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What is the Impact of Public Care on Children's Welfare? A Review of Research Findings from England and Wales and their Policy Implications

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Abstract

The outcomes for children in public care are generally considered to be poor. This has contributed to a focus on reducing the number of children in care: a goal that is made explicit in the provisions of the current Children and Young Persons Bill. Yet while children in care do less well than most children on a range of measures, such comparisons do not disentangle the extent to which these difficulties pre-dated care and the specific impact of care on child welfare. This article explores the specific impact of care through a review of British research since 1991 that provides data on changes in child welfare over time for children in care. Only 12 studies were identified, indicating a lack of research in this important area. The studies consistently found that children entering care tended to have serious problems but that in general their welfare improved over time. This finding is consistent with the international literature. It has important policy implications. Most significantly it suggests that attempts to reduce the use of public care are misguided, and may place more children at risk of serious harm. Instead, it is argued that England and Wales should move toward a Scandinavian system of public care, in which care is seen as a form of family support and is provided for more rather than fewer children and families.

Introduction

On 31 March 2006, 60,300 children were in state care in England and Wales. There is a widespread belief that the care system produces very poor outcomes for these children. Some of the statistics that are listed as evidence to support this view include the fact that children in state care underachieve within education when compared to the general population (Social Exclusion Unit, 2004; Jackson and Sachdev, 2001; Harker *et al.*, 2004; Department for Education and Skills (DfES), 2006); they have poorer health outcomes (Meltzer *et al.*, 2003; Roberts, 2000;

Department of Health (DH), 2002); they are over-represented within various excluded groups into adulthood (Chambers *et al.*, 2002; Richardson and Joughin, 2000; Harker *et al.*, 2004); and they are four times more likely to be unemployed and 60 times more likely to be sent to prison than most children (United Kingdom Joint Working Party on Foster Care, 1999).

The view that care fails children has become central to policy responses to care. As Alan Johnson, Secretary of State for Education at the time, said in the Foreword to the *Care Matters* Green Paper:

For many of the 60,000 children who are in care at any one time, childhood and adolescence are often characterised by insecurity, ill health and lack of fulfilment. This is terribly sad. And we can hardly be surprised that it results in many children in care underachieving educationally and getting nowhere near fulfilling their potential as adults. Some may say that part of the reason for this is that children who enter care come disproportionately from poor backgrounds and have complex needs, but it is inexcusable and shameful that the care system seems all too often to reinforce this early disadvantage, rather than helping children to successfully overcome it. (DfES, 2006: 3)

This paints a very bleak picture. Yet how strong is the evidence for this assessment? What does research tell us about the impact of entering care on the welfare of children and young people? This review considers these questions in some detail with a particular focus on exploring the policy implications for services for children looked after. However, first it is necessary to explore the nature of public care for children in England and Wales.

What is 'care'?

Children enter care for many different reasons. Around two-thirds are taken into care under legal orders, while a third enter under a voluntary arrangement with parents. Taken as a whole, children in care come from poor and deprived backgrounds, they have usually experienced abuse and neglect, and they are more likely to have serious problems (such as behavioural or emotional difficulties, physical or mental health problems and educational under-performance) than most children (see for instance Bebbington and Miles, 1989; Meltzer *et al.*, 2003; Berridge, 2007).

Most children 'in care' are in foster placements (around 70 per cent); however, 9 per cent are placed at home with parents (under a court order), a further 16 per cent are in various forms of residential provision, while 5 per cent are placed for adoption (prior to legal confirmation of the adoption). Placements are used differently depending on the age and needs of the child, and the availability of different placements. There is a great deal of movement within the care population over time, and those children who spend more than two years in care are a minority of children in care. Some key points to highlight based on government figures (DfES, 2006; Schofield *et al.*, 2007) are that:

- 40 per cent of the children who come into care will do so for less than six months – with many in care for very short periods;
- half of all children in care will have two or more separate periods in care;
- only around 8 per cent of children looked after at any one time will be adopted;
- around 13 per cent of children leave care for independence each year;
- 30 per cent of children remain in care for four years or more.

This highlights the fact that the 'care' system performs a number of functions. For many children it is a shelter while longer-term plans are made. For most children it is a temporary experience followed by return home. For some it becomes the setting in which they experience most of their childhood.

What do we know about the impact of care on the welfare of children and young people?

Given that children in care do very poorly on a wide range of measures, outcomes for these children are an appropriate focus for public concern and policy attention. Yet the difficulties these children have compared to the general population of children do not show that the care system is the cause of their problems (Stein, 2006). Children enter care for a reason. They tend to be the most individually and socially disadvantaged in society. They may have suffered harm as a result of abuse and some of them are likely to be at increased genetic risk of particular difficulties, such as mental illness or learning difficulties. It is therefore possible that their problems existed prior to care entry. Differentiating the impact of care from the problems that led to the child entering care is important if effective policies are to be developed to reduce or prevent the extent of children's difficulties. So, what is the empirical evidence for the impact of public care on children's welfare?

Three key challenges arise in any attempt to review research in order to discover the impact of the care system on children. The first is that the system has changed over time. In the 1950s and 1960s many children were given up for adoption because of issues of illegitimacy, with few being removed because of concerns about abuse; more children lived in residential homes than foster care; most children entered care voluntarily as teenagers; there was far less government and research attention on outcomes for children looked after. Great care therefore needs to be taken in drawing conclusions about care from historical studies. Similarly, while there is an extensive international literature, the social care systems are different in such important ways that it is difficult to draw conclusions from international studies about the impact of the British care system on children.

The second challenge is that, as discussed above, 'care' is not a homogenous intervention. As a result, studies tend to focus on particular groups. Generalisations about the impact of 'care' in general are therefore impossible in both theory and practice. Third, few studies gather information on children

before they enter care or at the time of care entry, comparatively few follow children's progress over time and it is very rare for children who enter care to be compared to children who nearly entered care.

To address these issues, this article focuses on a review of British research studies published since 1991 (when the 1989 Children Act came into force) that provide data on any aspect of the welfare of children in care over time. Child welfare is understood broadly to encompass any element of welfare: that is, including education, behaviour and later-life outcomes (such as unemployment). However, before turning to consider this literature, it is worth considering key messages from the international literature on care entry.

International studies

In general, studies in other countries have tended to find that care has a positive impact on children's welfare. In common with the British literature, outcomes for adopted children have usually been found to be good. In a Swedish study, Bohman and Sigvardsson (1980) followed up 624 children registered for adoption as infants and found that 15 years later the adopted children were comparable to classmates, but that children who had returned home or who remained in foster care did less well. Fergusson and Horwood (1998) looked at a large birth cohort study in New Zealand. They compared the progress of 42 adopted children with a group of 98 matched for family structure (that is, from single-parent families) and socio-economic background. In general, adopted children did better than the comparison group, though less well than might have been expected for biological children in the families that they were placed in, on a range of measures of health and social development.

Comparatively positive outcomes are by no means confined to adopted children. Dumaret and Coppel-Batsch (1998) considered 59 children who had spent five or more years with a foster family in a French agency. The follow-up of the children when in their 20s found that most had jobs and reported good health and that 56 per cent had 'good' social integration. Social integration was negatively influenced by cumulative parent and child problems at the time of foster care. This highlights the importance of pre-care situations and experiences in shaping post-care outcomes.

In an important recent study, Barber and Delfrabbro (2005; Barber *et al.*, 2001) studied 235 children aged between four and nine who entered foster care in South Australia between 1999 and 2000. Children were tested on a variety of measures of well-being at intake, four, eight, 12 and 24 months after entering care. Conduct scores improved considerably from entry to four months, with marked improvements in behaviour at school. The improvement was maintained at the follow-up points. Rates of hyperactivity were not affected by care entry. The children reported very positively on their experience of foster care.

Positive findings about the impact of foster care were also found by Horwitz *et al.* (2001), who followed up 120 children 12 months after they entered foster care in Connecticut, USA and evaluated changes in their 'adaptive behaviour'. They found very significant positive changes, with children's behaviour moving from below-average functioning into the normal range. The positive changes were greatest for older children, girls, African American children, those who had spent longer in foster care, those who had been abused and those with fewer recommended services in care.

A similar positive impact of care was also found in a study by Taussig *et al.* (2001) who compared children remaining in foster care with similar children returned to their birth parents. This study looked at 149 children aged between seven and 12 years who were returned home from foster care in San Diego, USA. Compared to children who remained in foster care, children returned home had more significant social and behavioural problems. They had higher self-destructive behaviour, substance use, risky behaviours and were more likely to have been in trouble with the criminal justice system. They also did less well in school.

The general picture, therefore, appears to be of public care generally having a positive impact on child welfare although, as noted above, the social and policy context varies enormously between countries. Such findings cannot therefore be extrapolated to the British context, and this article therefore focuses on studies carried out within the United Kingdom. However, while the searches included any United Kingdom study, those found all appeared to relate to England and Wales. This suggests a significant lack of follow-up research on the impact of care over time in Scotland and Northern Ireland. In the following text 'United Kingdom' is sometimes referred to (as this was the scope of the search), but findings are related to England and Wales.

Approach to the review of the literature

The method for the literature search was that electronic searches were carried out on the following databases: PubMed, Science Direct, Ingenta Connect, Blackwell Synergy, Google Scholar. The following key words were entered: Care, child services, child welfare, institution, looked after children, residential care, substitute care, foster care, fostering, welfare systems. In addition, the following outcomes were searched for: academic, achievement, assessment, attachment, behaviour, development, education, health, underachievement. Searches were extended by following links identified in articles, from relevant studies to 'related' articles. Fingertip searches were also carried out looking for all relevant studies published between 1991 and 2006 in the following journals: *The British Journal of Social Work*, *Adoption and Fostering*, and *Child and Family Social Work*. In addition, a review was undertaken of all government-funded research identified

in published summary reports. Where these appeared appropriate they were read in full. The searches were supplemented by reading and following up references in key texts produced by the Social Care Institute for Excellence. Finally, experts in the field were contacted and some read drafts of the report to identify missing studies.

Despite the thorough approach to the literature searches, it is unlikely that every relevant study was included. Some studies on other issues (such as the child protection system) had important information on children who entered care, but this was not always immediately apparent; the same may be true for some research we did not identify. Furthermore, research on this topic is often published in other forms that are difficult to identify through electronic searches. Therefore, while the review appears to be comparatively thorough, it cannot claim to be comprehensive.

Relevant studies were summarised in a pro forma. It was considered most appropriate to present information on them in a narrative discussion because only 12 studies met the above criteria and they varied enormously in focus, scope and method.

Studies 1991 to 2006 that included outcomes for children in care over time in the United Kingdom

Studies can be divided into two broad types. First, those that were able to compare children in care with children in broadly similar situations who had not entered care (three studies). Second, studies that looked at the welfare of children in care over time (a total of nine studies). This group is further subdivided into general studies and those relating to adoption, foster care or residential care. (No research on outcomes over time for children in kinship placements was identified.)

Studies that compared children in care with children who did not enter care

Only one study was identified that considered the progress of children in care over time and also that of a comparison group of children not in care. This study was undertaken by Heath, Colton and colleagues and the results were published in a variety of papers in the late 1980s and early 1990s. Heath *et al.* (1989) compared the educational progress and behaviour of 49 children in medium or long-term foster care compared to 58 children living at home but receiving social work services. Both groups were doing comparatively poorly on a range of measures, with those at home having slightly higher levels of behavioural problems. In follow-up studies (Colton and Heath, 1994) over the next two years there was little change in the comparative situation of either group. Heath *et al.* (1994) further analysed this. It proved difficult to disentangle the impact of foster care as children often moved type of placement, including returning home.

A significant limitation in this study is that children's educational achievements were not measured when they entered care. As a result, it is possible that there were differences between the groups prior to the point of measurement. However, the Heath *et al.* research appears to be the only British study using a comparative method to explore the impact of care. Its findings are not particularly positive about the impact of care; however, neither are they negative. Foster care did not enable children to overcome initial educational disadvantage; on the other hand, given that the children in care had very similar scores to those in families that social workers were working with, it seems fair to suggest that care was also not causing the low performance of the children.

While the Heath *et al.* study was the only one that included a comparison group, two other studies looked at a broader group of children at risk and commented on outcomes for those who entered care compared to those who did not. Gibbons *et al.* (1995) carried out a follow-up study of 170 children placed on the child protection register for physical abuse nine to ten years after registration. The children were matched with a similar child who attended the same school but had no previous connection with child protection. For our purposes, the most important aspect of this study was that over 30 per cent of the study group entered the care system. For the majority the experience of substitute care was positive and there were measurable gains in their physical growth. In terms of their behaviour and mental well-being there was no evidence of general advantage. Children in long-term foster care tended to show fewer behaviour and friendship problems and were less depressed than adopted children. Adopted children had as many behaviour problems as those who had remained with their natural parents.

The finding that the children in foster care did better than those adopted is somewhat at odds with the general literature (Rushton, 2003). Given the comparatively small numbers involved and the fact that the choice of foster care rather than adoption might have been related to child welfare considerations (for instance, with more serious abuse leading to adoption), caution is needed in interpreting this finding. Nonetheless, the findings point to the potentially positive impact of foster care for children in relation to behaviour, emotional development, physical growth and patterns of friendship.

A recent study by Forrester and Harwin (2006, 2007) followed up 186 children for whom parental misuse of drugs or alcohol was of concern who had been allocated a social worker two years after the family was referred to social services. Two of the findings of the study are of particular significance. First, most of the children came into care at some point, and at the follow-up point 54 per cent were no longer living with their mother. Second, based on information from social work files, the researchers made a judgement of child welfare. They found the biggest predictor of positive welfare outcome was children no longer living with their birth parent. Furthermore, many of the children living at home continued to be at risk of significant harm as a result of their parent's difficulties.

A limitation in this study is the reliance on social work records. Social workers may record child welfare problems more thoroughly for children at home than for those in care. Furthermore, the study compares remaining at home with a wide range of alternatives: including informal family alternatives. Nonetheless, the strength of the relationship suggests that entering care may have been a positive intervention for many of these children

Studies that looked at the progress of children in care over time without comparison groups

General studies

A study that covered welfare outcomes in a wide range of different types of placement was carried out by Harwin *et al.* (2003). The focus of the study was on care plans made at the end of care proceedings. One hundred children from 57 families who were subject to care orders in 1997 were followed up 21 months later. Welfare progress was rated through researcher judgement based on information from a variety of sources, and summing together progress in relation to several areas. At the end of the study, 60 per cent of children were in the placement specified in the care plan. Children whose care plans were implemented showed the best welfare progress. Although the wellbeing of most children had improved since the time of the care order, at follow-up 40 per cent of the children still had moderate to severe 'unmet needs' (that is, problems or difficulties) in emotional and behavioural wellbeing or in family and social relationships, and 30 per cent in education.

For our purposes the Harwin *et al.* study has two weaknesses. One is that the children had been in care for some time prior to the care order being granted. A second is that the measurement of welfare outcome is not very robust. Nonetheless, the findings suggest that care appears to improve children's welfare but does not lead to their welfare being equivalent to that of the general population.

Adoption studies

Extensive work on adoption has tended to find good outcomes for infant adoption (Rushton, 2003). However, less is known about the outcomes of adoption for groups that are traditionally harder to place, such as older children, sibling groups, children with special needs or children from ethnic minority groups. These have been the focus of research over the last 15 years.

A number of studies have looked at the placement of somewhat older children in adoptive placements. In general, the research suggests that for most of these children the outcomes are positive, but that many of the children continue to have significant problems. Rushton *et al.* (1993) looked at 16 boys aged five to nine placed in permanent placements. Follow-up was carried out one and five

years after placement. The researchers found that the children had high degrees of behavioural and emotional disturbance prior to entering the placement. Overall, by five years most of the boys showed considerable improvements, but a third still had a large number of problems – particularly in relation to social relationships and attention.

Quinton *et al.* (1998) looked at 61 children between the ages of five and nine placed in permanent placements and followed them up at intervals of one, six and 12 months following placement. There were only three disruptions of placement in the first year. Three quarters formed good relationships with new carers. The measures of behavioural change found more mixed findings: at one year, 22 children's problems had decreased, for 19 there was little change and for 17 there was an increase in problem behaviour. There were three variables linked to poorer outcomes: active rejection by birth family, the child being described as restless, and lack of sensitive response from carers in the early weeks of placement. The majority of children (49) were placed with a definite plan for adoption. The fostering group (8) was too small to allow statistical testing, but the authors 'found no significant differences between adoption and foster placements in relation to either behavioural change over the year or placement stability' (p. 63).

Rushton and Dance (2004) followed up 133 children to mid-adolescence (average age 14) who had been placed during middle childhood (5–11) with adoptive families. In the follow-up, almost three quarters (71 per cent) of placements were still intact. However, over one third of the 99 continuing placements were still highly problematic (for instance, children were exhibiting developmental and behavioural problems, including aggression, destructiveness and over-activity).

Another group that have tended to be hard to place in permanent alternatives are children from ethnic minority groups. Thoburn *et al.* (1999) followed up 51 children of minority ethnic origin in permanent family placements seven to 15 years after placement (which had happened between 1980 and 1984). Disruption rates were the same between foster and adoptive care. There was no association between contact and placement stability. It was concluded that permanent placement with strangers can be highly satisfactory and that African-Caribbean and South Asian families were often good at facilitating contact.

In general, these studies support the view that adoption can successfully be used with a wider range of children than the newborn infants who were the traditional focus. However, while the findings were broadly positive, the rates of placement failure were higher for older children, and for children with greater difficulties than for children with fewer. There is therefore a delicate balancing judgement to be made between the possibility of permanence (and the positive outcomes associated with it) and the risk of placement failure (with its associated risks for children's welfare) (see Rushton, 2003). These studies support

an argument for trying adoption for somewhat older children and with children with some difficulties – but they also highlight the element of risk in such an approach, and thus the need for a judgement for each child that balances this risk against the potential benefits of adoption.

Foster care

The most important study of foster care was undertaken by Sinclair *et al.* (2004). They followed up 596 foster children three years after placement from a cross-sectional sample of looked-after children from seven local authorities. Sinclair *et al.* looked at a wide range of outcomes, including emotional and behavioural welfare, using standardised measures and educational performance. In general, children demonstrated improvements in their welfare over time. Those leaving to go home or into independent living did less well than those remaining in foster care or adopted. Adoption seemed the most permanent type of care but only for young children under five. Most foster children did not want to be adopted. The authors suggested that foster care did not offer a secure family for life, but it did offer some security for those aged four to 14 years. Factors associated with outcomes were: what children want, situation at school, relationships with current carers, relationships and contact with birth family. As is often found, the process of leaving care was far less positive than being in foster care.

Although disruptions were generally high compared to adoptive placements, and many of the children moved for a variety of reasons (including returning home, moving to independence or a permanent alternative), nonetheless, 40 per cent of children aged four to 14 years were still with the same carer. The difficulties appear to lie not in what happens in foster care but in what follows it. The most likely route out of foster care for those children aged four to 14 years was to go home. Only a third of reunifications were seen as safe. Sinclair *et al.* recommended reducing the differences between fostering and adoption by reducing the number of breakdowns and enabling more children to stay on after 18 in foster care.

Further important research was undertaken by Schofield and colleagues. Schofield and Beek undertook a study looking at the progress of 53 children three years after they were placed in long-term foster care (Schofield *et al.*, 2000; Schofield and Beek, 2005). The findings demonstrate the complex interplay of factors that shape outcomes for children in care. First, the high level of prior disadvantage these children had experienced before entering a permanent fostering placement was striking. Most had been abused, half had serious emotional and/or behavioural problems and for many these difficulties had been exacerbated by lengthy periods waiting for the permanent fostering placement. Three years after placement, using a combination of standardised instruments and judgements from interviews, the researchers divided children into those

making good progress (60 per cent), uncertain progress (27 per cent) and those in a 'downward spiral' (13 per cent).

Overall, this is a positive finding about foster care as a permanent option for children with serious difficulties. Despite their negative previous experiences, most of the children were making good progress and for many there were measurable gains in relation to behavioural, emotional and educational welfare. Yet this was not true for all children. Some continued to have serious problems and others had deteriorated, often because of unresolved issues with birth parents and ongoing contact problems. Indeed, 'entangled' relationships with the birth family were crucial in the small number of 'downward spiral' children, contributing to placement breakdown and feelings of fear and anxiety. Beek and Schofield (2004) highlight the enormous importance of committed, consistent and caring foster carers who often managed to make a significant positive difference to children in very difficult circumstances.

Residential care

'Residential care' is a complex sector of care for children. It includes local authority and private homes, secure accommodation and specialist boarding schools, small institutions with a handful of children and large residential units; residential care can also range from a short-term emergency placement through to permanent placement in a therapeutic community. It is therefore not possible to make generalised statements about the effectiveness of 'residential care'. Instead, research evidence focuses on the outcomes of specific types of placements. Even in this respect, however, there is comparatively little research on residential care following up welfare over time published since 1991. This is in part because there has been a very significant decrease in the use of residential care, with many smaller local authorities no longer providing their own residential units.

One study that followed up children's welfare and that used a (small) comparison group was undertaken by Little and Kelly (1998). They followed up 60 children who had been in care in a therapeutic community two years after leaving compared with a group of eight who were assessed but did not enter. Leavers from the therapeutic community were four times more likely to find employment and three times less likely to be convicted compared to children in other residential settings. Those who stayed for a shorter period and returned home had poorer outcomes.

Bullock *et al.* (1998) looked at reconviction rates for 204 adolescents in long-stay secure treatment units over two years (a specific type of provision that no longer exists). In terms of reconviction rates, specialist treatment centres were best. Where need was identified by the treatment centres and interventions addressed those needs, better outcomes were achieved. There was a contrast between the money that local authorities spent while the young people were

in treatment centres and the little that followed once they left at the age of 18. Overall, the findings were encouraging about the impact of care on this very challenging group of young people; but again, after-care was poor compared to care.

Key findings

Five findings appear important from this review. The first is that there is a lack of research in a number of areas. Given this lack of evidence, it is important to be circumspect about findings. This is in itself an important policy issue. The government and major charities spend £25 per year on research for each person working in social care, compared to £1,613 for each person in the National Health Service (Marsh and Fisher, 2005). This extraordinary lack of investment in social work and social care research severely limits our ability to develop evidence-informed policies.

The second key finding was that there was little evidence of the care system having a negative impact on children's welfare. Indeed, in almost all of the studies children's welfare improved, while there was none in which it deteriorated. As Stein said: 'The simplistic view of care as failing 60,000 young people should be confined to the dustbin' (2006).

This is not to say that public care was resolving all of the problems that the children exhibit. The third finding was that, considered as a group, even after positive care experiences, the children in most of the studies had significantly more difficulties than might be expected in the general population. Indeed, resolving all of the problems children in care as a group have does not appear a realistic goal for the care system (although it is an important and achievable aim for many individual children). Even successful permanent placements in which parents adopted children and treated them as their own could not always undo the consequences of abuse and neglect when younger – particularly for children who were older when placed. Only adoption in early childhood offers a realistic prospect for most children of achieving welfare outcomes at a similar level to the general population. For other children, care needs to maximise the potential that children have and offer them the opportunity to be all that they can be. Yet it is not realistic to think that – taken as a group rather than for any individual child – this can result in equivalence between children in care and all other children.

The fourth important finding was that this broadly positive picture of care did not extend to leaving care provision. The leaving care system tended not to work well for most children. In effect, it often undid the positive impact of care for many children.

Finally, the studies provide considerable insight into why the welfare of children in care tended to improve. There were many descriptions of concerning issues in the studies. High rates of turnover of social workers, multiple placement moves, descriptions of inadequate or even abusive carers can be found. However, children did comparatively well for two reasons. The first is that often the home circumstances that they left (whether temporarily or permanently) were extremely inadequate. Care therefore appears good in part because it stands in contrast to families which include the most abusive and neglectful in our society, and those in which parents are struggling with the most profound problems; its comparative success is likely to be in large part because of this. However, in addition the studies described many positive things about care. Most strikingly, in many studies there were descriptions of foster carers and social workers, residential carers and managers, who form relationships and work tirelessly to ensure that the children they are responsible for thrive. It is easy to miss these success stories in the general perception that care fails. Often the institutional arrangements that surround care are inadequate. The caring individuals who frequently make enormous sacrifices for the children in their care are in large part responsible for the broadly positive pattern of welfare outcomes identified in the research.

Discussion

These broad conclusions are diametrically at odds with the general perception of public care in the government, media and among politicians and policy-makers. If correct, they have significant implications for social policy in relation to children's services. Four issues appear particularly important. The least contentious of these is that there needs to be a continuing focus on what happens after care. As noted by Sinclair *et al.* (2004), we all too often squander the 'social capital' created through the positive impact of care by providing ineffective or harmful leaving-care services. In this respect the proposals in Care Matters – which include extending leaving-care provision – are to be welcomed. However, it remains true that while care provides something that approximates to normal family life – with (usually) caring adults, attention to a child's needs and support for their development – provision for children after 18 is very different. For most children the transition into adulthood is gradual with ongoing support for many years; put another way, families are for life, not just for childhood. It is hard to replicate this aspect of good family care through the care system, as it is the open-ended, flexible and loving nature of the commitment that is so essential. Sadly, the consequences of our failure to do so are present every day on the streets and in the prisons of the country (Sergeant, 2006). Developing new models for long-term after-care is an urgent priority. It seems particularly important to support

the positive relationships children often develop with foster carers, residential workers or others while they are in care.

A more contentious – and perhaps even more important – issue to emerge from the review of the research evidence is that if we wish to improve the welfare of children in care, then we need to focus on what happens *before* they enter care. This in itself has two elements. The first is that there needs to be a focus on effective interventions before children enter care. However, we currently have very limited evidence about how to do this successfully. Broad-based interventions in the United Kingdom such as Sure Start (a government-funded initiative aimed at providing support to families with young children in deprived areas) and Homestart (a service pairing volunteer visitors with potentially vulnerable mothers) – whatever their merits – appear likely to have had little or no impact on children entering care (McAuley *et al.*, 2006; National Evaluation of Sure Start, 2005). The families of children who enter care tend to have complex social and parental difficulties, the vast majority of children have experienced abuse or neglect, and most of the parents have drug or alcohol problems or mental illness. High proportions are experiencing domestic violence. These are not families that easily engage with services. Furthermore, the American experience of services aimed at reducing the need for care has been broadly disappointing (Forrester *et al.*, 2008) with billions of dollars spent on Intensive Family Preservation services that do not reduce the need for care.

This is not to argue that there should not be a focus on services that reduce the need for care. However, if it were an easy thing to achieve, it is reasonable to assume it would have been achieved by now. It is therefore more realistic to suggest that we experiment with different services aimed at reducing the need for public care and evaluate them rigorously to find those that work best (see for instance, Forrester *et al.*, 2008). Once again this emphasises making good the scandalous under-investment in social care and social work research (Marsh and Fisher, 2005).

Indeed, the need for more research in this area is not confined to interventions to prevent care. The argument in this article is not that care is universally good. Rather, it is that it is often good, that this has been lost in the general perception that it fails and that we therefore need to move toward a more nuanced appreciation of the contribution it can make. Far more research on the impact of different types of care experience is crucial to developing this more variegated picture of the nature of care, and to developing more effective care provision.

Nonetheless, a second element of the focus on what happens before care is that if care tends to improve the welfare of children we should be looking to provide public care for *more* children rather than fewer. In particular, a reasonable focus of public policy would appear to be to reduce the problems that so many children in care experience by providing care at an earlier stage for many.

The proposal that children might benefit from more use of public care has different implications for different types of children. For younger children the argument that more might benefit from swifter moves to permanent alternatives appears strong. Permanent alternatives tend to produce the best outcomes for children who enter care, and they also avoid the problems with leaving the care system discussed above. However, delay is fatal to successful permanent alternative care. Public policy should therefore perhaps be considering a lowering of thresholds, swifter decision-making and fewer attempts at rehabilitation at home for younger children.

Yet the evidence suggests that greater use of care would not only be advantageous for young children placed in permanent alternative families, it would appear to be helpful for children of all ages. There therefore seems to be a strong argument for making care available to more children as a temporary, medium-term or even long-term option. For most of these children public care should *not* be seen as an alternative to family support; for these children public care *is* family support. Most children in care retain links with their birth family, spend a period in care and then return home. Recognising that for families with severe problems public care is a way of supporting the family is a fundamentally different conception of the care system to that promulgated by successive governments in the UK, which have focused on preventing care or increasing the use of permanent alternatives.

In many ways this reconceptualisation would involve moving away from the approach used in the United States toward a more Scandinavian model. The United Kingdom provides less public care for children than most of our European neighbours (Selwyn and Sturgess, 2000), and a far smaller proportion of children are in care than in Sweden, Norway or Denmark (Thoburn, 2007). Narey (2007) estimates that Britain provides public care for half the proportion of children that France or Denmark do. In these countries public care is provided as a form of family support for those with difficulties, with far less use of permanent alternatives. Such differences between systems are notoriously difficult to evaluate; however, there seems to be little doubt that the German, French and Scandinavian approach not only involves care being provided for more children but also results in a care system perceived as producing better outcomes for vulnerable children. Fundamental to this is a view that public care is a form of support for the families with the greatest difficulties, rather than a residual service that usually involves compulsory removal and that should be avoided at all costs.

The argument that care should be provided for more children is primarily a moral one: these are the most vulnerable children in our society and such research evidence as exists suggests that they are likely to benefit from care. There is therefore a compelling case for providing care for more children. However, to do so would have cost implications. Care is expensive, that is why it has been

the target for sustained attempts to reduce the number of children in care. Yet it should not be assumed that it is not cost-effective. Sergeant (2006) may tend toward hyperbole when she argues that an effective system of care would empty our prisons and virtually wipe-out prostitution, but it may nonetheless be true that providing care for more children might produce significant cost savings in the long run. For these children are likely to be very over-represented in the groups of adults with the most severe problems in adulthood. Care is expensive, but it is cheaper than prison or inpatient psychiatric treatment. At the least, this is a proposition that needs to be investigated.

The failure to view public care as a positive choice for some children is the most disappointing element of the current proposals in Care Matters. The danger is that in focusing on the view that care is bad for children, the government's proposals will produce precisely the opposite outcome to that intended: that in reducing the number of children in care we will inadvertently increase the difficulties experienced by this most vulnerable group of children in our society.

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