different stakeholders, including CAMHS, mental health support teams in schools and community health services.

5.3 Recommendation three: Making it easier for all children to access an independent visitor so they have a consistent, trusted relationship throughout their time in care and beyond.

Independent visitors should be made available to all children in care and care leavers and national quality standards should be introduced for this service.

Ensuring stability in the lives of children in care is not just about consistent carers or school experiences – helping children develop other relationships is also important. Action is needed to help children in the care system develop significant relationships with adults who can play a similar role to extended family or family friends. One way of doing this is to think about how we can ensure that all children

in care who want one are provided with a “buddy” or independent visitor.

While the independent visitor service has existed for over 40 years, evidence continues to suggest that it is not a well-known or well utilised service. A Freedom of Information Act request conducted by Barnardo’s in 2019 on behalf of the National Independent Visitors’ Network (NIVIN) which is hosted by the charity found that there are around 2,653 children currently matched with an independent visitor – **just 3.5% of the total care population.**³⁴

Due to a lack of longitudinal data and the challenges in attributing outcomes to specific interventions, it can be difficult to establish a robust case that mentoring improves hard outcomes for children in care such as educational achievement. However, there is evidence to demonstrate the significant positive impact that these schemes can have on children’s sense of self-worth and self-esteem. This can in turn play a key role in enabling other outcomes. A study by the New Economics Foundation³⁵ on the value of mentoring and befriending for children in care found that both children and those around them reported positive impacts:

***“It’s like an aunt/uncle relationship.”
“she is his only consistent figure”, and
“[having] someone who acts like they care can make a real difference.”***

Barnardo’s own work as part of the NIVN revealed similar findings with one child explaining ***“My IV changes my life a lot. She’s making me calmer because I feel lots of anger in me.”***

33 Expert Working Group Final Report (Nov 2017) “Improving mental health support for our children and young people” available online at <https://www.scie.org.uk/children/care/mental-health/report#executivesummary>

34 Jordan R and Walker S (Oct 2019) “The National Independent Visitor Data Report 2019” available online at <https://www.barnardos.org.uk/sites/default/files/2019-11/National%20Independent%20Visitor%20Data%20Report%20-%202019.pdf>

35 The New Economics Foundation (2014) “Relationships for children in care: The value of mentoring and befriending” available online at <https://neweconomics.org/uploads/files/relationships-children-in-care.pdf>

Given the important difference an independent visitor can make in a child's life, there is a strong case for raising the profile of the service. Particularly as independent visitors are volunteers and therefore the service is comparatively low cost, although funding is needed for recruitment and training of volunteers, staff to help and support matching and to pay for expenses for outings and activities.

The service should also be extended to care leavers up to the age of 25. Care ends for most children at 18 and sometimes even younger, and many young people tell us that moving out of foster care or residential care can be a very isolating experience. Supporting care leavers to stay in contact with an independent visitor, or to be matched with one for the first time could help combat loneliness and isolation and provide young people with another source of support in their transition to adulthood.

5.4 Recommendation four: Take action to tackle loneliness and isolation for children in and leaving care.

Require all local authorities to have a clear commitment to tackling loneliness and isolation amongst this group.

Enabling children in care to build stable relationships is also about supporting them to be active members of their community. This includes enabling them to meet friends and participate in social activities where they can meet people with similar interests and experiences.

These types of opportunities are vital for children and young people's sense of wellbeing, yet it is not often a visible priority for services and is often sacrificed when budgets are tight. This is despite a clear duty in the corporate parenting principles that local authorities should *"act in the best interests and promote the physical and mental health and wellbeing of children in care."*³⁶

If we are to recognise the importance of relationships for children in the care system, then we need to prioritise and fund initiatives aimed at encouraging young people to get involved, make friends and build connections within their local area. Alongside the Lifelong Links model and the promotion of independent visitors services outlined above, there are a range of other things local authorities could do. These include developing social and participation groups, or practical help such as free bus travel so care experienced young people can visit friends and family who live further away. All of these ideas could reduce feelings of loneliness and isolation and ensure children in care and care leavers are better connected in their communities.

The forthcoming Levelling Up Bill could provide a focus for developing activities aimed specifically at helping children in care to develop connections in their communities. This should be considered part of the implementation of "Mission 8" as set out in the levelling up white paper – which states that *"By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing."*³⁷

³⁶ The corporate parenting principles were established in the Children and Social Work Act 2017, Government guidance on the principles and how they should be applied was published in 2018 and is available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683698/Applying_corporate_parenting_principles_to_looked-after_children_and_care_leavers.pdf

³⁷ <https://www.gov.uk/government/news/government-unveils-levelling-up-plan-that-will-transform-uk#mission>

5.5 Recommendation five: Improve our understanding of what ‘works’ to achieve stability, the impact of instability, and the experiences of children in the care system.

The Department for Education should commission research, as part of the Stability Index to explore:

- **Any relationship between changes in placement, school and social worker and children’s outcomes, including in education, physical and mental health, and wellbeing.**
- **Any relationship between access to an independent visitor, extended networks, and other forms of long-term relationships, and the child’s future outcomes.**
- **Any relationship between the likelihood of a stable care journey and demographic factors.**

We know that children often place a lot of emphasis on strong, consistent relationships. Yet there is little research into the links between stability and wider outcomes for children in care. While we know that children find the process of moving homes and schools and frequently changing workers to be stressful, it is unclear what impact this experience has on other outcomes. This includes understanding the impact on educational qualifications, getting a job or the risk of homelessness in adulthood. As highlighted above, research suggests that children placed for adoption (who tend to have greater stability) do fare better across a range of measures than those who remain in care but we do not know enough about the causal link and how much of this is can be attributed to better stability. Further research would help improve understanding of why stability is important and how best to achieve it. It would drive the case for investment in services that have as their main purpose helping children in care develop good long-term relationships. Currently these are often seen as ‘nice to have’ rather than being essential to children and young people’s wellbeing.



Appendix: Barnardo's recent reports on the care system in England

This is the latest report from Barnardo's highlighting key changes needed to improve the care system in England ahead of the publication of the final report of the Independent Review of Children's Social care, expected in spring 2022. Our wider analysis and recommendations can be found in:

- **No place like home: A look at young people's experiences of leaving the care system (May, 2021)**³⁸. A report drawing on interviews with 23 care experienced young people about their experiences of accessing accommodation when they left the care system. It was produced in partnership with IKEA.
- **It takes a village: The case for family support in every community (September, 2021)**³⁹. A report exploring the role family hubs can play in supporting families and reducing the need for children to come into care. This includes a calculation of potential savings to the state.
- **A Care System That Cares: Lessons for the Independent Review of Children's Social Care from young people with direct experience of it (October, 2021)**⁴⁰. A report listing eight key recommendations that care experienced young people supported by Barnardo's want to see from the review process.

38 Available online at <https://www.barnardos.org.uk/sites/default/files/2021-05/No-Place-Like-Home-Report-IKEA.pdf>

39 Available on line at <https://www.barnardos.org.uk/sites/default/files/2021-09/It-Takes-a-Village-the-case-for-family-support-in-every-community.pdf>

40 Available online at <https://www.barnardos.org.uk/get-involved/campaign-with-us/a-care-system-that-cares>



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