



Independent Review of Children's Social Care: Call for Evidence

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About The Fostering Network

The Fostering Network is the UK's leading fostering charity. We have been leading the fostering agenda for more than 40 years, influencing and shaping policy and practice at every level. We are passionate about the difference foster care makes to children and young people, and transforming children's lives is at the heart of everything we do. As a membership organisation we bring together individuals and services involved in providing foster care across the UK. We have approximately 37,000 individual members and nearly 400 organisational members, both local authorities and independent fostering providers, which cover 75 per cent of foster carers in the UK. Our views are informed by our members, as well as through research; in this way we aim to be the voice of foster care.

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Part one: Submission to the call for evidence

Introductory points

The Fostering Network welcomes the independent review of children's social care in England. Over the last decade the approach has been to review parts of the care system in a piecemeal fashion rather than looking at the children's social care system in its entirety and starting from the child or young person's perspective. These reviews have mirrored the complexities of a system that focuses on placement type and legal status rather than the child at the centre, and as such have been unable to develop a clear picture of the system as a whole and then deliver potentially radical solutions which focus entirely on the needs of children.

We support the driving question the review has committed to investigate:

“What more can we do to ensure children have love, stability and safety in their families. In the circumstances where children do need to enter care, the focus of this review will be how children's social care can work to provide children with those same enduring foundations.”

The Fostering Network strongly believes for those children and young people who cannot live with their families that foster care is the most effective way to ensure children have safe, stable and loving homes. Foster carers provide care for roughly three quarters of children in care looked after away from home in England¹ therefore, any review of the care system must have fostering at its heart. Foster carers are holding up the weight of the care system often without the resources, support and recognition that the vital role warrants. The continued failure to position foster carers firmly as part of the social care workforce and a key member of the team around the child risks undermining their ability to meet the needs of the children and young people they are caring for.

We know that good foster care is a protective factor for fostered children's education and wellbeing, despite the trauma of coming into care and the difficult starts these children have often had in life. Foster carers provide children with stability, security, attachment, and it can be their first positive experience of family life. As well as providing this family environment, foster carers are also the primary advocates and first educators for the children they look after. In November 2015 University of Oxford research² revealed that educational outcomes improve for fostered children compared with those who are in need and stay living with troubled families. Various research by Sinclair³, Schofield⁴ and others also show the positive impact of the care system on many vulnerable young people.

Wherever it is safe to do so, families should be supported to stay together. The care system intersects with key societal issues such as poverty, structural inequality and discrimination. It is vital that this is understood and any unconscious bias within the system is tackled. We want to ensure that children only come into care when it is in their best interests to do so. To this end we believe it is essential that the care review clearly defines the purpose of the care system.

The Fostering Network believes a successful care system should enable every child who comes into care to thrive. It should support children to recover and heal from past trauma by prioritising their stability, emotional wellbeing and long-term support to transition into adulthood. The care system should recognise, support and sustain children's positive relationships. This

¹ The [Department for Education](#) recorded 57,380 children in England living in foster care on 31 March 2020

² Sebba, J et al. (2015) [The Educational Progress of Looked after Children in England: Linking Care and Educational Data](#), The Rees Centre

³ Sinclair, I., Wilson, K., and Gibbs, I. (2005) *Foster Placements: Why They Succeed and Why They Fail*. Jessica Kingsley Publishers, London.

⁴ Schofield, G., Beek, M., Sargent, k., Thoburn, J., (2004) *Growing up in foster care*. BAAF.

is fundamental to ensuring children have stability while they are in care and equipping them to build healthy relationships in the future. Care should also be offered to children and young people as long as they need it and should not be withdrawn based on an arbitrary age limit, at 18 or 25. Support should be provided based on the need of the young person, promoting their wellbeing and enabling them to achieve their goals.

About our submission

Our submission to the care review highlights the issues at three different levels:

1. fostering household – for the child and foster carer;
2. foster care workforce; and
3. fostering system – including planning, sufficiency and commissioning.

Alongside these issues we have made recommendations for change detailing solutions we believe would address the current issues. Our submission is driven by years of engagement with our members as well as research and piloting innovation programmes across the UK. This submission draws heavily on the findings of our State of the Nation's Foster Care survey carried out in 2018 which over 4,000 foster carers completed. Our next State of the Nation survey is due to launch in May 2021 and we will share the findings with the Care Review later in the year.

In addition to our main submission we have produced two detailed briefings of innovation models of foster care we have developed over the years. The first is Mockingbird, a global and pioneering programme led by The Fostering Network in the UK, which delivers sustainable foster care structured around the support and relationships of an extended family, see Appendix A for the briefing. The second is the support care model which sits at the interface of fostering services and family support services, providing care and support to families on the edges of the care system. The model provides holistic and needs led support, with foster carers meeting regularly with parents in a mentoring role, alongside providing short breaks, see Appendix B for the briefing.

There have been two recent reviews into fostering in England that ran alongside each other. The Department for Education's Foster Care in England review and the Education Committee's fostering inquiry, both reviews reported in 2018. The Fostering Network made detailed submissions to both reviews and has expressed disappointment about the process, recommendations and subsequent lack of change following the Department of Education's Foster Care in England review, our response to the review can be found [here](#). Where applicable this submission makes reference to the recommendations made in both reviews.

Fostering, while rooted in providing families for children, is not a single entity. Some foster carers offer short break care, others emergency or short-term placements, while others provide children with a home for their whole childhoods and transition into adulthood. Some foster carers are approved to provide care specifically to members of their extended family; these are 'kinship' or 'family and friends' foster carers. Our recommendations throughout this submission relate to all approved foster carers and addresses, where appropriate, specific issues around family and friends carers.

Summary of key recommendations:

- **Foster carers must be recognised as a key member in the team around the child and as part of the social care workforce.**

- **Children in long term foster care should have the same stability and legal protections as those in other forms of permanence, for instance under adoption and special guardianship orders.**
- **The Mockingbird Family Model should be available in every local authority area in England as a key support model for looked after children.**
- **Foster carers have a huge role to play working in local early intervention and preventative services. Foster carers have the skills and expertise to interface between families and children's services, support children on the edge of care and help families to stay together.**

Fostering household – child and foster carer

Through engagement with our foster carer members and research through surveys such as [State of the Nation's Foster Care](#) we have identified the following issues which persist for children and foster carers.

Matching

Stability for looked after children starts with good matching. The Fostering Network welcomed Ofsted's research into matching⁵ in foster care which showed that best practice when matching children and foster carers includes:

- children being involved in the decision making and planning about where they are going to live
- basing the matching process on timely information sharing, a detailed understanding and analysis of children's individual needs, and the foster carers' skills and experiences
- foster carers feeling empowered and confident in their role as part of a wider professional team
- birth families and previous foster carers being involved in making the matching decisions, in order to support their lasting relationships with the children
- formal permanent matches being made (when in the best interest of the child and foster carer) which effectively address the longer-term support needs for carers and children.

Ofsted concluded that this practice was not consistently evident and there were important areas of improvement required, most notably, a need for a more consistent child-centred approach.

Recommendations for matching:

- **All children and young people should be placed with a foster carer who has the skills and experience to meet their needs, including their cultural, language and religious background. High quality matching and permanency planning must be embedded into all social work practice.**
- **Foster carers must always be given all the available information they need to help children reach their potential and keep them, and those around them, safe. This should happen before a child moves, except in emergency circumstances, and throughout the placement.**
- **When a child moves on from a placement the former foster carer should have the opportunity to contribute to the referral information.**
- **Siblings should be placed together, unless it is not in their best interests. Where they cannot live together, every effort must be made to nurture the sibling relationship and keep them in meaningful contact, as appropriate.**
- **Long term foster care is on a legal footing now but there is very little on the procedure to underpin this. The matching process for long term foster care should be more akin to the adoption process and be reflected in regulations.**

Placement stability

Foster carers provide children and young people with stability, security, attachment and often their first positive experience of family life. However, the fostering system does not always support foster

⁵ Ofsted (2020) [Matching in foster care](#).

carers to deliver this stable environment. This can be due to poor matching, an ongoing need to recruit a larger and more diverse group of foster carers, the high turnover of social workers, unnecessary placement moves, and carers not being treated as an equal member of the team around the child.

Although some placement moves may be in the best interests of a child, we believe that too many looked after children are experiencing multiple moves and placement instability⁶. We are concerned that some of the decisions to end a placement are not in the best interests of the child and that independent scrutiny over placement decisions is not being routinely applied. There are regulations in place in England which state a placement cannot be ended unless a case review has been held and the views of all concerned have been taken into account⁷.

Key findings on placement stability from State of the Nation's Foster Care 2019:

- Over the past three years one-third of foster carers said they have experienced an unplanned placement ending when they felt it was not in the child's best interests.
- Of those carers who have experienced an unplanned placement ending that they felt was not in the child's best interest, only 21 per cent could say for sure that it was preceded by a review. This is a drop from 30 in 2016 which could indicate the start of a worrying trend.
- Over two-thirds (68 per cent) of foster carers were not given the opportunity to feed referral information into the next placement.

Recommendations for placement stability:

- **Foster carers should be actively part of all care and placement planning processes.**
- **Disruption meetings should be statutory, along similar lines to that in adoption, to ensure lessons can be learnt and fed into individual and wider practice learning.**
- **Placement stability/support meetings should be contained in statutory guidance with timescales for response and review of agreed actions. Whilst foster carers can request a visit from the child's social worker, this must be arranged only when considered 'reasonable'. Currently only social workers can arrange placement stability meetings which have no statutory basis. Foster carers should be empowered to make a formal request.**
- **There should be a system in place to ensure the regulations are adhered to when moving a child from a foster placement to ensure the decision is being made in the best interests of the child. Regulations require a 'child case review' to be held before moving a child – the exception is where there is a risk of immediate significant harm which should use the same thresholds as when working with birth families.**
- **When decisions are made that a placement should be ended, children and young people and their foster carers should be given the opportunity to feed into referral information with the aim of capturing learning, informing care planning decisions, providing information to assist better matching in relation to the child's next placement, and**

⁶ Clarke, T. (2020) [Stability index 2020](#). Children's Commissioner's Office

⁷ Care Planning regulations, Regulation 14, only exception is Reg 14(3) where there is an immediate risk of significant harm.

supporting a smooth transition. The Fostering Network's North West Independent Fostering Provider forum have developed a placement referral form.

Delegated authority

While foster carers look after fostered children on a day-to-day basis, they often have the least authority out of all those in the team supporting the child. The source of the tension about where responsibility and authority lie in foster care is the fact that the corporate parent is the local authority and is removed from those who have day-to-day responsibility for the care of children, the foster carers. The local authority is often discharging its role as corporate parent within a large bureaucratic and regulated structure where there can be a real sense of anxiety about delegating decisions to carers. The impact of this is ultimately on the child and it can hinder their ability to participate in normal family, school or social activities.

We were pleased that both the stocktake report and the Education Committee inquiry were in agreement with the issues surrounding delegated authority. As the Education Committee highlighted, delegated authority is 'patchy, too infrequent, too limited and incoherent' and 'carers are often excluded from meetings'. We agreed with the stocktake report that the categorisation of decision types in current guidance is sensible. However, we did not agree with the stocktake recommendation that the issues around delegated authority could be addressed by the Department for Education reminding all local authorities that delegation of total authority for all category one decisions should apply automatically to foster carers. The key issue is that the delegated authority guidance is not being effectively and consistently implemented and there is no recourse if local authorities are not adhering to the guidance.

There will obviously need to be a different approach to delegated authority for those delivering different types of fostering i.e. emergency foster care as opposed to long-term fostering and family and friends or kinship care. In addition, the child's legal status determines the types of decisions that can be made as under section 20 birth parents hold full parental responsibility, while under section 31 this is shared between birth parents and the local authority. We also need to be mindful of the ability of children and young people to make their own decisions.

Recommendations on delegated authority:

- **Foster carers should be enabled to make everyday decisions that mean that their fostered child is not treated differently from their peers and feels part of their family.**
- **It should be made clear to foster carers at the outset of a placement what decisions they can and cannot take, and children's social workers should deal swiftly with any requests for decisions that are outside of the foster carer's authority.**
- **Children's social workers play a pivotal role in terms of delegated authority where authority is not delegated to a foster carer. Social workers should not cause any unnecessary delays that will have a negative impact on the child and should have timescales imposed to respond to foster carer and children's requests for decisions or authorisations.**
- **Knowledge of fostering and the wider care system needs to be raised in pre and post qualifying training of social workers to enable them to work more effectively with the primary carers of the vast majority of looked after children.**
- **There is a need to review the delegated authority approach for those delivering different types of fostering i.e. emergency foster care as opposed to long-term fostering or family and friends care. For long term foster care it should be considered if enhanced decision**

powers can be applied e.g. a court application for parental responsibility to be shared between birth parents, local authority and foster carer to enable carers to make all decisions regarding children in their care with the exception of certain decisions e.g. religion, name, living abroad etc.

Allegations

The stocktake report was quite dismissive about the suggestion from the fostering community that allegations were a key issue for foster carers and felt the only action that was needed was for local authorities to follow existing guidance and for carers to be reassured that they would be supported through the process. Through our helplines and independent support and advice service we know that allegations are a key issue for foster carers and cause a number of carers each year to leave the workforce. In the latest Ofsted statistics during 2019-20 there were 2,495 allegations of abuse made against foster carers, of these 1,447 were resolved with no further action, 722 had concerns remaining and referred to fostering panel and the remaining were monitored for a specified period.

It is vitally important that all allegations are investigated and that children are listened to but the uncertainty and lack of support that many foster carers experience during the process can be avoided. There is no other profession involving children where the threshold for an allegation to be investigated is so low or where the support is so minimal. Once an allegation is made, carers are not treated as other professionals; they are too often left not knowing timescales, not being given access to independent support and having financial support removed. In contrast, their social work colleagues would be afforded HR, legal, financial and emotional support should an allegation be made against them.

Recommendations for allegations:

- **A transparent framework for dealing with allegations should be in place in each local authority. This framework should be underpinned by revised national guidance which is more prescriptive to ensure consistency across fostering services and to ensure adherence to timescales and support.**
- **The current guidance focuses on the fostering service but the allegation process is dependent on input from multiple agencies therefore national guidance needs to include other statutory bodies, for example, the police, children's services and LADO.**
- **Foster carers should be afforded the same HR, emotional, financial and legal support that would be afforded their colleagues in other parts of the children's workforce. This should be reflected in national guidance.**
- **The level of threshold for intervention is much lower than for those with parental responsibility. Children are often removed quickly following allegation leading to placement disruption. The framework around this needs to be reviewed.**
- **The emotional impact to foster carers and their families during and after an allegation needs to be recognised. Foster carers should be given access to therapeutic counselling services that are confidential and free. Staffordshire local authority have commissioned access to therapeutic services for their foster carers especially for post allegation support.**

Whistleblowing

The Public Interest Disclosure Act 1998 (PIDA) does not cover foster carers. Foster carers are in a vulnerable position if they choose to speak out about alleged wrongdoing or poor practice. We are concerned that this may act as a disincentive to foster carers, putting vulnerable children at risk.

Recommendation for whistleblowing:

- **The Fostering Network supports the recommendation of the Whistleblowing Commission chaired by Sir Anthony Cooper that the Government uses the powers set out in section 20 of the Enterprise Regulatory Reform Act 2013 to extend PIDA to cover foster carers.**

Relationships

It is well evidenced that those children who lack stability while in care have poorer outcomes. An essential way to achieve stability is to focus on the relationship and attachment the child has with their birth families and foster carer(s). Attachments impact on social and emotional development, educational achievements and mental health.

The Care Inquiry found that the 'golden thread' running through the care system was relationships. The Inquiry recommended that there should be a renewed focus on using the powers and resources from all sectors in nurturing positive and meaningful relationships for children who cannot stay with, or return to, their birth parents.

Foster carers not only have a vital role to play while the child is living in their home but also in supporting the child as they move on, whether this is a move home or a move to another placement. Children and young people in care and care leavers told us that being able to stay in touch with their former carer was very important to them. However, our State of the Nation 2018 survey found that⁸:

- fewer than half of foster carers (45 per cent) said they always or usually keep in touch with children once they move on.
- 563 respondents (18 per cent) said that they rarely or never remain in contact. Although in some cases there will be a good reason to cease contact, the high number of people losing touch suggests a culture that fails to value children's relationships.
- 28 per cent of respondents (representing around 800 foster carers) stated they had been prevented from keeping in touch with a child and the most likely party stated to have prevented contact were the local authority or fostering service.

The practice of cutting off the relationship between the child and their former foster carer is damaging and social work practice in this area needs to change.

Recommendation to improve children's relationships:

- **The Government should ensure that guidance and regulations require that children and young people in care are enabled to remain in contact with their former foster carers and that foster carers are enabled to support their former fostered children as they move on.**

Permanence

One of the key areas we feel the Care Review needs to explore and understand is why different permanence decisions are made for children with similar backgrounds and needs, especially as the child's entitlements, the support available to those looking after the children, access to services, contact with birth families and financial support vary greatly between the different permanence

⁸ Roberts, I. (2019) [*Not Forgotten: The importance of keeping in touch with former foster carers*](#). The Fostering Network.

options. We want to see a system that is completely centred on meeting children's needs, and not on those of adults. We do not want to see one permanence option prioritised over another, but rather the best decision being made for each individual child.

There has been a legal definition of long-term foster care in England since 2015, which is welcome, but we now need to consider how long-term foster care sits in the broader permanence framework. Other permanence options, such as special guardianship orders (SGOs) and adoption, are legal orders and can only be granted, or ended, by the courts. All decisions on long-term foster care sit within local authority children's services departments. The implications of this can be placement drift rather than early decisions being made which results in children staying with foster carers for years by accident rather than design.

This lack of legal permanence leads to children in otherwise stable long-term relationships feel less secure and more vulnerable to disruption, in a way that those living in adoptive families or under SGOs do not.

The Care Review found, "Permanence" for children means "security, stability, love and a strong sense of identity and belonging". This is not connected to legal status, and one route to permanence is not necessarily better than any other: each option is the right one for some children and young people in care.⁹ When making a decision about permanency for a child decision makers need to be clear why a child is being placed in long-term foster care as opposed to SGO or adoption. The key difference between long-term foster care and other permanency options is the child remains in the care system which offers a protective and nurturing environment, remains in a family setting, is able to remain in contact with their birth family and is afforded rights to therapeutic services, access to social work support for the child and foster carer and care leaver entitlements. The Fostering Network wants to see long-term foster care being given equal status and consideration in permanence options, and for long-term fostering relationships to be respected, valued and actually seen as permanent as adoptive and special guardianship placements are.

Recommendations for permanence:

- **The Care Review to review the different permanence options for a child and the access to support for the child and carer. In addition, the factors which contribute to the decision of which permanence option is best for the child.**
- **Children in long term foster care should have the same stability and legal protections as those in other forms of permanence, for instance under adoption and special guardianship orders.**
- **Fostering is not a single entity and therefore it is worth considering whether it can be best served by a single legal framework or whether a different approach for different types of fostering is required.**

Staying put

The Fostering Network led the successful [Don't Move Me](#) campaign to allow those leaving foster care to remain with their former foster carer until the age of 21 if they wanted to. This provision has been legally in place in England since 2014 and is known as Staying Put.

⁹ Care Inquiry (2013) [Making not Breaking: Building relationships for our most vulnerable children.](#)

Despite widespread acceptance that post-18 care is in young people's best interests, there have been a number of issues with the implementation of the new duties that have caused concern for all involved and have resulted in variability in policy, practice, and participation at a local level.

We have been closely monitoring the implementation of the policy in England and there is still a range of cultural, financial and logistical obstacles getting in the way of realising the full potential of this policy. In our 2018 State of the Nation survey, 34 per cent of foster carers told us they had been prevented from entering a Staying Put arrangement with a young person in their care, despite both the foster carer and young person wanting it¹⁰.

One of the primary concerns for post-18 arrangements is funding. Since the inception of the schemes, all key stakeholders have highlighted that funding is inadequate and that this is the root cause of many of the implementation issues. Moving forward we believe there is a need to give careful consideration to the amount of central governments funding allocated to post-18 arrangements and how this is calculated.

One of the biggest obstacles to foster carers being able to offer a post-18 arrangement is the loss of income from fostering, especially if this is their main source of income. Unlike for foster care, there are no minimum post-18 allowances and levels vary greatly by local authority and many fostering services reduce the allowance given to foster carers once the young person reaches the age of 18 with the intention that the shortfall is made up from the young person claiming housing benefits¹¹.

Other implementation issues include continued approval as a foster carer. There is uncertainty among fostering services to recommend continued 'suitability to foster' for carers who do not have space/capacity to offer fostering placements in addition to post-18 arrangements. Foster carers are often left in a position of having to seek re-approval when the young person leaves the post-18 care arrangement; this is a lengthy process which is both unnecessary and costly.

Despite committing to review Staying Put in the Keep On Caring report in 2016¹², the Government has not reviewed the policy since its introduction, despite committing to refining the policy in their Fostering Better Outcomes report, and the fostering stocktake failed to properly consider the policy or the barriers preventing it from becoming the norm.

Recommendations for Staying Put:

- **Government should carry out a full review of how Staying Put has been implemented.**
- **Government should ensure that Staying Put is properly costed and then fully funded as part of the comprehensive spending review.**
- **There should be monitoring of the implementation of the policy to ensure practice is in line with national requirements, to share learning from best practice models and track young people's outcomes.**
- **Staying Put minimum allowances should be introduced across England, with such an allowance being sufficient to cover the cost of looking after a young person.**

¹⁰ Roberts, I. (2018) [Staying Put: An Unfulfilled Promise](#). The Fostering Network.

¹¹ The Fostering Network has unpublished evidence of this available on request.

¹² HM Government (2016) Keep On Caring: Supporting Young People from Care to Independence

- **Government should make it clear that if a foster carer wishes to maintain their approval they should be supported to do so for the duration of the Staying Put arrangement.**
- **Local authorities in partnership with independent fostering providers should establish contractual arrangements which include Staying Put arrangements.**
- **All fostering services should have a Staying Put policy in place. The policy should explain how placements will be funded and supported. Staying Put must be introduced as an option in the care planning process as early as possible and should be raised with prospective foster carers during the assessment process.**
- **All fostering services should provide training and support to meet the needs of those offering Staying Put arrangements.**

Foster care workforce

The key to successful foster care lies in recruiting, training and supporting good foster carers. The evidence review¹³ into the fostering system concluded that one of the biggest challenges, if not the biggest, in fostering is how to secure the future recruitment and retention of enough, high-quality foster carers.

We believe a key element to securing the future recruitment and retention of high-quality foster carers is to recognise foster carers as a key member of the team around the child and a part of the children's social care workforce. For foster carers to be seen as equal members of the team around the child is to ensure they have the right terms and conditions. This includes being fully trained and supported, having the authority and status to make day-to-day decisions about the children in their care, being fully reimbursed for all the costs to meet the child's needs and being paid for their time, skills and expertise.

Status of foster carers in the team around the child

The Fostering Network firmly believes that foster carers are a key member of the multi-disciplinary team who work on behalf of children and young people in public care. They are required to deliver highly personalised care within a professional framework and need to approach what they do in a professional manner: report writing, assessments, home review, attending placement agreement meetings, involvement with the police, attending court and giving evidence, managing contact, carrying out life story work and so on. All while they continue with parenting and meeting the emotional and physical needs of the child in their care in a way that safeguards the child and themselves. For the retention and continued recruitment of a workforce to meet the needs of children in care it is essential to recognise that foster carers have their own area of expertise, skills and tasks in the team around the child.

Recommendations on status of foster carers:

- **Foster carers must be recognised as a key member in the team around the child and as part of the social care workforce.**
- **The stocktake report made a specific recommendation in this section to amend the statutory guidance (Children Act 1989: Fostering Services, Volume 4 July 2015) to include foster carers as people who must be involved in reviews about the child. While we support this recommendation, and the necessary regulations would need to be amended as well, we do not think this recommendation has been actioned and we do not believe this alone will create the cultural change that is needed for foster carers to be seen as equal members of the team around the child.**

Recruitment

No child in care is currently without a home, but they could be in the wrong placement for them – residential care rather than foster care for example, or with a foster family that is providing a safe and secure home but is not the ideal match to meet all of the child's needs. Some children also get placed a long way from family, friends and school.

The Fostering Network estimates that, in England, a further 7,300 fostering households are needed¹⁴.

¹³ Baginsky, M et al. (2017) [The Fostering System in England: Evidence Review](#).

¹⁴ The Fostering Network has not published this target.

Recruitment of foster carers is a year-round activity. In an ideal world, this recruitment would only be to find foster carers to meet children's needs; all recruitment would be targeted and based on needs analyses, with local authorities/trusts and IFPs working together to identify who is needed and where. There are many local authorities that are taking this approach but this needs to happen consistently across the country. The current system can lead to a disconnect between the supply of foster carers and the demand for their services.

There is a sector data gap in that we do not know how foster carers are distributed across the country or their approval details to understand at a national level workforce development and planning. The Care Review should consider if the care sector would benefit from a national workforce planning approach.

Anecdotally, we hear of local authorities recruiting foster carers to bring children back "inhouse", and IFPs recruiting foster carers without reference to whether any local authority has a need for the skills and placements they can offer. We know that some foster carers have vacancies for long periods of time, and that they understandably find this very frustrating, particularly if their fostering service is still recruiting new foster carers. In fact, fostering services often operate in competition with each other over access to new foster carers, with potential applicants being exposed to advertising from multiple fostering services in any one geographical area. This leads to duplicated costs of advertising, as well as potentially confusing people who just want to become foster carers but do not know which service to choose. We end up with a situation in which there is constant recruitment, foster carers with vacancies and shortages of carers for some "types" of children such as teenagers, sibling groups and children with disabilities. We believe that fostering services should work together to make best use of the existing foster carer workforce, and to recruit only where there is a need. We would like to see the increased use of regional consortia for needs led and targeted recruitment, to increase effectiveness and reduce duplication.

Recommendations on recruitment and managing vacancies:

- **All recruitment of new foster carers should be targeted to meet needs of the current care population, based on local authority's needs assessments. No fostering services should be recruiting foster carers for whom there is no demand. Instead local authorities and IFPs should work together to make best use of the existing foster carer workforce and ensure they are recruiting the right foster families to meet the needs of the children in and coming into care i.e. target and match skills of carers with the needs of children. Fostering services should encourage any potential applicants whose skills they don't currently need to contact an alternative fostering service which does need these skills.**
- **Closer joint working protocols between local authorities and independent fostering providers.**
- **An increase in regional consortia for needs-led and targeted recruitment should be explored, to increase effectiveness and reduce duplication.**
- **Consider tailored recruitment strategies to recruit specifically for long term and permanent foster carers who may only foster one child or a sibling group.**

Training for foster carers

Every local authority and independent fostering service has to determine its own programme of training for foster carers; there are certain training requirements scattered throughout regulations, guidance and standards but not one source or framework. There are also the training support and

development (TSD) standards¹⁵ that have not been reviewed since they were introduced by the now disbanded Children's Workforce Development Council (CWCD).

Children and young people coming into the care system have an increasingly complex set of needs, due to their diverse experiences, for example child sexual exploitation, trafficking, gangs or arriving as unaccompanied asylum-seeking children. There is a corresponding increased demand for foster carers to meet these needs, and yet there is no nationally defined learning and development framework for foster carers that could address this.

A standardised and accredited framework for training for foster care would set out the areas in which foster carers must demonstrate or develop knowledge and skills and would provide the framework for services to develop their foster carer training programme. However, standardisation does not need to lead to a lack of flexibility in training. There will always be a need for foster carers to undertake specialised training relating to the demands of their specific situation and the needs of the children they are caring for. Personal development plans should be able to address both the standard and the specialised training.

It is not just about training for foster carers: other professionals should have knowledge of foster care woven into their own training and development processes. This is because, as already argued, foster carers are part of the team around the child but are often not treated in that way. Children's social workers (CSWs) need to understand fostering and foster carers much better, so that they can develop realistic expectations and the skills to support them, as well as being a voice and advocate for the child. The best children's services already do this. CSW need to build relationships with foster carers and view them as a tool through which to meet the needs of the child. This allows for intervention before a crisis, and not at too late a stage. There is also a need to ensure that all stakeholders in the team around the child understand fostering and the role of foster carers, including education and health professionals, police and commissioners.

Recommendations for training:

- **A learning and development framework for foster carers should be implemented in England, covering accredited and standardised pre- and post-approval training. Learning can be taken from the National Fostering Framework programme in Wales in developing a national programme of core/key/mandatory training for all foster carers.**
- **Strengthen the status of the foster carer's Personal Development Plan (NMS 20.5).**

Support for foster carers

Fostering is an immensely rewarding role but it can often be challenging. Therefore the support foster carers receive from their fostering service and their peers is crucial and often makes a difference to the stability and success of placements. Our 2018 State of the Nation survey found that foster carers, on the whole, reported a positive view of support from their supervising social worker, with 70 per cent declaring it to be excellent or good. We found that out of hours and respite support is currently poor for many foster carers. 42 per cent of foster carers describe out of hours support as could be better or poor, while 37 of foster carers described respite provision as excellent or good.

The Fostering Network's Mockingbird model shows high levels of satisfaction amongst foster carers in the peer support offered in constellations and access to short breaks through sleepovers. More needs

¹⁵ [Training, support and development standards for foster care: evidence workbook.](#)

to be done to explore how models of good practice can be rolled out to benefit more foster carers and children, see Appendix 1 for more detail.

Recommendations for support:

- **Support for foster carers should be tailored to the individual needs of the child they are caring for and should be matched to the developmental stages of the child.**
- **All services should provide a dedicated out of hours fostering support service for carers and ensure access to short break/respite provision as required.**
- **Peer support opportunities should be enabled and promoted at a local level.**
- **Explore how learning from models of good practice around foster carer support can be rolled out further i.e. Mockingbird model.**

Fees and allowances

There are two components to foster carers' income from fostering. The allowance is designed to cover the costs of caring for a child. All foster carers in England receive an allowance. The other component is a fee which recognises the time, expertise and skills of the foster carer. Not all foster carers receive a fee.

National minimum allowances are established in England and on the whole local authorities pay at or above this level. In contrast to allowances there is no minimum recommended fee for foster carers in any country of the UK, nor even a requirement for fees to be paid by fostering services. Due to the lack of a framework around fee payments the amount received across the country varies widely.

In addition, savings for children and young people in foster care is usually set at around £5-£10 per week and is taken from the fostering allowance. The Fostering Network is in the process of developing guidance with the Share Foundation to make savings for children in foster care more consistent and to raise knowledge amongst children's social workers. We would suggest a review of allowances takes account of savings for children and young people.

Key findings from State of the Nation's Foster Care 2019:

- 59 per cent of foster carers feel the fostering allowance and the expenses they can claim do not meet the full costs of looking after their fostered children. This is a slight increase on the 58 per cent from 2016, and we therefore have continued concern that allowances are still not meeting the full costs of foster care.
- 90 per cent of foster carers agree that carers should be paid a fee for their fostering work.
- 60 per cent of foster carers say that they receive a fee, a slight increase from 2016 when this was 57 per cent.
- Only 9 per cent of foster carers are paid at or above the equivalent of the national living wage for a 40-hour week.

Recommendations for allowances and fees:

- **There should be a Government-led review of the level of the national minimum allowance and related expenses in England to ensure it covers costs, not least because increases have been falling behind the rate of inflation.**

- **Foster care should be appropriately resourced to ensure foster carers receive a fee which recognises their time, expertise and skills, preferably via a tiered payment scheme, and carers should receive retainer fees between placements.**
- **The administration of fee and allowance payments should be transparent, and clearly distinguish between the two, so that all foster carers are clear about the allowances and fees they are receiving.**
- **Allowance and fee levels should be publicly available.**

Employment status

Foster carers' employment status is a confused picture. For example, for tax purposes they are considered to be self-employed, but at the same time they can only work for one fostering service at once, unlike other self-employed people.

The foster carer workforce holds a diverse range of opinion on the issue of employment status. This lies on a spectrum from expert volunteer at one end to fully professional childcare expert at the other. The Fostering Network appreciates that this is a complex area. We hear from many foster carers, and while we know many do think full employment by a fostering service might be a way to deal with the problems they are encountering, others – including long-term foster carers and family and friends carers – are less sure. For example, they are concerned about the potential impact this could have on tax arrangements, combining fostering with other employment outside of the home, and being able to say no to a placement.

This is an area that needs more focus and exploration and was not addressed by the stocktake which concluded that self-employment was the appropriate status, whilst the Education Committee inquiry concluded that it is unsatisfactory that foster carers are subject to the responsibilities of self-employed status without the benefits.

Regardless of the employment status of foster carers our starting point is that all foster carers must have:

- status and authority
- equal respect as a key member in the team around the child
- payment for time, skills and expertise, as well as expenses covered via allowances
- support and training

Recommendations for employment status

- **In line with the Education Committee's recommendation the Government should review whether self-employed is the appropriate employment status for foster carers.**

A national register of foster carers

The Fostering Network believes that a national register of foster carers is an essential first step to achieving an improvement in foster carer terms and conditions through allowing increased portability of the workforce and increasing public protection by having a central list of all who meet, and continue to meet, the requirements of being an approved foster carer.

A register of all those who have foster carer approval, as well as those deemed unsuitable to foster, could address the following three issues in the fostering system:

- The need to increase the status of foster carers in the team around the child.

A national register of foster carers has the ability improve the formal status of foster carers to allow the role to be more recognised and valued within the sector and by the general public. It would also bring foster carers in line with other parts of the children's workforce who are registered and regulated. A register would also go hand-in-hand with a standardised pre- and post-approval training framework, standards and code of practice which would also work towards improving the status of the foster carer.

- The difficulty of foster carers moving from one service to another.

Under this model, when foster carers want to transfer to a new fostering service, the new fostering service would be able to check the central register and a more streamlined (fast track) approach could be taken to transferring to a new fostering provider without needing to repeat the assessment and approval process from the beginning.

- The need for more robust safeguarding measures in the fostering sector.

The registration body would make final decisions on a foster carer's continued suitability to remain on the register. All qualifying determination decisions regarding someone's suitability to continue to be approved would have to be referred to the registration body by fostering service providers and that body would make the final decision. Therefore, foster carers could be removed or refused entry to the register for two reasons: the foster carer does not meet the entry requirements; or the registration body makes a decision to deregister based on a referral from a fostering service.

Recommendations for a national register:

- **The introduction of a national register of foster carers in England to improve the status of the foster carer in the team around the child, close current safeguarding loopholes and increase portability of the workforce.**
- **The Fostering Network believes that recruitment of foster carers is a local activity and should be based on local needs analysis and strong commissioning frameworks to make the best use of the local workforce. We support standardised and accredited pre- and post-approval training, more regional partnership working on recruitment and training and a stronger body overseeing appeals/deregistration in each nation, but do not believe that all assessment and approval should happen centrally.**

Social work support

Need for detailed examination of the interaction between with the child and supervising social worker but most importantly training and preparation provided to all children's social workers about the whole system. It is vital that child protection social workers have an understanding when they remove a child from their birth family of the care system and the range of options available to the child.

Family and friends carers

The number of family and friends foster carers is growing year on year, currently 16 per cent of all approved fostering households are family and friends fostering households. In 2019-20 40 per cent of new foster families were family and friends foster families¹⁶. In addition, family and friends make up a high percentage of foster carers whose approval ends within six months to one year of approval.

Local authority fostering services are incredibly busy assessing and approving family and friends foster carers, and this can detract from their capacity to assess and approve recruited foster

¹⁶ Ofsted (2020) Fostering in England 2019-2020.

carers. The challenges and pressures involved have led The Fostering Network to establish and/or support the development of regional networking forums for local authority managers responsible for work with family and friends carers or connected persons. These are well attended and enable discussion and peer support in developing practice in this area.

The Children's Act determines that anyone caring for a looked after child needs to be an approved foster carer. When accommodating children, local authorities must firstly consider whether it is possible for a child to be placed with their parents and if not, secondly with a member of their extended family/friends. Only if that is not possible can a placement with a mainstream foster carer be considered. As family and friends are rarely already approved foster carers, the care planning regulations (Reg 24) permit a local authority to temporarily approve a connected person as a foster carer for up to 16 weeks whilst the full fostering assessment is undertaken – this is to allow the child, where necessary and in unforeseen circumstances, to be placed during this time.

This requirement brings a lot of family members into fostering where there may be no real desire on their part to become foster carers. The local authority and/or courts may be led down this route merely to secure the child living with the prospective family and friends carer during proceedings whilst the longer term permanence plan is determined. Where there are concerns regarding the family and friend's suitability for approval as foster carers, or challenges working within the requirements of the fostering regulations within the timescales of the courts, this can lead to tensions between the fostering service and the care planning for the child.

For a significant number of approved family and friends carers, their approval is short lived. This may be because:

- the child may no longer need the placement due to returning to birth parents at the end of proceedings;
- there may have been a number of connected carers assessed and approved as contingency, meaning carers with whom the child is not placed are no longer needed; or
- proceedings conclude with a special guardianship order (SGO), and fostering was only ever intended to be a 'steppingstone' to this long-term outcome.

The challenges faced are in part outlined in Sub-appendix B of the [Best Practice Guidance for special guardianship](#) where the options for placement with family and friends are laid out – these include the use of assessment orders (s38(6)) which direct the child to live with the carer with the effect that the child who is 'looked after' is living with someone who is not an approved foster carer. Support to the carer is not then governed by regulations or statutory guidance. Sometimes, where assessments are delayed (for example due to the time taken to obtain information required under fostering regulations such as DBS checks or medical reports), and temporary approval expires, local authorities have to balance the welfare of the child in determining whether they should be moved from the family and friends carer or remain living there despite the foster placement being made outside of regulations. From September 2021, [legislation](#) comes into effect that will remove the option to place children under the age of 16 years in 'other arrangements'.

Some local authorities are moving this assessment work with 'connected carers' from their fostering service into their 'early intervention' services and successfully engaging family members at an early stage to support a struggling child/parent. This can in some situations avert the need for the child to become looked after. Family group conferences are designed to support this work. Even if the child cannot remain in their parent's care, a relative could be supported to apply to the courts for an order (child arrangements or SGO) to secure the child living with them, without the need for the child to be looked after as an interim arrangement.

However, increasingly, where a child has not lived with the prospective special guardian, there is a desire for this relationship to be ‘tested’ prior to the making of an SGO. Once again, it can be unclear, if they are not a close relative, on what basis the child can live with the prospective special guardian without approving them first as a foster carer.

Many children and young people thrive within a family and friends foster care placement as evidenced in research¹⁷. For those who become Special Guardians, there are differences to be addressed in the support provided to foster carers and that made available under the provision of special guardian support regulations.

Recommendations for family and friends:

- **The area of family and friends care needs to be a key area of the Care Review to consider. The Fostering Network would want to be part of these discussions as a significant part of our foster carer membership is made up of family and friends carers and our staff are heavily involved in supporting local authorities with the issues around family and friends care. Our connected person forum members across England are local authority managers with in-depth knowledge and experience of working with connected carers, family and friends foster carers and others within the current system and would be well placed to contribute valuable information to this review.**
- **We feel this discussion needs to be cross departmental and involve the Ministry of Justice as well as other relevant stakeholders. A key part of this review is whether the fostering regulations alongside other legislation requires review and revision in relation to family and friends carers.**
- **In addition, the review team should consider the recommendations made by the Public Law Working Group¹⁸ and that of the cross-party Parliamentary Taskforce on Kinship Care¹⁹.**

¹⁷ Hunt, J. (2020) [Key findings from the last two decades of UK research on kinship care: An overview](#). Family Rights Group.

¹⁸ Public Law Working Group (2020) [Recommendations to achieve best practice in the child protection and family justice systems: Special guardianship orders](#).

¹⁹ The Cross-Party Parliamentary Taskforce on Kinship Care (2020) [First Thought Not Afterthought: Report of the Parliamentary Taskforce on Kinship Care](#).

Foster care system

All those working in the sector know that good foster care works, and foster carers make a huge difference to children's lives every day. But as demonstrated in our State of the Nation 2018 report, the overall system and culture make foster carers' jobs so much more difficult, rather than enabling and supporting them to carry out their vital work.

In order to meet the needs of their local looked after children population it is essential that individual social care assessments of children and young people are aggregated in each local area in order to strategically plan the services required for their looked after children population. The needs analysis should drive foster carer recruitment. No fostering services should be recruiting foster carers for whom there is no demand. Instead local authorities and IFPs should work together to make best use of the existing foster carer workforce and ensure they are recruiting the right foster families to meet the needs of the children in and coming into care i.e. target and match skills of carers with the needs of children. Fostering services should encourage any potential applicants whose skills they don't currently need to contact an alternative fostering service which does need these skills.

We have touched on the issues present in the foster care system in this section but full detail can be found in our submission to the Competitions and Markets Authority.

Assessment and planning of children and young peoples' needs

All services for children and young people in the care system are dependent on accurate, high quality assessments of need and effective commissioning to meet the identified needs. In order to get the right placement first time for each child there needs to be an accurate assessment of their needs. When a child has to move placements this can be hugely unsettling and often results in poorer outcomes for the child as well as being more costly. We welcome the publication of the Children's Commissioner's Stability Index to measure and try to begin to understand the impact of placement, social worker and school moves on the child.

The Fostering Network understands the challenges around assessing and predicting need but we believe there is much room for improvement. It is essential that individual social care assessments of children and young people are aggregated in each local area in order to strategically plan the services required for the looked after children population. Under existing legislation local authorities are legally required to publish sufficiency statements which detail how they intend to meet the needs of their looked after children population. We believe that this is not being done routinely in each local authority and is not being used strategically to plan for services required and respond to changing trends in the care population.

We believe these statements could be closer scrutinised at a local, regional and national level to determine the types of care placements required and to inform targeted recruitment programmes. Local authorities must assess not only the placement needs of children and young people but also the other social care, educational and health needs in order to provide therapeutic services and support for children and young people, many of whom have suffered abuse and neglect before coming into the care system.

Cuts to local authority services have led to a severe reduction in early intervention children's services²⁰. As this type of support is cut so drastically we are left with a situation of crisis intervention which often results in children and young people entering the care system with emotional and behavioural problems and requiring specialist support.

²⁰ Webb, C. & Thomas, R. (2020). [The Child Welfare Inequalities Project App](#). Spending Waffle Plots.

Recommendations for assessment and planning:

- **Each local authority must conduct an annual needs analysis of their local looked after children population in order to determine types of care placements required and to inform a targeted recruitment programme for foster carers who are able to meet the needs of the current care population. Local authorities must work with IFPs to achieve this – this is clearly stated in the sufficiency statutory guidance. If this was done at a consistent standard and framework at a local level, it would be possible to aggregate results regionally and nationally for other purposes.**
- **Department for Education and other key government departments should play a greater role in sufficiency duties in terms of providing the tools, guidance and training for local authorities to carry out meaningful and live statements that drive commissioning and recruitment planning.**
- **Government play a role in national workforce planning and development.**
- **Current statutory guidance on the sufficiency duty in England was published in 2010 and is urgently in need of updating. This should include good practice examples and a national toolkit for commissioning foster care provision in the independent sector.**
- **Sufficiency statements should be live documents allowing providers to respond dynamically to local need.**

Lack of measurement of outcomes for children and young people

Currently it is unclear how we measure outcomes for children and young people in care and who has the national and local oversight for outcomes. There are challenges around collecting a comprehensive and consistent set of data and measuring the impact of fostering (or any other form of care) in terms of children's outcomes. This was highlighted in the National Audit Office report, which found in 2014 that the Department for Education (DfE) could not demonstrate that it is meeting its objectives for children in foster and residential care. The report stated that the DfE did not have indicators by which it measures the effectiveness of the care system. We would like the Care Review address this critical gap in evidence. All outcomes should be child-centred and children and young people should be the driving voice in deciding which outcomes are important to measure.

Recommendation for measuring children and young people's outcomes:

- **Development of appropriate and consistent measures of placement outcomes.**

Commissioning

To achieve the best outcomes for looked after children, commissioning in foster care should always be driven by the needs of the local children in care population following a comprehensive needs analysis of this population. It is a false economy to focus on cost rather than outcomes as poor outcomes for looked after children only lead to higher public costs later on in their lives.

The commissioning framework in foster care is evolving and there are many examples of regional consortia across the country and new models being tested in collaboration with the independent sector.

Commissioners need to exercise their corporate parenting role to a greater extent and focus on the needs of their children, with a view to achieving a form of permanence best suited to their individual requirements partnership working with independent providers. We believe that regional consortia

should be explored with reference given to the effectiveness of regional adoption agencies, and any impact these have had on children's outcomes in adoptions. We agree with the recommendations of the education inquiry that the Government must provide local authorities with the resources they need to ensure financial concerns do not take precedence over the needs of the child.

Recommendation for commissioning:

- **Commissioners should actively build relationships with their local independent providers, including those operating beyond local authority boundaries to fully understand the nature of services and support they can offer to ensure compliance with the sufficiency duty.**



Part two: Mockingbird briefing

March 2021

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Introduction

In response to the Independent Care Review's Call for Evidence we have produced a detailed briefing of The Fostering Network's Mockingbird programme.

The Fostering Network believes that Mockingbird should be available in every local authority area in England as a key support model for looked after children.

This briefing details how the model:

- addresses some of the key issues which exist in our children's social care system;
- provides a robust evidence base for providing children and young people with safe, stable and loving homes and communities;
- challenges current practice in children's social care; and
- offers a structure that can support the integration of other forms of care.

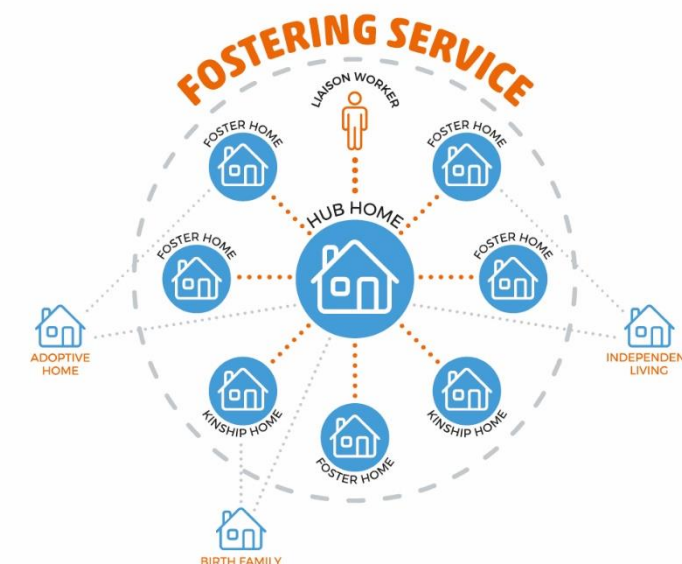
What is Mockingbird?

Mockingbird, a global, award winning and pioneering programme led by The Fostering Network in the UK, delivers sustainable foster care structured around the support and relationships of an extended family.

The Fostering Network, with support from the Department for Education (DfE), has delivered and implemented the Mockingbird Family Model in the UK since 2015 under licence from The Mockingbird Society USA. A full timeline of funding, licensing details and evaluation of the programme spanning the last six years can be found in Appendix 1.

The model nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community of six to ten satellite families called a constellation.

Led by a hub home carer and liaison worker, the constellation, depicted in Figure 1, offers vital peer support and guidance alongside learning and development opportunities, social activities, and sleepovers to strengthen relationships and permanence.



The Fostering Network's Mockingbird programme

Figure 1: A Mockingbird constellation

"Whether it is a space for carers to seek a listening ear and advice, or the hub carer spending time with the child to help them have the space to work through their own issues. We consistently see how the hub is the glue that holds a placement together." – Mockingbird liaison worker¹

Alongside active child protection, the model is underpinned by seven core principles:

1. Community based care

2. Foster carer support
3. Continuity of care
4. Cultural relevancy, identity and belonging
5. Birth family viewed as partners and future support
6. Normalisation of care
7. Unconditional care

More detail of these principles can be found in Appendix 2.

Improving the experience of children and young people is at the very heart of Mockingbird. To achieve this, services are encouraged to include the views, wishes and aspirations of young people in the development and delivery of Mockingbird constellations. Mockingbird offers great opportunities for true engagement of children and young people. At a local operational level, including young people in the implementation of Mockingbird, ensures that the development of the constellations and related processes can respond directly to the concerns, challenges and ideas which children and young people living in care are uniquely placed to express.

Mockingbird in the UK

As of March 2021, The Fostering Network has partnered with 40 fostering services to deliver 74 active constellations, primarily in England but also in Wales and Scotland. Full details of the partners can be found in Appendix 3.

The Fostering Network collects monthly monitoring data from all Mockingbird partners who have an established constellation. The monthly monitoring captures key information about each Mockingbird constellation and monitors participation in the programme, support provided by the Hub Home Carer and changes to the constellation over time.

The information reported by services is useful at the point of collection for Mockingbird partners whilst enabling The Fostering Network to monitor the scale of the programme, to explore what's working and to share learning across the national Mockingbird community.

Site-level and programme-level analysis is carried out annually. The 2020-2021 analysis will be completed by August 2021.

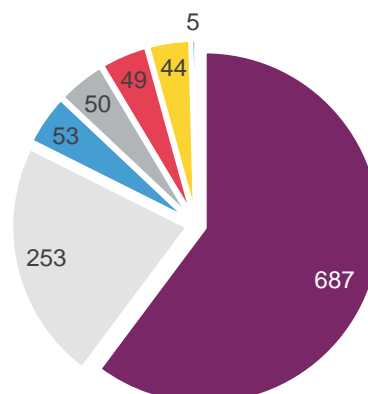
Our latest monthly figures, provided by all reporting services with active constellations, shows us the following details about the Mockingbird population:

- 1197 adults including satellite carers, hub carers and liaison workers
- 1141 children and young people, including 687 in mainstream foster care and 53 in family and friends' placements.

Please see below for a full breakdown by type of placement.

Placement types of children and young people in Mockingbird Constellations

- Mainstream fostering placement
- Birth children of foster carers
- Kinship or friends and family placements
- Adopted
- Staying Put arrangement
- Special Guardianship Order
- Living in residential care



This demonstrates how Mockingbird is a scalable integrated constellation model for fostering, kinship care, special guardianship, and adoption, and to transition children from residential care to family support. The case study in Appendix 4.1 shows how Mockingbird supports family connection for young people in residential placements.

How do families become a part of Mockingbird?

Every service will have a different approach to the task of identifying which families will make up their first (and subsequent) constellations. The service knows the needs of their children, young people and foster carers best and is therefore best placed to make these decisions. The role of the Mockingbird coach is to support the service to design their approach, provide reflection space to ensure they have adequately challenged their thinking, and provide guidance to ensure that the final decisions are within fidelity.

The key fidelity requirements that guide selection are:

- Each constellation must be made up of between 6 and 10 satellite households and support between 6 and 18 looked after children.
- Each constellation must be diverse and services cannot create 'single focused' constellations.

Before a constellation launches we offer hub home carer and liaison worker training. This is provided by the Mockingbird coach and is part of The Fostering Network's implementation package. The Mockingbird coach can also provide ad-hoc support when needed and regular reflection space for hub home carers and liaison workers is built into our fidelity review process. We also offer regular practice forums that bring together hub home carers and liaison workers from established Mockingbird constellations across the community.

Challenges within children's social care which Mockingbird aims to address

Over the years poor outcomes for children and young people in care and variability in the quality of support offered to foster carers have regularly been documented. The issues at a service and system level have a direct impact on individual level experiences and outcomes for children, young people and foster carers². Stability is key to improved outcomes for children and young people and yet children in care experience high-level placement, school and social worker instability³.

Mockingbird was introduced in England to try to improve stability for children and address the following challenges in the children's social care system and practice:

- Disrupted care journeys and a lack of stability for children leading to poor wellbeing, lower quality of relationships and poorer educational attainment^{4 5};
- High incidence of placement breakdown for looked after children and young people⁶;
- Poor foster carer retention rates (last year 7,760 foster carers deregistered equating to a turnover of 17 per cent⁷);
- Lack of adequate placement options for children and young people in care⁸;
- Overuse of costly options i.e. residential care and out of service⁹.
- Low status and authority of foster carers in the team around child^{10 11};
- Poor family and sibling contact^{12 13}; and
- Poorly supported transitions within care and at the leaving care point¹⁴.

Mockingbird aims to address these problems through four key mechanisms:

1. The importance of peer support for foster carers theorised to be a non-judgemental way of gaining help that improves foster carer wellbeing, satisfaction, respect, retention and in turn placement stability.
2. The programme is underpinned by the idea of improving relationships, particularly between foster carers and their children, through the importance of shared activities.
3. Underlying the programme is the idea of expanding social networks for both the child and foster carer.
4. Underpinning the programme is an overarching theory of the importance of high standards of 'ordinary' foster care and of normalising care.

These theoretical ideas are illustrated in the theory of change, see Appendix 5.

Evidence and impact

This section brings together evidence of how Mockingbird addresses the issues highlighted above and improves the lives of children and young people and all those involved in the fostering community. The evidence presented draws on internal and external evaluation.

Internally, from The Fostering Network's monitoring and ongoing qualitative data capture and annual analysis from all fostering services with active constellations (in the 2019/20 this included 22 Mockingbird partners). Externally, Mockingbird was recently independently evaluated as part of the Department for Education's Children's Social Care Innovation Programme 2017-2020. The evaluation was conducted by the Rees Centre at the University of Oxford in partnership with the University of York and York Consulting, the full evaluation report can be found [here](#). The evaluation involved 12 sites funded through the Innovation Programme and gathered quantitative and qualitative data from foster carers, children and young people and staff.

The introduction of the Mockingbird Family Model to the UK was also independently evaluated by the University of Loughborough in 2016¹⁵. As well as being evaluated in a US context by the University of Washington's Northwest Institute for Children and Families (who produced over five

reports between 2004-2007¹⁶ available [here](#)), and the Washington State Institute on Public Policy who did an outcome evaluation in 2017¹⁷ and a cost benefit analysis in 2018¹⁸.

The following sub-headings highlight the evidenced positive impact Mockingbird has had on fostering communities.

Better outcomes for children and young people, safer families and communities

Previous evaluations of Mockingbird, through examining its implementation, have found promising indicators for outcomes such as child safety, permanency, placement stability, sibling connections, nurturing cultural identity, building strong community connections, and systems change¹⁹.

Improved wellbeing for looked after children and young people

Almost all children and young people (98% in 2018 and 97% in 2019²⁰) in the most recent Mockingbird evaluation said that they had an adult who they trusted, who helped them and who sticks by them no matter what.

“Mockingbird is a place where you can belong. Mockingbird is a place where you will make new friends that you will have for life really [...] You’d get opportunities. You’d become part of a family really.” – Foster child, age 15

In addition, the young people reported positive wellbeing. Their scores on all parts of the Outcome Rating Scale (ORS) or Child Outcome Rating Scale (CORS) were similar to the average score among a community sample of children (i.e. not in care) from 90 schools in England and higher than a clinical sample of children accessing NHS mental health services. Children and young people also reported that Mockingbird improved their wellbeing²¹.

See Appendix 4.2 for a detailed case study evidencing the positive impact of Mockingbird on wellbeing and outcomes for a young person.

Improved placement stability

Mockingbird aims to improve placement stability and the stability of relationships for children and young people. The model intends to address issues such as high incidence of unplanned placement moves and escalation of problems that end in placement disruptions.

Data collected by The Fostering Network between May 2018 and March 2020 from fostering services across 22 sites reported that an estimated 20 per cent of placements would have broken down if they had not been supported by the Mockingbird programme. In other words, of the 1079 children and young people in placements during that time, there were an estimated 216 placement breakdowns avoided. It has been assumed that the placement breakdowns avoided would have resulted in a placement change, but there were at least five additional cases where it was reported that entry into residential care was prevented.

In addition, there is qualitative evidence from interviews with foster carers and staff that Mockingbird improved continuity of care when placement changes did happen, as children and young people could move to a foster carer in their constellation whom they already knew²². There is also evidence of Mockingbird enabling more positive transitions where stability was provided to children and young people when placements needed to change by selecting the new carer from within (or including them in) the constellation²³.

Improved safety and standards of care for young people

In interviews with the Rees Centre's independent evaluation team, it was noted that being part of a constellation introduced children to multiple trusted adults, leading to instances where children and young people felt safe to discuss safeguarding concerns with their hub home carers²⁴. The case study in Appendix 4.3 describes an example where a constellation helped minimise disruption during an allegation and thus improve standards of care.

"All [of the foster carers in the constellation] care about us and I have so many aunts and uncles, LOL! Wish I had always had Mockingbird throughout my life in care." – Foster child, age 14

Strong family relationships

The model actively encourages strong family relationships enabling birth family members to be viewed as an important relationship, support network or future home for every child. Even in situations where it is not possible for a young person to see a member of their birth family again, we know that this relationship, and how they feel about it, will continue to be emotionally important to children and young people for the rest of their lives. The case study in Appendix 4.4 describes how Mockingbird can promote strong family relationships.

In the most recent evaluation, there were numerous positive case studies about Mockingbird being used to facilitate and normalise birth family contact with other relatives. Where there was birth family contact with other family members facilitated through the hub home carer, it was noted that there was less of a tension or sense of split loyalty for the children and young people between birth family and their foster carers²⁵. In situations where the satellite carer is leading on supporting birth family contact, it has also been reported that the additional peer support from the hub home carer, or simply being a friendly ear for carers and children to unload, has also supported a more positive experience of time with birth family members.

Maintaining sibling connections

When identifying satellite families to establish a new constellation, services are encouraged to assess whether there are any siblings who are unable to live together, but who could be placed within the same constellation. This creates the opportunity for regular, normalised contact between siblings that can strengthen their relationships and have a positive impact on their wellbeing. The case study in Appendix 4.5 describes an example where a constellation provided scaffolding for sibling connections. In addition, a higher percentage of those who had siblings in their constellation rated the amount of contact they had with them as "just right" in comparison to those with siblings in foster care, but not in their constellation²⁶.

Sleepovers at the hub home have also proven to be a valuable support to children and young people who are living with their siblings. In these situations, siblings have sometimes had separate sleepovers at the hub home to support the pacing of sibling relationships. Giving siblings valuable time apart from each other has helped to stabilise relationships and build individual identities and connections with satellite and hub carers.

Improved experience of sleepovers and respite care

As well as bettering sibling connections, the availability of sleepovers provided by the Mockingbird model have also improved foster carers experiences of respite/short break care. For foster carers in the Mockingbird programme, 87 per cent rated the respite or short break care on offer as good or excellent in comparison to only 37 per cent in the most recent State of the Nation's Foster Care Report²⁷.

Increased rates of carer recruitment and retention

“It’s very sad because I think a lot of the foster carers wouldn’t leave like they are at the moment, if they had the support of Mockingbird behind them.” – Satellite foster carer

The most recent independent evaluation by Ott et al. found that Mockingbird was perceived to improve placement options through recruiting new foster carers, and provides qualitative evidence from foster carers who chose to move fostering service to be a part of Mockingbird²⁸.

Foster care households who participate in Mockingbird have seen a marked improvement in foster carer retention. Households in the model were 82 per cent less likely to de-register than households who did not participate²⁹. The key reason for this is the integral element of peer support for foster carers within the programme, 90 per cent of whom rated it as good or excellent³⁰.

Appendix 4.6 provides a case study describing how Mockingbird has helped to prevent feelings of isolation during lockdown and therefore supporting retention, and Appendix 4.7 describes an example where a Mockingbird constellation helped a foster family remain fostering by supporting them through cancer treatment.

Better utilisation of available placements

Another significant benefit of the programme is the increased availability of fostering places due to the support offered by Mockingbird. Foster carers taking part in the programme were 10 per cent less likely to have unavailable places due to requesting a break or considering resignation than those not taking part³¹.

More successful transitions to permanence

Multiple foster carers stated that Mockingbird allowed them to have the confidence to transition placements from short-term to long-term by improving their skills, self-efficacy, and support network³².

Appendices 4.8, 4.9 and 4.10 describe case studies where Mockingbird has helped support transitions to different types of permanence, for example, re-unification with birth family, adoption and kinship care placements.

Improved role and status of foster carers in the team around the child

Carers participating in Mockingbird had better mental wellbeing compared to other studies with the general population and foster carers³³.

In addition, the percentage of foster carers who rated the support they received from their fostering service (including respite care) as good or excellent was higher among the Mockingbird foster carers who participated in The Fostering Network’s State of the Nation’s Foster Care survey than other comparable published surveys of foster carers³⁴.

In the surveys conducted by Ott et al. in their most recent evaluation of Mockingbird, 95 per cent of Mockingbird foster carers in 2018 and 93 per cent in 2019 felt that they were usually or always treated as an equal by their supervising social worker³⁵. As a comparison, in the most recent State of the Nation’s Foster Care Report, 79 per cent of foster carers agreed that they were treated as an equal by their supervising social worker³⁶. The proportion of Mockingbird foster carers that felt that they were usually or always treated as an equal by their foster child’s social worker was 82 per cent in 2018 and 79 per cent in 2019, compared to just 58 per cent of foster carers in the most recent State of the Nation’s Foster Care Report³⁷; thus demonstrating better relationships between foster carers involved in Mockingbird and their children’s social workers.

“Over time our hub home carers have become more assertive in respect of advocating for the needs of individuals within the constellation, they will work collaboratively with professionals to manage crisis situations.” – Liaison worker

The case study provided in Appendix 4.11 describes how a foster carer utilised the Mockingbird constellation to be a united voice to advocate for a young person’s needs.

Cost benefit analysis

As part of the DfE’s independent evaluation, York Consulting carried out a cost benefit analysis on the programme. Based on a cost benefit analysis that included six monetizable benefits, the return on investment for the Mockingbird programme was shown to be 0.99. This indicates that for each £1 invested in the programme there was a saving of 99 pence.

The largest avoided cost was for days children and young people would have spent in residential care. Other costs were saved by reducing the number of days children were missing from care, days children spent in the justice system, deregistration of fostering households and unavailable placements in fostering households.

The return on investment is calculated by dividing programme costs by attributed benefits thus producing a benefit cost ratio (BCR). Details of the applied unit costs and calculation of the Mockingbird BCR are highlighted below. This cost benefit analysis does not include The Fostering Network’s set-up and implementation costs or cost of licence to the Mockingbird Society.

Return on investment ³⁸

Outcome	Number	Unit cost	Monetised benefit
Unplanned placement endings avoided	0	£1,039	£0
Days in residential care avoided	3022	£602	£1,819,244
Days recorded as missing from placement avoided	249	£2,719	£677,031
Days in the justice system avoided	81	£602	£48,762
De-registrations of fostering households avoided	82	£3,142	£257,644
Placements unavailable in a fostering household avoided	63	£8,898	£560,574
Total benefits			£3,363,255
Total costs			£3,382,615
Return on investment			0.99

Evidence gaps

The independent evaluation and The Fostering Network have identified the following evidence gaps and will work to try to address these gaps going forward:

Value for money

More research is required to examine the impact and value for money including evaluation of outcomes over a longer follow-up period and with a larger sample size.

Placement stability

The independent evaluation concluded that based on an analysis of administrative data comparing placement stability for children and young people who did and did not take part in Mockingbird, Mockingbird appeared to make no difference to the number of unplanned placement endings. However, the evaluators noted that there were some weaknesses in the data that made this analysis inconclusive and qualitative evidence that pointed toward the programme contributing to at least some placement stabilising. Additionally, it was well evidenced that stability was provided to children when placements needed to change by selecting the new carer from within the constellation and through support from the hub carer in times of crisis.

Given the complexities and nuances associated with children's social care practice and measurement of outcomes the evaluation team provided some hypotheses for the finding of no statistically significant impact on unplanned endings.

Firstly, Mockingbird may be used to support placements that are close to disrupting, there is no measure in SSDA903 (form used to collect data on children looked after by local authorities in England) of how close a placement is to disruption. The Fostering Network warns against using Mockingbird to prevent disruption when placements have got to this point and believe the success of a constellation is its mix and diversity of households that are able to learn from and support each other.

Secondly, participation in Mockingbird involves greater scrutiny of placements via the liaison worker, hub home carer and other satellite foster carers which may lead to safeguarding and other issues being more likely to be identified.

Thirdly, the way data is recorded may provide a potential explanation, for example, placement changes as part of the support provided by the model may be recorded as unplanned endings in administrative data.

Finally, the sample size was small and the length of follow up could be insufficient therefore different analytical approaches and a higher-powered study could be used to confirm or challenge these findings.

Peer support between young people

While individuals perceived the peer support between the young people to improve outcomes, further research is needed to examine this hypothesis more robustly.

Barriers to implementation

Some services have faced challenges when it comes to implementing and sustaining the model. Some of the most common challenges are:

- Project management and capacity

- Culture change
- Recruiting hub home carers
- Staff turnover in the fostering team

Beyond fostering

While rooted in fostering, Mockingbird has huge flexibility to support children and young people at all stages of their journey through care.

Over the years constellations have been able to include kinship care, adoptive families, special guardianship orders, children and their key workers from residential care, parent and child placements and young people under staying put arrangements. Being able to support a diversity of placement types has met the needs of different care-experienced populations and embraces the ethos of the model with child-centred practice, maintaining relationships, emphasising an extended family network, and reducing bureaucracy.

There are six features of the Mockingbird model which have been identified as providing practice learning for wider children's social care practice³⁹:

1. A method of improving sibling contact and family focus for the child
2. Methods to increase wellbeing for children and families
3. How to reduce risk for children
4. How to improve workforce wellbeing
5. How to increase workforce stability
6. How to generate better value for money in relation to spending on children's social care

Lessons for wider fostering policy and practice

The Rees Centre's independent evaluation identified the following implications for fostering policy and practice through key elements of the Mockingbird programme:

- fostering services should examine ways to provide greater networks and positive peer support for foster carers and children and young people. Staff commonly cited peer support and being part of a community as key elements of the Mockingbird programme.
- fostering services should examine their sleepovers or respite availability as well as procedures and policies in order to improve the satisfaction of foster carers.
- fostering services should also examine more ways to support positive sibling contact in foster care. Young people with siblings in their constellation report being more satisfied with the amount of contact they have with their siblings than young people with siblings in foster care who are not in their constellation.

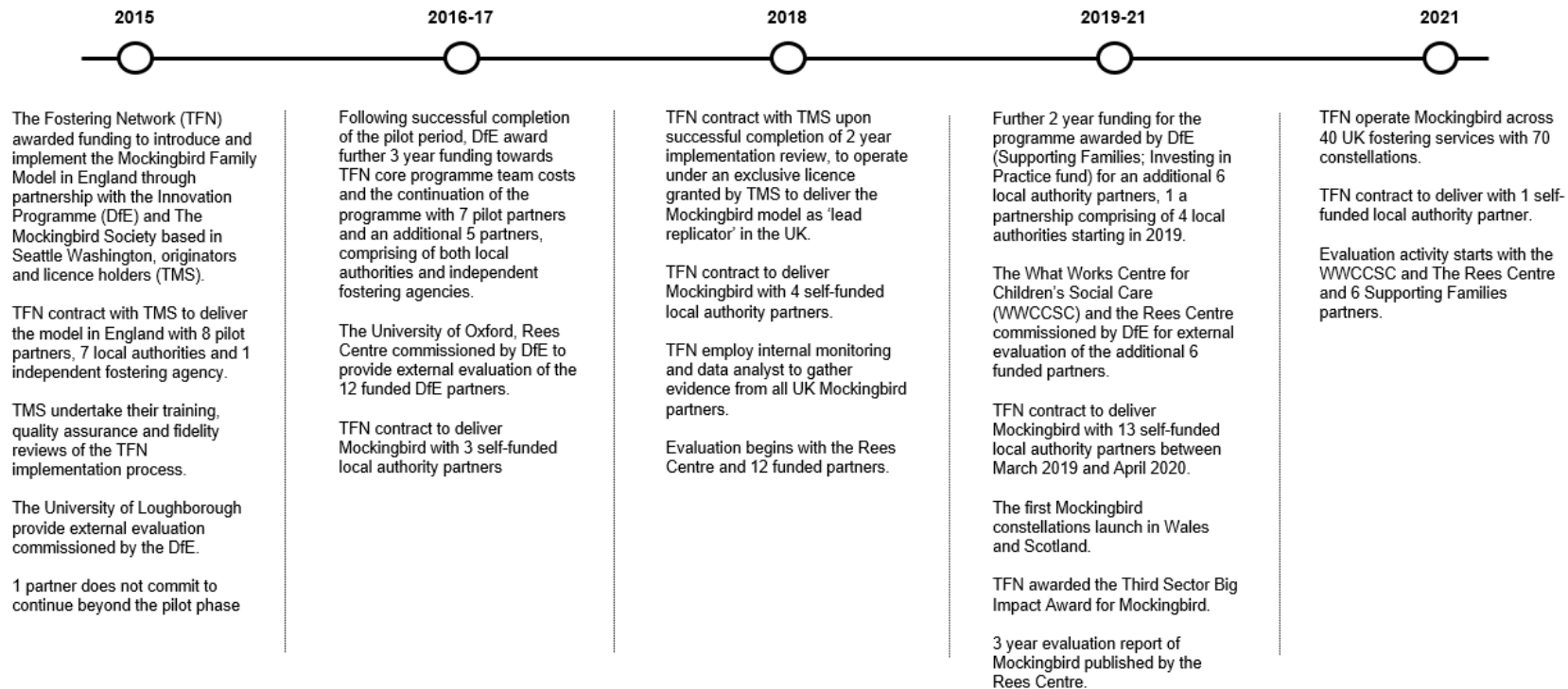
Recommendations for the Care Review

1. Mockingbird should be made available in every local authority area in England as a support model for looked after children and the people that care for them.
2. Fostering services should maintain the fidelity of the Mockingbird model to ensure maximum benefit for children, foster carers, and the community.

3. The Fostering Network is the lead replicator of Mockingbird in the UK and should maintain this role in any further roll-out with appropriate pre-consultation.

Appendices

Appendix 1: The Fostering Network's Mockingbird funding timeline



Appendix 2: Mockingbird underpinning principles

Active child protection

A golden thread that runs through every aspect of the Mockingbird programme is active child protection. The programme aims to enable children and young people to have positive, trusting relationships with multiple adults who are invested in their safety and wellbeing. This means that children and young people are cared for by adults who have safety, wellbeing and active child protection as a core component of their caring role. The Mockingbird programme asks fostering services to explore risk in its broadest sense to enable looked after children and young people to face the same challenges and development opportunities as their peers.

Birth family viewed as partners and future support

The Mockingbird programme encourages thinking that enables the birth family to be viewed as an important future relationship, home or support network for every child. Mockingbird supports practice that enables children and young people to receive age-appropriate, accurate information about their past care and to learn the skills and boundaries necessary to establish and maintain safe relationships with their birth families into the future.

Community-based care

The Mockingbird programme provides the opportunity for children and young people to live in settings that reflect their needs for age-appropriate freedom and autonomy while ensuring their safety and the safety of that community. Children and young people also deserve to live and grow up in a community that is familiar to them and close to their birth family members, if appropriate.

Continuity of care

Mockingbird can provide children and young people with continuity in their lives and relationships even in the case of a placement breakdown. Continuity is particularly important for children and young people who cannot live within their birth families: same community; same school; same friendship groups; same access to sports, arts and leisure opportunities.

Cultural relevancy, identity and belonging

Mockingbird constellations support the development of a positive personal identity by providing a diverse and inclusive community which has a deeply rooted respect for culture and personal expression. It is important to recognise that 'culture' is far more than ethnicity and embraces differing physical abilities, economic backgrounds, class, gender, sexuality, traditions, values, community, religion and much more. Mockingbird constellations embrace diversity allowing young people the freedom to explore and express their own identity and how they connect to their culture and family history in a community they feel a sense of connection and belonging to.

Foster carer support

Taking good care of constellation carers is at the heart of the Mockingbird programme. The hub home carer provides essential practical and emotional support of the constellation carers and the children and young people they support. Additionally the hub home provides a unique space for training and constellation meetings where relationships can be built and the 'extended family' support network strengthened.

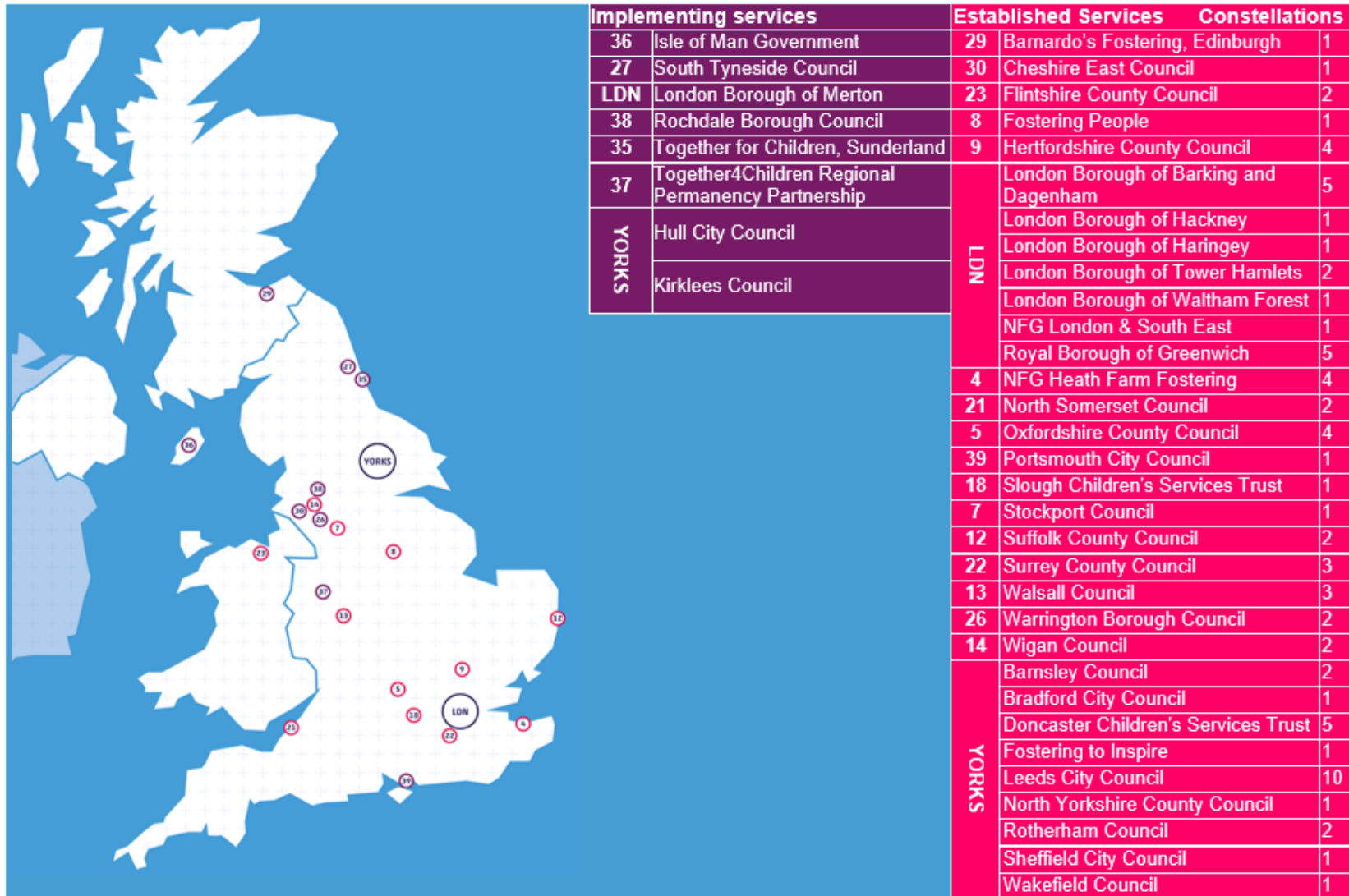
Normalisation of care

Belonging to a constellation community offers children and young people greater access to opportunities and experiences which they may otherwise have been unable to access. Children and young people in foster care need to receive the same opportunities and support as their peers as they face many of the same challenges.

Unconditional care

Mockingbird aims to provide all children and young people with a safe, warm and nurturing environment where they can thrive. Their environment should be enriched by the values, authenticity and creativity of their parents and carers. This approach is focused on social learning and the concept of developing the whole child with a lifelong perspective.

Appendix 3: Map of all Mockingbird partners in the UK as of 25 March 2021



Appendix 4: Case studies

All the below case studies have been anonymised by changing people's names and removing any other identifying pieces of information.

- **Appendix 4.1: Mockingbird supporting other types of care: Family connections for young people in residential placements**

After a traumatic start and many broken placements, it has been decided that a residential home is the right place for Sarah, 11. She is on a reduced school timetable, is being assessed for autism, and displays some very challenging behaviours including making allegations on a regular basis. As part of Mockingbird Sarah enjoys planned sleepovers at the hub home and loves attending constellation meetings and events with her keyworker. All adults in the constellation have worked together with the children's home to use the same behaviour strategies meaning Sarah receives consistent support with her emotions, control behaviours and is being helped to overcome her fears of living with a family.

As a result, Sarah is developing better self-regulation and is working towards a full school timetable. She has a sense of belonging and has just had her very first birthday party where she invited her friends from the children's home and her Mockingbird family. The long-term goal is to match her with a family and to remain in the constellation. She is developing a positive relationship with a satellite family, so this is a possible match with the right support.

- **Appendix 4.2: Detailed case study evidencing impact of Mockingbird on wellbeing and outcomes for a young person**

"We could definitely not have continued this placement without Mockingbird, the care she demands is constant, intense and exhausting. The challenges are only manageable with the support of the whole constellation and the therapeutic care and approaches from Janet, I am under no illusion that Emma WOULD be in a secure unit without the support we have received" – Satellite Carer

Emma was 16 and was self-harming, involved in petty crime and was being groomed by multiple dangerous individuals. She was going missing from home and school and being brought home by the police on an almost nightly basis, at this point Emma was told her foster carers did not feel they could keep her safe and that she was going to be placed in a secure unit.

The family were invited to join Janet's Mockingbird constellation. Janet worked with Emma's foster carers to set short term goals such as, attending school for a day or not running away for a week. Emma was very resistant to engaging with Janet at first, but after a few weeks she did eventually start to trust her. As Emma began to achieve these goals, Janet took her bath bombs and small beauty products as health and beauty is an interest of Emma's. These little moments of positivity were very important.

As their relationship improved Janet helped Emma to reflect on her life and actions. Going for long drives in the evening when Emma 'needed to be out' they talked a lot about the impact on her life if she was placed in a secure unit. Emma told Janet this was not the future she wanted for herself and with a lot of support started staying at home and not running away.

Emma began attending social activities and spending time at the hub home with the other children and young people from the constellation. Mockingbird became her social calendar. The constellation helped Emma discover new interests that she could fill her evenings with, such as nail

art and she started helping with horses owned by one of the constellation families which she loved. The hub and foster carers worked together and got her back into school full time with increased support.

Emma still had periods when life becomes chaotic, but strategies she developed with Janet help her minimise harmful impulses. She has removed negative people from her life and is starting to make good choices and age appropriate positive friendships. Emma has now built trust with her carers and has seen the rewards of more free time and less restrictions. Ten months after joining the constellation Emma started at college studying Animal Care. Her love of the horses who were part of the constellation has developed into a potential future path.

- **Appendix 4.3: Evidence for improved safety and standards of care: Support, stability, and safety through allegations**

Three brothers were placed with experienced foster carers within a constellation and in a short time were beginning to settle and make good progress: developing their communication and social skills, eating better, and attending school. However, after a stressful contact visit with a parent the oldest brother made an allegation against their foster carer.

In response the siblings were moved to an emergency placement with a satellite carer who they already knew from constellation meetings, this meant they could stay at their school and attend constellation social activities with friends as planned.

During the investigation the original foster carers did not attend constellation meetings but continued to receive support from the hub home carer and liaison worker. Within two weeks the investigation was closed with the allegation found to be unsubstantiated. The siblings happily returned to their original placement having experienced minimal disruption.

- **Appendix 4.4: Evidence for strong family relationships: Support for prison visits**

Rachel's mum is in prison and Rachel visits her once a month. Rachel's satellite carer usually takes her to these visits but finds them very challenging as she can see how stressful and upsetting Rachel finds them. The visits are also often linked to an increase in challenging behaviour from Rachel and can create tension in the relationship between Rachel and her carer.

The hub home carer offered to accompany Rachel and her carer on their next visit. This proved to be valuable support. The hub home carer felt that it helped her to build her relationship with Rachel, who has since found it easier to talk to her about how she's feeling about her mum. The satellite carer also found the additional moral support helpful and now feels she has someone to talk to about the stresses for Rachel and the challenges in their relationship.

- **Appendix 4.5: Evidence for supporting sibling connections: Scaffolding sibling connections**

In Philippa's constellation there are two brothers who are not able to live together. There is also a third brother who is not part of the constellation and is living with an aunt. The brothers love football, so it was decided they should all attend the same Saturday morning training session at their local football club so they can all spend time together having fun.

The carers and aunt got to know each other on the touchline and once a month Philippa collects all three boys from training so that they can all go back to hub home together for lunch.

Over time the boys' relationships have improved and all three carers have formed positive relationships with the brothers. In addition the Aunt who was previously reluctant to engage with anyone to do with the fostering service has developed a trusting relationship with the hub home carer become more open to support.

- **Appendix 4.6: Evidence for supporting retention of carers: Preventing isolation in lockdown**

Carol is an older carer who has been looking after Amir, 5 for two years. Amir has complex health needs, autism and is pre-verbal. They live in a quiet home outside of the city. When lockdown was announced Carol was told to shield for her health needs and Amir's school was not able to offer them a place. Carol was feeling trapped and isolated.

The hub home carer began to visit three times a week. Picking up on Amir's passion she bought magnifying glasses for distanced bug hunts together in the front garden giving Carol time for herself. She also FaceTimed Carol and Amir every week during the Thursday evening "Clap for Carers" so they could join in despite having no neighbours.

- **Appendix 4.7: Evidence for supporting retention of carers: Supporting a carer through cancer treatment.**

When Sally, a single foster carer, was diagnosed with breast cancer there was concern about how she would continue caring for Tom, 7 while undergoing treatments, and how witnessing her illness might impact Tom. The hub home care arranged additional sleepovers and after school support. Tom enjoyed these additional visits was always eager to have a sleepover.

These visits gave Tom space to share his feelings and worries and a place to let off steam, it also allowed Sally time to recover after treatments. Over time Tom has developed a strong relationship with the hub home carer and friendships with young people in the constellation. Sally has since had the all clear from her oncologist and Tom is still living with her and is very involved in the constellation.

- **Appendix 4.8: Evidence for supporting transitions to permanency: Moving back home with mum**

Kirsty had been part of a satellite family for a year it was agreed that it was the right time for her to return home. The whole team planned a gradual increase in contact between Kirsty and her mum to help them re-establish their relationship.

The hub home carer invited Kirsty's mum to a constellation barbeque, she was very hesitant about attending but with her social worker's support, Kirsty's mum showed up and it was really positive for her to meet the constellation her daughter has been part of. After this the hub home carer supported their relationship by collecting Kirsty from visits to her mother's home. The 25-minute drive back to her foster carer's house gave them unpressured time to discuss anything Kirsty was worried about and the hub home carer got to know her mother a little more over the occasional cup of tea.

In the first few months living back with her mother, Kirsty had a few sleepovers at the hub home and joined constellation events, where she saw her old foster carers and friends. Her attendance at constellation meetings decreased as Kirsty and her mother have settled back into living together. The hub home carer continues to invite them to social events and checks in with them from time to time. Kirsty's social worker believes the gradual transition, and allowing Kirsty to maintain a

connection to her constellation, has been key to the success of her return home and that the hub home carer played an invaluable role during the transition.

- **Appendix 4.9: Evidence for supporting transitions to permanency: Adoption and keeping connected**

When Leanne and Jack's constellation launched, they were fostering a baby, after ten months an adoption was arranged. When this good news was shared with the constellation it was met with a mixed reaction. Lots of the younger children were worried and had questions about their own situations: was someone going to take them? Why couldn't the baby stay? Would they be allowed see baby again? The adults in the constellation worked together to make sure all the children in the constellation were supported to have these conversations and that ideas about belonging and family were discussed in an age appropriate and consistent way.

One boy suggested to their carer that they should create a build-a-bear as a gift. In the end seven children in the constellation visited the build a bear shop together with their carers and each chose a heart to put inside so the baby would always have their love and wishes with them.

Leanne and Jack decided to invite the adoptive parents to join the constellation for a moving on party where they were given the bear and lots of the children were reassured having met the baby's new parents. The family are still in touch with the constellation and keep them updated on first steps and other important moments.

- **Appendix 4.10: Evidence for supporting transitions to permanency: Transitions to kinship**

Kai, 14 was unhappy about being placed in foster care and having to live away from their family and was regularly going missing. Kai's family were also angry about Kai being taken into care and were not cooperating with social workers or each other.

The hub home carer worked hard to build trust with Kai's family and after time built a dialogue between Kai's birth mother, maternal grandfather, and paternal grandmother. As a result of building up these relationships, they all agreed to inform the hub home carer if the Kai showed up at their homes, so everyone knew they were safe.

After a few months the paternal grandmother was able to offer Kai a placement, the hub home carer supported a gradual move and ensured a positive ending for Kai and their satellite carers. The hub home carer maintains contact with Kai and their grandmother.

- **Appendix 4.11: Evidence for improved role/status of the foster carer: Advocacy for the constellation**

Brandon and his sisters Ellie and Allie, had been members of Sajida's constellation in Yorkshire for over a year when their placement ended. Social workers decided it was best for the girls to move into a short-term fostering placement with a constellation family they knew well, with the aim of them moving back to live with their Mum in a few months.

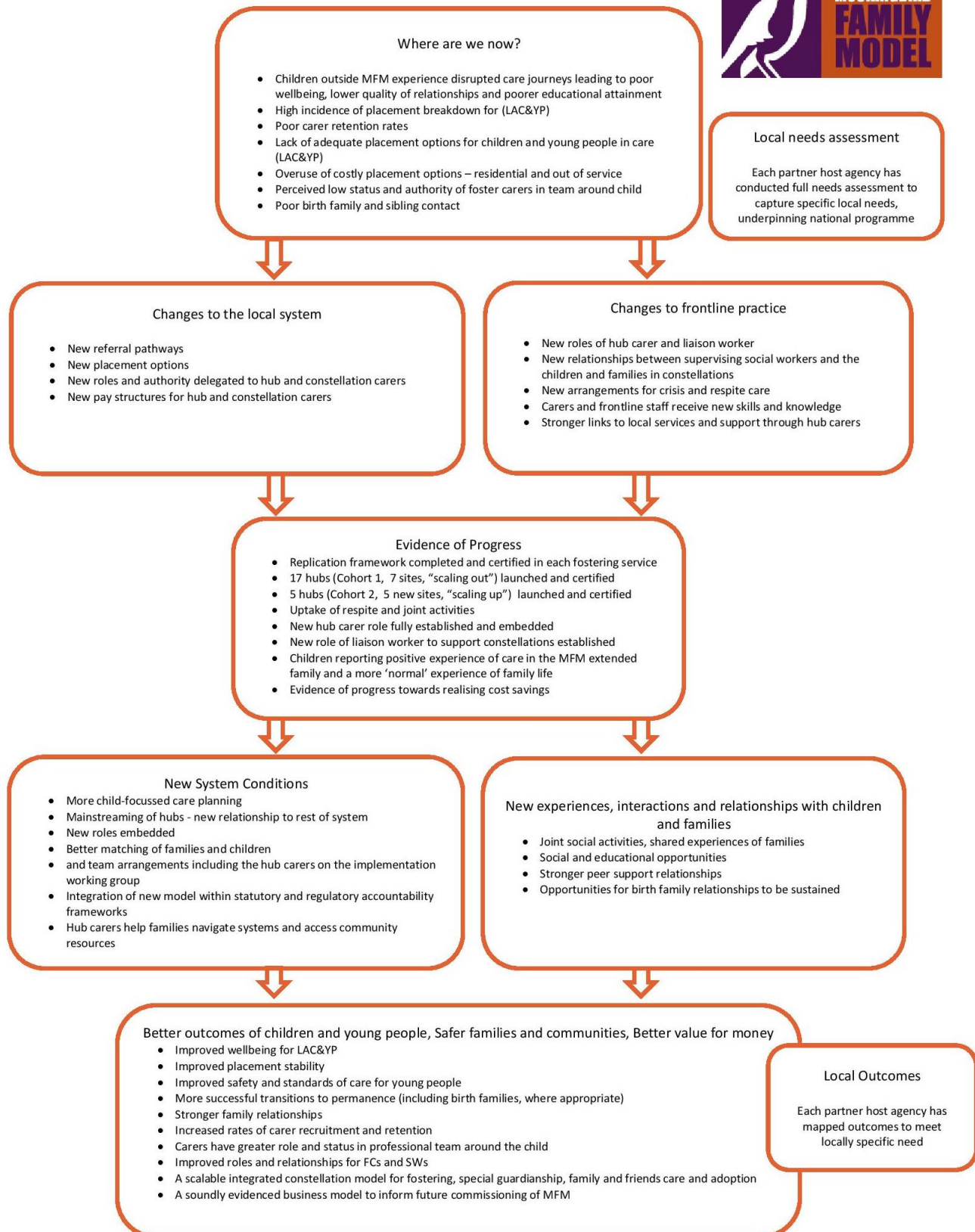
It was decided this plan was not safe for Brandon. The service could not find a place for him and it was suggested he could move to a secure unit in a town outside London. Sajida knew this was wrong for Brandon. She and the rest of the constellation were very vocal in their defence of his right to keep connected to his sisters and friends, and advocated for his case to be known at all levels in the council until the placement team committed to enabling him to stay local.

Eventually Brandon was found a place in a small residential unit in a nearby town and was supported to keep in touch with his constellation. After two years there is now a plan for him to move home with his family.

Appendix 5: Mockingbird theory of change

Theory of Change

The Fostering Network



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Part three: Support care briefing

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Introduction

In response to the Independent Care Review's Call for Evidence we have produced the following briefing on support care. The Fostering Network believes foster carers have a huge role to play working in local early intervention and preventative services. Foster carers have the skills and expertise to interface between families and children's services, support children on the edge of care and help families to stay together. **That is why we are calling for the support care model to be made available in every local authority area in England.**

Support care uses foster carers' unique skills and expertise to support children and families on the edge of care to stay together. In this briefing we will draw on evidence collected from evaluations conducted on our own support care programme – [Step Up, Step Down](#) – as well as other evidence.

This briefing details:

- the support care model;
- the Step Up, Step Down support care programme developed by The Fostering Network in Northern Ireland; and
- the evidence base of how support care addresses the issues existing in the children's social care system.

Support care model

The Fostering Network has been involved in developing the support care model since 1998 in England and Wales. Support care sits at the interface of fostering services and family support services, providing care and support to families on the edges of the care system. Such programmes provide holistic and needs led support, with foster carers meeting regularly with parents in a mentoring role, alongside providing short breaks.

The model works on the ethos that prevention is better than cure – that equipping parents with the skills needed to understand their children, linking them with their community and keeping families together is better than trying to help families once a child/ren has entered the care system. The model provides a fostering family community based model that provides families with mentoring, training and community support with the aim of keeping families together.

Support care programmes can utilise the unique skills and experience of foster carers in working with children and their birth families in their community. This form of non-social worker intervention has been found to be preferred by parents who find it easier to build trusted relationships with foster carers due to possible previous negative experiences with the social care system¹. Foster carers have a unique set of skills in being able to look after children 24/7 while also role modelling positive parenting, especially those carers who have experience working with a range of families and want to extend their role.

Entering the care system as a child is a traumatising experience. Evidence suggests that wrap around care for the whole family, ensuring that they have all the skills and support they need to stay together where safe to do so, leads to reductions in anti-social behaviour and offending, improvements in school attendance and family functioning and that families generally welcome the support provided^{2 3}.

Although there has been an overall trend in England of fewer children entering the care system over the past year⁴, a stronger national directive is required to develop, monitor and support local authorities in implementing support care programmes as an intervention model. The Fostering Network will be launching their next State of the Nation's Foster Care surveys – one for foster carers

and, for the first time, one for fostering services – in May 2021. We will be asking fostering services how they use support care models to assess its usage across the UK and the different types of programmes currently available.

In Sir Martin Narey's Foster Care in England report⁵ and the Government's Fostering Better Outcomes report⁶, both published in 2018, it was recommended that fostering could be used in a different way to help families stay together. The Fostering Better Outcomes report goes on to encourage local authorities to consider the potential benefits of fostering on the edge of care⁷. Since then, there has been no work carried out at a national level to implement this recommendation although some work is being done by individual local authorities across England to trial support care approaches, for example, in [Stockport](#), [Brent](#) and [Staffordshire](#).

We agree with the Education Select Committee's recommendation and believe that support care programmes, such as Step Up Step Down, should be made available to all families in England such that all families are provided with the same opportunity to stay together. The next section will describe our Step Up, Step Down programme in more detail.

Step Up, Step Down

Step Up, Step Down (SUSD) is a joint project between The Fostering Network and the South Eastern Health and Social Care Trust (SEHSCT) in Northern Ireland and has been operational since April 2016. The Fostering Network is the named lead partner of the service which is funded by the National Lottery Community Fund's Reaching Out, Supporting Families fund. The total budget for the project over the five years (2016-2021) is £959,996. Each year SEHSCT funds it with £54,000 and the National Lottery Community Fund with an average of £137,999. This first five years of the programme have focused on developing the pilot programme with SEHSCT. The Fostering Network has just received a further two years of funding to roll the programme out more widely across Northern Ireland.

The award-winning SUSD programme built upon previous work completed by The Fostering Network including Head, Heart, Hands – an innovative programme exploring the impact that the introduction of social pedagogy can have on outcomes for fostered children and young people – and an innovative support care pilot programme in Wales. SUSD builds on the support care model and gives parents the support of a trained Family Support Foster Carer (FSFC) who can 'step up' if the family needs additional support and 'step down' when parents are in a better place to support their children. The programme provides holistic, tailored, wrap around, intensive, consistent support over at least 12-15 months using a non-judgemental supportive approach which builds parents' confidence and self-efficacy, providing practical support that allows them to address key issues in the home and make systemic changes in mindset and practices within their families. Social workers, foster carers and parents are trained in trauma informed approaches which align with parenting strategies. With support from foster carers, parents are able to build capacity, understand their children better and be better equipped with a range of strategies to parent their children, which in turn enables greater safety and resilience for the child and the whole family.

All the referrals to SUSD are for children on the edge of statutory care and there can be a wide number of reasons a child gets referred, including being:

- a member of a family in crisis where no other services are willing or able to help;
 - care experienced but having recently moved back home;
 - on the Child Protection Register or at pre-proceedings where a child is close to moving into care;
- or,

- a member of a family where there has been a specific event for example, a bereavement or parental job loss.

The outcomes across all children have proven positive and SEHSCT is now actively considering how the programme can be embedded within their service provision for all children on the edge of care, particularly those in kinship foster care (for context, all kinship carers in Northern Ireland are foster carers and they make up the majority – 51 per cent – of all foster carers).

The FSFC, The Fostering Network's programme co-ordinator and SEHSCT social workers are all involved in delivering the range of support and activities on offer in the programme. The programme's support and activities include three key components:

1. Direct support for parents through mentoring from Family Support Foster Carers, training and proactively linking families with community supports.
2. Direct support for children through short breaks, Dinosaur Club (a 16-week nurture programme for children, explained in more detail below) and community support.
3. Whole family support through summer residentials, regular social and celebratory events.

Dinosaur Club – as referred to by the children involved in the programme – is part of the [Incredible Years](#) suite of training for families and children. The Classroom Dinosaur Curriculum teaches children about emotional regulation and understanding, concentration and positive peer relationships through play- and art-based activities.

Parents receive complimentary training, developing similar skills. In particular, both children and parents develop their problem solving and team work skills to help them find solutions to issues they may experience as a family. This is crucial to the longevity of the scheme and important in building resilience and ensuring the family have a range of supports available once their period of intervention has ended.

“Mum doesn't shout as much now since SUSD came” – A child involved in SUSD.

“Step Up Step Down helps me communicate with my children well” – A parent involved in SUSD.

Benefits of Step Up, Step Down

The whole approach taken by the programme is supportive and positive. It provides time-intensive, yet time-limited, consistent support over a sustained and significant period of time. Support is provided around the clock and the FSFCs are on call a good proportion of the day (e.g. 8am to 8pm), every day.

The individual foster carers recruited to the programme have a unique skillset, including a blend of family support experience and fostering experience, and a nurturing and flexible approach (the full person specification for this role is available in Appendix 1). Their position as foster carers and therefore, non-employees of the fostering service, enables them to build trusting, open and communicative relationships with the families in unique, non-judgemental ways (as they do not hold statutory responsibility for family outcomes). Also, being already approved foster carers, they are able to have children for overnight stays providing breaks for children and families, whilst maintaining a continuity of care and sense of stability for the family. In this way, foster carers have the specific suite of skills (that can be enhanced through training) necessary for effective support care programmes.

“The foster carer is just like extended family or a close friend, helping us out” – A parent involved in SUSd.

The FSFCs are fundamental to the success of the programme. They mentor parents, provide practical support and advice, and model and teach good parenting skills. The service is designed to enable them to develop further skills and knowledge which they use in their professional fostering role. Being a FSFC can offer an alternative to mainstream fostering and can act as a means of helping with foster carer retention. The FSFCs were recruited both internally (to SEHSCT) and externally. All FSFCs received a fee payment for their time and specialist training in the programme approach.

“This has been such a privilege, to engage with the families in this way. The biggest joy has been seeing how the support has helped both the children and the parents breathe easier and find more peace at home” – A family support foster carer from SUSd.

The support offered in the programme is tailored to the needs of each family and the whole family is supported – not just the referred child/ren. Short breaks offer an opportunity to provide concentrated fun and support to the children. The residentials (a real highlight for families) help support the development of peer group relationships.

Throughout the programme, families link into their local communities and build a peer group to be continued once the programme has finished. This would include links with local family centres, family support hubs, voluntary organisations and playgroups.

The evaluations, which are explored in the next section, demonstrate that SUSd has been successful in keeping families together through creating greater stability and resilience within families. Subsequently, the service reduced the number of children coming into care, as they were being safely sustained within their own families and communities, leading to significant cost savings.

Evidence and impact

The Step Up, Step Down programme has been independently evaluated by Flood and Thompson of [RF Associates](#), published June 2020. The full evaluation is confidential but can be shared with the Independent Review of Children’s Social Care team upon request. Whilst this evaluation concluded in June last year, evaluation has formed a continual thread throughout the programme.

The evaluation took place over a three-month period (March – May 2020) towards the end of the fourth year of the programme and involved understanding how the programme has developed alongside interviews with The Fostering Network’s staff members involved in the running of the programme, foster carers, SEHSCT staff, children and families. The original plan for focus groups and wider engagement had to be adapted due to the coronavirus pandemic.

This section will also draw upon the independent economist report by Maureen O’Reilly from October 2020 which estimates actual/potential cost savings to government as a result of children/families participation in SUSd⁸. O’Reilly is a highly regarded economist who works with government, charities and social enterprise to improve their impact and value. This paper, which remains unpublished but can be shared with the Independent Review of Children’s Social Care team confidentially upon request, focuses on 28 children who completed the programme.

Since the beginning of the programme in 2016 to June 2020, 41 referred families across 48 households have been supported by SUSd, and 28 families have completed the programme. Within

these 48 households are 66 adults and 122 children (114 directly targeted by the programme and eight children indirectly, this being due to the fact that, while the programme targets certain children within the families involved, all children within the family are at risk of being taken into care). To date SUSD has supported 65 families comprising of 149 children and 88 adults.

The evaluation found the SUSD programme to be successful in all of its four objectives. The following section provides evidence for each of these.

1. Reducing the number of children coming into care

SUSD succeeded in achieving its objective to reduce the number of children aged 6-12 coming into care within the SEHSCT by defusing crisis situations and creating greater family stability. Of the 28 families who have completed the programme, which includes 81 children who were directly targeted by the programme:

- 19 families (68 per cent) required a lesser degree of social services involvement and were at lesser risk of significant harmⁱ;
- 15 children from completed cases were prevented from moving into care, where the status was pre-proceedings and care admission was the next step;
- eight children are currently supported to remain at home where the plan was care admission; and,
- a further 16 children on the Child Protection Register (CPR) were supported to stay at home⁹.

Of these 28 families, the most significant impact and successful outcome was the complete removal of social services involvement with eight families¹⁰. Additionally, a number of children across five families were removed from the CPR. For some children the outcome remained the same (e.g. staying on the CPR) while for others it required greater intervention including intensive family support and kinship care¹¹. SUSD was instrumental in highlighting the need for this support and informed those care processes.

The qualitative interviews from Flood and Thompson's evaluation also supports the finding that the programme has had a positive, life changing impact for some families. In addition to preventing children being taken into care, individual parents identified significant positive changes which they attributed to the support they had received from SUSD¹². One parent said that they had sought help as they could not cope with trying to manage their children's difficult and risk taking behaviour. They said that they had been close to taking their own life prior to the programme getting involved and helping them¹³.

2. Providing parents with the capacity, skills and knowledge to overcome adversity and creating safe, stable, family relationships

Using the [Outcomes Star™](#) tool to collect evidence of change in terms of parental capacity, skills and knowledge to overcome adversity, the data collected from participants in Flood and Thompson's evaluation identified that on average scores improved across all areas¹⁴.

The Outcomes Star™ tool is underpinned by three values – empowerment, collaboration and integration. The evaluation tool places importance on the service user's (in this case, the parents and the child) perspective and priorities (person-centred approach); offers a holistic assessment focusing on aspects of life that are going well, in addition to areas of difficulty (strengths-based approach); and

ⁱ Of the nine remaining families, five felt that their status remained the same and four families required a higher level of support/intervention than the programme provided.

views the service user as an active agent in their own life and a valuable source of expertise and knowledge, rather than a passive sufferer of an affliction that the professional, with their expertise and knowledge, will cure (co-production).

In relation to building parental capacity, the most significant finding was the change in relation to 'well-being', defined as 'how the emotional wellbeing and mental health of the parent is and how they deal with problems'. On this theme, average scores increased from 5.5 (trying) to 7.6 (finding what works), and 70 per cent of parents gave an increased score in this area^{15 ii}.

In the interviews, parents were able to state that SUSP had helped them to make concrete lasting changes within their family, for example¹⁶:

- parents feeling less stressed
- improved communications between parents and child
- improved understanding between parent and child
- learning new ways to nurture and care for children in a practical way
- learning new ways to play, and be creative.

"You see things that we don't even see, about what we are doing well, and help us do other things differently" – A parent involved in SUSP.

3. Connecting families to their communities

The evaluation found that SUSP successfully connected parents and their children to their communities through participation in a range of local activities and thereby strengthening the range of supports available to help them prevent and address crisis for the duration of the programme and moving forward.

Of the 48 households who have engaged with the programme, 41 households, equating to 60 adults and 92 children, engaged with local community supports and activities such as youth provision, therapies, courses, practical or financial support, arts, sports and specialised services through SUSP involvement. In addition, the average Outcome StarTM scores on 'social networks', defined as 'how connected the whole family are to other family members, friends, social life and community activities, supports or networks, on average increased from 6.7 (trying) to 8.5 (finding what works)¹⁷.

One parent was supported to feel confident to manage their children's behaviour and be able to take their children to swimming in their local community¹⁸. Another case study briefly outlined below that was collected by The Fostering Network demonstrates the links one family made with their community during the programme and family activities engaged with. This anonymised case study includes Sandra, aged 10, her two siblings, and her two parents, Lana and Mark.

- The Fostering Network Programme Officer linked in with the whole family in order to engage them with effective community support.
- A point of priority was Sandra accessing Dinosaur Club in order to develop her own calm down strategies and to find ways to develop positive friendships.
- Mum attended Bond attachment training for parents which she found extremely enlightening and helpful in terms of her own attachments and her children's attachment styles. She described feeling more equipped to attune to their needs following the training.

ⁱⁱ Of the remaining nine families, two parents reported a decrease and seven parents no change in their well-being.

- The whole family were able to avail of additional community supports such as sport clubs, specialist lessons, art activities and youth schemes during school holidays.
- The family came to various family events such as Christmas and Easter parties, and the family three day residential.

This complete case study is available in Appendix 2.

4. Increasing the capacity of families to learn and grow together

The evaluation also found that the programme achieved its final objective: to increase the capacity of parents and children to learn and grow as a family and that they will take advantage of opportunities for learning.

All 66 adults from the 48 households engaged with learning activities delivered through the mentoring sessions with the FSFCs¹⁹. These sessions happened a minimum of once per week but FSFCs were available whenever the parents identified a need for a session for example, after specific incidents, events or conflicts. This provided parents with a programme of tailored support within which they were very much an active agent. The Outcome Star™ evaluations were done throughout the programme with the whole family so they could see how far they had come, and assess where they may need to focus more attention.

Outcome Star™ collected data specifically in relation to ‘education and learning’ defined as, ‘how the parent ensures the children attend school, supporting them to do their homework and helping them learn through play’. 87 per cent of parents stated that there had been an increase in this area for their family, and nearly half (48 per cent) of children stated an increase in the score around ‘how the child feels about learning, doing school work and being at school’²⁰.

In addition, in the interviews completed in Flood and Thompson’s review, participants described examples of how the programme has supported some families to engage better with formal education including support to get a school placement closer to home, establishing better homework routines and support to improve attendance which included one child who was able to return to school after approximately two years absence²¹.

“I know I’m important at dad’s house because he does stuff with me, like fishing and watching tv” – A child involved in SUSD.

Programme costs

O’Reilly’s cost savings to government report found that the benefit to cost ratio for the group of children who have completed the SUSD programme is at least estimated at £1.50: £1. This means that, for every £1 invested through the SUSD programme, including the statutory social services costs that form part of social services supports to children, leads to cost savings of £1.50 for the government, largely through the removal of the risk to children being referred to residential care²².

Put simply, if the 28 children focused upon in the cost savings study ended up in kinship foster care/foster care this would amount to an annual cost to government of £622,020. This figure rises to a staggering £8 million annually if those 28 children end up in a residential care placement in Northern Ireland. Approximately, the cost of one child residential place in Northern Ireland annually is £285,330. The annual cost of the SUSD programme is £191,999. This means that if the SUSD programme leads to one child avoiding the residential care system in any one year then the cost of the whole programme will be covered by this cost saving. O’Reilly’s research suggests that there

were a total of £1.3m in costs associated with these children prior to their referral to SUSD, largely because four children were at immediate risk of being placed in residential care²³.

Table 1: Estimated costs associated with starting position for children/families who have completed Step Up, Step Down²⁴

	Number of children	Annual cost per child	Total cost
Child Protection Register	10	£9,500	£95,000
Family support	15	£1,650	£24,750
At risk of residential care	4	£285,330	£1,141,320
At risk of foster care	1	£22,215	£22,215
Total			£1,283,285

The total budget for the project over the five years is £959,996. Each year SEHSCT funds it with £54,000 and the National Lottery Community Fund with an average of £137,999. This means that the average annual spend per family on the SUSD programme amounts to an estimated £4,682 per annum²⁵.

The costs associated with the programme are two-fold. First, there is the annual programme cost for these 28 children which amounts to £196,000 in total for one year of SUSD support. The second is the net cost to government which considers additional social care and wider costs that the programme brings in to support the families set against the cost savings incurred on completion of the SUSD programme which include the children's removal from CPR and/or family support. That net cost to government is estimated at £315,510 per annum which means that the total cost in supporting these children as part of the process has been £511,510 per annum²⁶.

The net cost calculation of £315,510 does not reflect the fact that the government will continue to save money over time from the children's removal from the CPR/family support.

Mike's story, available in full in Appendix 3 and outlined below, shows one child's journey through the programme alongside the potential cost savings to government²⁷.

- Mike's violent tendencies put him at risk of entering residential care. A social worker referred Mike to SUSD so that Mike and his family could receive holistic support and care.
- After over 1,000 hours of care being invested in Mike and his family over an 18-month period, the Trust is no longer seeking a care placement for Mike meaning that Mike has been able to stay at home safely within his family unit.
- The SUSD programme investment in Mike and his family over the 18-month period totalled £27,696 or £18,464 over a year. In contrast, the cost of a residential care place in Northern Ireland is £285,330 per annum. This means that the £18,464 annual investment through SUSD has led to a net cost saving to government of £266,866. This is over 14 times the actual cost of Mike and his family's participation in the SUSD programme suggesting a potential benefit to cost saving of £14.50: £1.

Research gaps

The above evidence provided is from a singular five-year pilot programme in one Trust in Northern Ireland. Stakeholders are clear that there is no reason that the programme could not be replicated in its entirety and run in any fostering service. The Fostering Network is the named lead partner within the funding contract with the National Lottery Community Fund, alongside SEHSCT, and developed the programme of support through years of experience of running similar programmes across the UK. We have also recently received funding to continue SUSD for another two years across Northern

Ireland. Therefore any expressions of interest to roll out SUSD should be done with appropriate pre-consultation with The Fostering Network.

The research has been conducted over a short time frame; therefore we cannot conclusively say that it prevents admission to care. However, the programme does focus on equipping parents with the skills and tools to provide a stable family life and has been commended by officials for being the only service where all children remained at home with families due to the unique support offered.

It is important to note that the programme has not been successful for all the families referred to it in terms of reducing their involvement with statutory services; ideally more research would also be conducted to understand what can be learnt about the programme from this group²⁸.

Barriers to implementation

The need for very specific skills to be a FSFC within SUSD did present a unique challenge, but recruitment is a challenge across the landscape of fostering²⁹. Advertising the FSFC as a clear role with the right terms and conditions can make the FSFC an attractive role and help to overcome barriers to recruitment.

There are also legislative issues. Currently, if a child is looked after (i.e. by a foster carer) for 24 hours or more, there needs to be a Looked After Child review. This could put off referrals to SUSD because social workers may not always have time to do the review. Given that a child is able to go on a school trip with overnight stays, The Fostering Network believes that rules should be relaxed so that a child within this programme, as well as outside of the programme, can access short breaks with a foster carer for up to 72 hours should they need to without a Looked After Child review having to take place.

The Fostering Network and SEHSCT began the project in April 2016 such that additional setting-up time was required in this particular pilot. However, this initial set-up time is now reduced for other trusts/local authorities considering roll-out as manuals have been produced encapsulating the learning that has evolved and which includes project implementation tools including a robust referral process, training provision, trauma informed techniques and practices, and with the right staff team in place to drive the programme forward. Moving forward, services looking to roll-out SUSD should consult with The Fostering Network to benefit from our learning and expertise.

Recommendations

1. Support care programmes should be made available in every local authority area in England to provide holistic, tailored, wrap around, intensive, consistent support to children on the edge of care using a non-judgemental and non-hierarchical supportive approach which builds parents' confidence and self-efficacy, providing practical support that allows them to address key issues in the home and make systemic changes in mindset and practices within their families and ultimately, prevent children from entering care.
2. Although some local authorities in England offer support care programmes, learning is not being shared or evaluated at a national level. The Fostering Network believes there should be a nationally available, funded and evaluated pilot programme of support care in England developed in partnership with The Fostering Network who will be able to draw on their own experience of utilising the unique skill set of foster carers and rolling out community based support care programmes across the UK.

3. The Fostering Network is seeking licencing for our Step Up, Step Down programme and should be involved in any further roll-out of this model.

Appendices

Appendix 1: Family Support Foster Carer person specification

Essential

- Personal / professional experience of supporting families and children aged 6+ years
- A spare room that can be offered to a child in times of need
- Flexible and available to the families you work with, including evenings and weekends
- Willing to attend necessary training and identify own training needs
- An ability to work with empathy, patience and understanding with children and their birth families, without prejudice or judgement
- Good communication skills and an ability to record work undertaken
- Able to deal with stressful situations and support problem solving
- Have access to a car with business insurance in order to undertake the mentoring role and attend meetings
- Current foster carers need to be without a current placement

Desirable

- Experience of fostering
- Effective literacy and ICT skills
- Training courses undertaken in parenting support or similar
- Experience planning and implementing positive activities for children or young people

Useful Information

- Foster carers will be paid a salaried fee to cover the costs and demands of working on Step Up, Step Down and will be supported by a social worker from the Trust and a Project Worker from The Fostering Network
- Advice and information relating to fees and how this affects your taxes, benefits etc is available from a dedicated person within The Fostering Network.
- All new Family Support Foster Carers will be able to sign up for membership of The Fostering Network, offering a range of membership benefits including advice and support; connections to the wider fostering community; discounts on various activities, training and events; and expert legal advice in the event of an allegation.

Appendix 2: Sandra's journey through the Step Up, Step Down programme

All names and other identifying features in the following case study have been changed.

Family context

- Sandra was 10 when she was referred to SUSD and lived predominantly at home with mum Lana, and her siblings, Tim aged 8 and Molly aged 5. She saw her Dad, Mark at the weekends and once through the week. He lived close by.
- Sandra had experienced abuse in her younger life, which affected her attachments. She would attach very quickly to adults and other children, wanting them to meet all of her needs. She struggled hugely when adults in her life would leave, such as a teacher moving on to another job, or when friends would fall out with her.
- Sandra had big feelings that changed a lot which made it difficult for her to regulate. She could be really content one moment, then really angry or upset in the next moment, which could lead her to lash out verbally or physically towards her family.
- Sandra really liked going to school as she found her teachers to be caring and she liked the structure. She was enthusiastic and liked to learn, because she got lots of praise for doing well.
- Sandra's confidence was quite low, but she would try to do things when encouraged.
- Lana struggled with her own emotional wellbeing and had some physical health difficulties, which made it difficult for her to meet the needs of her children consistently, even though she wanted to. She was not working and felt she was lacking purpose. The home environment got her down a lot, a lot of things in the house were not working properly.
- Lana didn't get on well with Sandra's Dad, but made a big effort to effectively communicate with him about the children for their benefit.

Referral

- The social worker for Sandra made a referral to SUSD so that Lana could get mentoring support and training, and the whole family could benefit from short breaks and community supports.
- The Fostering Network Programme Officer accompanied the child's social worker to meet with the family ahead of any formal processes, to talk to the family about the service and to ensure that they wanted to proceed.
- A support plan was put in place at the initial planning meeting where Lana met the family support foster carer and the rest of the SUSD team.
- SUSD would help mum to manage Sandra's challenging behaviours and develop more strategies for looking after herself, to then consistently attune to the needs of the children.

Developments

- Lana engaged really well with the service and was willing to open up in training and with the foster carer.
- Sandra loved going on the short breaks and all of the children enjoyed engaging with family activities and community supports.
- SUSD social workers and The Fostering Network staff held quarterly SUSD review meetings with Lana and the social worker for Sandra.
- There was effective partnership working between The Fostering Network, the Trust, various professionals working with the family and the family themselves.

Foster carer support

- Cindy the foster carer provided mentoring sessions for Lana and short breaks for Sandra. Cindy met with Lana weekly in her home, as well as checking in by phone at other points during the week. She met Sandra once at home, and then quickly progressed to short breaks away from home. These were initially day breaks once a month for three months, and then moved to an overnight break for the remaining nine months.
- The mentoring sessions supported Lana to establish consistent boundaries, and to establish effective rewards that would motivate the children to comply. Moreover, Lana was supported to communicate effectively and appropriately with each child, and to find ways within a busy routine with three children to spend quality time with each of them individually.
- The carer helped Lana apply de-escalation techniques for the times when Sandra's emotions were very heightened.

Community supports and family activities

- The Fostering Network Programme Officer linked in with the whole family in order to engage them with effective community supports.
- A point of priority was Sandra accessing Dinosaur Club in order to develop her own calm down strategies and to find ways to develop positive friendships.
- Mum attended Bond attachment training for parents which she found extremely enlightening and helpful in terms of her own attachments and her children's attachment styles. She described feeling more equipped to attune to their needs following the training.
- The whole family were able to avail of additional community supports such as sport clubs, specialist lessons, art activities and youth schemes during school holidays.
- The family came to various family events such as Christmas and Easter parties, and the family three day residential.

Outcomes

- The family moved house, to a home more fit for their needs.
- Mum is spending individual, quality time with each child as well as ensuring there are regular family activities together.
- Mum got a job that fits with the school schedules for the children, which has improved her sense of self and purpose.
- Sandra has developed a lot of strategies for self-regulation and self-soothing that she regularly practices at home and in school.
- Social services are visiting less than they were before (approximately monthly visits initially to once every two months now).

Time commitment for specific support for this family

- Overall length of service: 12 months
- Foster Carer Mentoring: Average four hours per week (including preparation and travel time) weekly for nine months, then four hours per week fortnightly for the final three months.
- Foster Carer Short breaks: Day breaks of eight hours monthly for three months, then overnights of 20 hours per break monthly for nine months.
- Programme Officer Support: Average two hours per week for 12 months.
- Band 6 social worker input: Average one hour per week supervising the foster carer, plus two hours per month for additional meetings such as reviews and child protection meetings.

- Band 7 social worker input: Average six hours per quarter (every three months) including correspondence, and chairing SUSD review meetings.
- The family along with other families attended Bond training (four hours per week for eight weeks), Dinosaur Club (four hours per week for 15 weeks), family fun days (average six hours per quarter) and the Corrymeela summer residential (three days).

Appendix 3: Mike's journey through the Step Up, Step Down programme ³⁰

All names and other identifying features in the following case study have been changed.

Who is Mike?

Mike is an 11 year-old boy living at home with his mum and older brother. He had limited contact with his dad. He suffered from a myriad of issues including low self-esteem, was emotionally dysregulated, had violent tendencies and had self-harmed and expressed suicidal thoughts. He had been removed from school because of the risk of his behaviour towards pupils and teachers. His mother had to give up work to care for him. His brother was also struggling with his mental health and suicidal feelings. The family had become very isolated as a result.

How did Mike become involved in SUSD?

Mike was involved with social services through Family Support. This involved a monthly social care visit. The family did receive access to short term/singular support. However, the social workers became concerned that Mike's violent tendencies meant that he was at risk of being placed into care. The Trust was exploring care placements including residential and secure accommodation.

How did SUSD support Mike and his family?

The social worker referred Mike to SUSD so that Mike and his family could receive holistic support and care. The programme was viewed as critical in helping Mike's mum address his challenging behaviours. This initially involved a meeting with the Fostering Network Programme Officer, Mike's social workers and the family to discuss the service and if the family wanted to become involved. On agreement, a support plan was put in place and the family met with the family support foster carer and the rest of the SUSD team that were there to support them through the process.

Mike and his family received the following supports throughout their SUSD experience:

- referral for a forensic CAMHS consultation
- therapeutic care placement recommended
- involvement of a dedicated foster carer
- significant investment in a 'whole family' approach including:
 - short breaks for Mike and his mum
 - personal passport for Mike – used by teachers and others supporting Mike
 - tuition support for Mike
 - mentoring sessions for Mike's mum including the development of de-escalation techniques and parenting strategies
 - Bond attachment training and Incredible Years parenting training for Mike's mum
 - Mike spent more time with his dad
 - SUSD residential for Mike's brother/cousin in Corrymeela
 - new accommodation found for Mike's brother
 - family events/activities to support the family to be together.

What difference has the SUSD support made?

Over 1,000 hours of care have been invested in Mike and his family in the 18-month period during his involvement with SUSD. The most positive outcome of the support is that the Trust is no longer seeking a care placement for Mike meaning that Mike has been able to stay at home safely within his family unit.

Other impacts include:

- Mike was removed from the Child Protection Register (CPR) shortly after SUS D support finished;
- a school placement was provided for Mike;
- Mike's mum is exploring going back to work; and
- overall family relationships improved, particularly those between Mike and his mum, dad and brother.

"I stopped looking at him as a difficult eleven year old, and started thinking how I would respond if he was a wee distressed toddler who needed help to calm down."- Mum

"The PACE model we learned in Bond was so helpful. I started being playful with Mike, which helped so many moments that could have ended up in violence go a different way." –Mum

"I feel like I got my little brother back." – Brother

"It's important to be gentle with the dog, because she gets scared if you're loud and stuff. Being gentle makes her feel safe. I want to work with animals when I'm older." – Mike

What are the potential cost savings to government?

Mike's participation in the SUS D programme has implications for both short-term and longer-term cost for government. This should be put in the context of the cost of Mike and his family taking part in SUS D. A summary of estimated costs and cost savings is set out below.

Mike and his family were supported over an 18-month period through SUS D. The actual programme cost for Mike and his family to take part in SUS D was £7,000. In addition, the SUS D team brought in a range of services to support the family including foster care support, social worker input, an external facilitator, Bond training, Incredible Years training and Corrymeela summer residential.

Together these supports are valued at £20,372. This means that the SUS D programme investment in Mike and his family over the 18-month period totalled £27,696 or £18,464 over a year.

Short-term cost savings and net impact

- Participation in the SUS D programme has meant that a residential care placement was no longer being sought for Mike. The cost of a residential care place in Northern Ireland is £285,330 per annum
- This means that the £18,464 annual investment through SUS D has led to a net cost saving to government of £266,866. This is over 14 times the actual cost of Mike and his family's participation in the SUS D programme suggesting a potential benefit to cost saving of £14.50: £1.
- Mike has also been removed from the Child Protection Register with a potential cost saving of £9,500 per annum

Potential longer-term cost savings

The longer-term outlook for Mike and his family is much more positive having participated in SUS D. To give some examples and sense of scale as to how this can impact on government costs over time:

- Mike had been self-harming prior to taking part in SUS D. The average hospital cost of self-harm is £809 and this is even more costly for children and adolescents. Each psychosocial assessment costs £392 per assessment for patients younger than 18.

- Had Mike entered into residential care, his longer term prospects would have suffered greatly in that:
 - He would be much more likely to achieve lower school grades. The UKG suggests that achieving 5 A* to C GCSE grades, including the vital English and Math's subjects, adds £80,000 to a student's earnings over their lifetime.
 - With this Mike is more likely to become a NEET at a cost of £484 per annum per 17/18 year old NEET and £4,235 per annum for an 18-24 year old
 - Mike would be more likely to be suspended from school (18% for a child in residential care vs. 1.4% NI), have been cautioned/convicted and involved in the justice system (average cost per annum in the Juvenile Justice System at £324,000 per annum with an average prison cost place at £55,300).

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- ²⁷ O'Reilly, 2020: p.15.
- ²⁸ Flood and Thompson, 2020: p.5.
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- ³⁰ O'Reilly, 2020: p.15-20.