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Care and control of 'looked after' children in England (1)

Summary

The central issue explored in this paper is that of appropriate care and control of 'looked after' children in England. The paper will draw upon two research projects (Gorin, 1997; Hayden, 1997a) in the same area of England, which includes two urban unitary authorities and a predominantly rural authority. These projects include data collected during 1996-1997 from over 30 children's residential units, over 350 foster carers and over 200 children who foster, in the same authorities. The data collected in these studies is wide ranging. The evidence in this paper concentrates on one central area of the enquiry; the behaviour of looked after children and how this is managed (or not) by their carers, as well as an analysis of some of the key issues which may help in explaining and targeting responses to this behaviour. The paper concludes with a discussion of the policy implications of the research findings.

Background

The term 'looked after' has been used in England since the Children Act 1989 and refers to a child who is in care or is being provided with accommodation by the local authority. Children may be placed in the care of the local authority, either voluntarily or through a court order. Family placement is currently the most commonly used form of provision for looked after children in England. 'Family placement' is an umbrella term used to describe all those carers who look after children in their own homes. This includes foster carers, respite carers and family link carers, who provide respite care for children with disabilities. The diversity of the caring experience for these different carers is recognised but, for the sake of ease, in this paper the term 'foster carer' will refer to all those providing a family placement. The birth children of carers are sometimes referred to as 'children who foster'.

In England, as in other European Union countries, there are a number of common trends in relation to patterns of provision for these children. Generally there is a move away from residential care and where this is provided, it is in smaller units nearer to the child's home

(Ruxton, 1996). Children in residential care tend to be older than in the past and may be more appropriately referred to as 'young people'. In contrast, children in foster care are more likely to be younger (pre-teen) children. Foster care placements have been increasingly differentiated in an attempt to meet the diverse needs of children in these placements. Accompanying these changes there is a widely held view across Europe that the behaviour of children and young people in residential and foster care is more challenging than in the past (Colton and Hellinckx, 1993; Ruxton, op cit).

A similar trend has been noted in the United States (Edwards, 1994). There is concern about placement breakdown in foster care, as well as problems of recruitment and retention of carers. Enquiries into abuse of residents in residential care in England and Wales are adding to a climate in which residential care staff feel demoralised and uncertain of their future role, yet witness field social workers having great difficulty in finding appropriate foster placements for some individuals. In this context striking a balance between appropriate care and control of looked after children is a complex business which plays out somewhat differently in the two settings. A balance between care and control is perhaps all the harder to achieve when public and media demonisation of children and young people in England is moving the debate towards control and away from care. Equally, the issue of children's rights provokes anxiety in carers because it is about real adjustments in the balance of power between adults and children, which may fall out of step with the public and political climate just mentioned. These concerns will form the background to this research-based paper.

Looked after children - emotional and behavioural difficulties

The emotional and behavioural difficulties of children and young people who are looked after is clearly very important when considering the ability of carers to exercise appropriate care and control. It is widely recognised that behavioural problems of some form are a common characteristic of looked after children across Europe (Colton and Hellinckx, op cit; Ruxton, op cit) and the United States (Edwards, 1994) and that more severe behaviour problems are both a cause and an effect of foster placement breakdown (Larsson, Bohlin en Stenbacka, 1986; Strijker and Zandberg, 1997). However, research into looked after children's physical and emotional health and educational development has been minimal until recently and is largely discouraging. Research and local authority inspections in England have typically found that looked after children have a low educational attainment particularly if the child has experienced multiple moves during schooling (Jackson, 1987; Aldgate et al.,1992; OFSTED/SSI, 1995). There is a lack of evidence about the health of looked after children, whilst they are looked after, although several studies have found health to be insufficiently prioritised. It is known that looked after children come from families with a higher than average incidence of physical and psychiatric illness and that children with disabilities are more likely than non-disabled children to experience local authority care (NFCA, 1997a).

It is perhaps unsurprising that the emotional and behavioural difficulties of looked after children and young people are perceived by carers to be deteriorating in that psycho-social disorders amongst children and young people in the general population across Europe are said to

have increased over the last fifty years (Rutter and Smith, 1995). Indeed, the prevalence of emotional and behavioural difficulties (EBD) and mental health problems in the general population of children can seem to be quite high, according to how broad the definition and assessments made about the severity of a problem. The overall prevalence of diagnosable mental disorder (ICD10 or DSM4) in the child population is estimated as up to 25%, with 7-10% having moderate to severe problems (Graham, 1986, quoted in NHS/ HAS Review, 1995). Mental health problems severe enough to be described as 'disabling' are estimated to be found in 2.1% of all children under sixteen years old (NHS/HAS, op cit.). The latter percentage approximates to the proportion of children who have a statement of special educational need in England and Wales (i.e. the more severe forms of educational need). However, only a small fraction of these statements would be for 'emotional and behavioural difficulties' (Warnock, 1978). A recent small-scale medical study in England has indicated that the rate of psychiatric disorder in looked after children may affect a majority of children in both residential care (97%) and foster care (57%); the proportion affected in the comparison group was much lower at 15% (McCann et al, 1996). The study found that looked after children were four times more likely to develop psychiatric disorders and five times more likely to have a major depressive illness than those not in care. Looked after children are likely to have experienced upheaval in their lives due to the separation from their family and previous experiences, and this may present itself in the form of EBD or more severe mental health problems

The behaviour of children in foster placements has frequently been cited as a contributing factor in placement breakdown. However, studies have differed in their assessment of the significance of this issue. In a study of long-term foster care (Aldgate and Hawley, 1986) the behaviour of foster children, particularly aggressive behaviour, was found to be an important element in placement disruptions. However, very few studies in England have looked at the range of behaviour problems experienced by children in foster care whilst they are being looked after, with the exception of a study by Keane (1983). Keane's research showed that nine out of ten (92%) foster carers recalled having to face one or more of a wide range of behavioural problems at some stage during the placement. Published research has not provided evidence of which behaviours carers find it most difficult to deal with and how the carer manages this alongside provision of care for the rest of the family.

In European research, more explicit focus upon children's behaviour and its relationship to admission to care as well as placement breakdown can be found in the work of van der Ploeg (1993) in the Netherlands and, with variations in focus, from other researchers in Colton and Hellinckx (op cit.). In a review of a number of studies of residential facilities in the United States, Edwards (op cit.) notes the very high proportion of residents who were viewed as disturbed (over two-thirds) and the small proportion who had access to treatment programmes (less than one in ten). However, Edwards notes the great variety of diagnoses, which are reported to be as varied as the number of investigations undertaken. The most frequent diagnoses, in order of importance, were conduct disorder, schizophrenia/psychosis, depression and personality disorder. Some considerable time ago, Frank (1980) questioned the benefits of placing very damaged children in foster care in the United States without 'massive' support services to address their psychological needs.

Research evidence

The research approach

The paper draws upon the data collected from two research projects undertaken in three local authorities in England during 1996-1997. At the time, these authorities operated thirty-one residential units and employed over eight hundred registered foster carers. Both research projects used a mixed-methods approach within a triangulation strategy (Denzin, 1978). This strategy utilises more than one method and a range of techniques in order to investigate an issue. This approach has the advantage of reducing unsubstantiated findings, which might arise when a single method or technique is used. Both projects were overseen by a steering group which represented the range of interests in the research, including foster carers. The research projects began with semi-structured interviews and group discussions with carers, field social workers, family placement social workers and looked after children, as well as participant observation on a training course about the management of behaviour and use of physical restraint. This initial stage in the research was the process by which the content of the more formalised methods of data collection were developed. Formal data collection methods used included postal surveys to residential workers (113 responses, 81% managers; 36% care staff), foster carers (376 responses, 43% all approved carers) and children who foster (211 responses, total number unknown); case studies of placements in both residential (n=11; critical cases in a particular time period) and foster care (n=10); the first ten new placements across 6 family placement teams in a particular time period) and documentary analysis of all records of violent incidents from children's residential care in two comparable time periods (n=456). In sum, the data collected in these two projects is extensive and the research instruments used are likewise varied. A more detailed account of the research methodology in each project can be found in the research reports for the projects (Gorin, 1997; Hayden, 1997a) and in Hayden et al, forthcoming).

Although this paper is informed by the wider research projects, it will draw its empirical data principally from three sources: the postal questionnaires for each project and the case studies of children in residential care. This section of the paper will cover three main areas in the research findings, relating to children's behaviour.

- Carers' experience of aggressive and threatening behaviour from looked after children.
- The range of problem behaviours looked after children might present.
- Case studies: stress factors and behaviour.

Both research projects asked carers, via a postal questionnaire, in slightly different ways (because of the different circumstances of their caring role) about the extent to which they experienced physical and other types of threatening behaviour when looking after children. There is a dedicated recording system for monitoring violent incidents towards staff in the authorities in our research and there was concern about the large proportion (44%) of these reports coming from children's residential care staff. There was also concern about the experiences of foster carers in this respect but a lack of systematic recorded evidence. It has been recognised for some time that social work is an occupation in which violence from clients

towards staff is likely to occur (Prins, 1975; Hester, 1994). Staff in children's residential care have been found to be most prone to violence (Leadbetter, 1993). There is a recognition that aggression and violence against foster carers does occur; however, there is very little research evidence which documents the extent and prevalence of it.

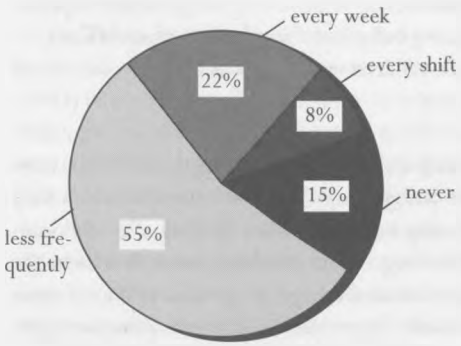
There are of course problems in assessing the extent to which violent and aggressive behaviour is endemic in particular environments, not least because individuals have different tolerance levels. In the residential setting in particular, children's homes not only have different 'cultures' or ways of working, but also particular attitudes towards recording and reporting incidents. With this cautionary statement in mind we will now explore the extent to which residential staff, foster carers and children who foster *feel* threatened by the children they look after.

Residential staff - experience of threatening behaviour

Most residential staff (85%) in our study reported having felt physically threatened at some point in their careers from particular individuals or a particular mix of residents. Nearly 900 records of violent incidents were received by the authorities over a one-year period of monitoring from the 31 residential units. Disturbances in some units were such that one was actually closed during the period of our research because of the damage done to the fabric of the building by residents. Closer analysis of violent incidents revealed that a disproportionate amount clustered around a small number of individual residents (8 across the three authorities) who had been involved in violent incidents with over 50 different members of staff, or about one sixth of the residential workforce, in a three-month period of monitoring. Thus, we were interested in *how often* residential staff felt threatened physically or otherwise in the course of their work. Staff responses to this question are shown in Figures 1 and 2.

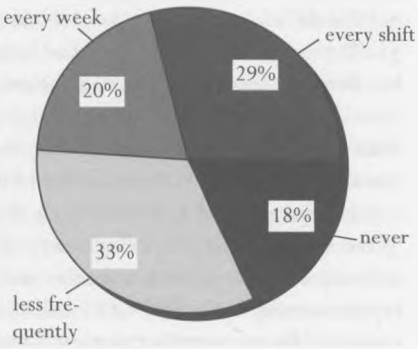
Responses in figures 1 and 2 reveal that only a minority of staff feel physically threatened

Figure 1. *Frequency with which residential staff feel physically threatened at work*



n=113

Figure 2. *Frequency with whichresidential staff feel threatened at work in non physical ways*



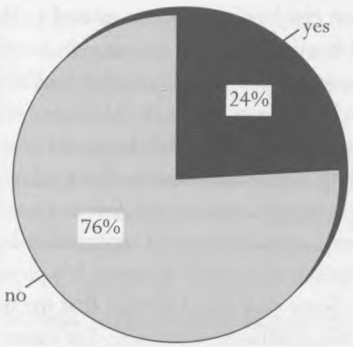
n=112

every shift, but that nearly a third feel threatened in other ways every time they go to work. Unit managers were less likely to feel physically threatened, or felt threatened in other ways in comparison with care staff. Only a small minority of staff report that they 'never' feel threatened in any way during their work in residential care. The picture of the emotional and behavioural climate in children's residential care given by these responses suggests that staff are having great difficulty in managing (and sometimes understanding) the behaviour with which they are presented. About nine in ten care staff reported that they have used physical restraint during the course of their work, despite the fact that many (40%) staff have had no formal training in the use of restraint. A smaller proportion (62%) of staff had actually been involved in the use of physical restraint in a six month period of monitoring. This latter point shows that physical restraint is not used regularly or routinely by staff. However, the great majority of staff reported that they could not have avoided the use of physical restraint the last time that they used it.

Foster carers and children who foster

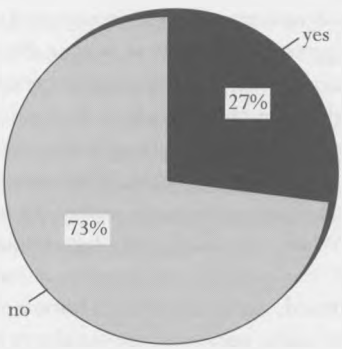
Foster carers and their children (children who foster) were asked whether they had ever felt threatened, physically or otherwise, by a child they were caring for. The results of these questions are presented in Figures 3 and 4.

Figure 3. *Whether foster carers have felt physically threatened*



n=362

Figure 4. *Whether carers' children have felt physically threatened*



n=328

Foster carers were much less likely than residential workers to report that they or their children ever felt physically threatened by a foster child, although about a quarter (24% and 27%, respectively) did report that this had happened. However, project carers, who provide a more specialised form of care for hard to place youngsters, had felt physically threatened more frequently than mainstream foster carers (50% of project carers). Carers were much less likely to report feeling physically threatened if they were family link carers (6% of family link carers).

Other types of perceived threats to children who foster, that is non-physical, were less frequent but were still reported by almost one in five (18%) of carer's children. Foster carers may also come into contact with birth parents of the children they look after and one in five (20%) said they had been threatened by a birth parent. A minority reported that they had been assaulted (1%) and a similarly small proportion (4%) said they had had their property damaged by a birth parent.

When the research findings from the two settings are compared it seems clear that children present less extreme behaviour in foster care, as is suggested by the work of McCann et al (1996); it may also be that full-time carers are better at managing children's behaviour. However, it must also be remembered that foster carers usually care for between one and three children at a time, whereas the children's homes in our research care for about eight individuals at any one time. There are thus a greater number of children in residential placements at any one time who may present these challenges. In addition, it must be acknowledged that living in a group may have effects on children's behaviour. Moreover, children in residential care have to cope with a team of staff and a shift system and the inconsistencies and frustrations which can arise out of this situation. Furthermore, different residential staff groups will have particular cultures which may be skilled (or not) at dealing with difficult and sometimes extreme types of behaviour.

The range of problem behaviours looked after children may present

In residential care the best documented evidence about children's behaviour related to violent and aggressive incidents as well as absconding. Self-harming was not uncommon as well as attention seeking and inappropriate sexualised behaviours. There was also evidence of bullying of children by children within the residential setting. Nearly a quarter (27, 23.9%) of all staff made a comment connecting feeling threatened in their workplace to the placement of specific individuals, for example: *'Until recently it* (i.e. feeling physically threatened) *was an everyday occurrence from one particular resident. He left the unit* (...) *and the unit is much calmer as a result.'*

Whilst some staff rarely felt physically threatened, verbal abuse was reported to be frequent. For example, one member of care staff emphasised that whilst he never felt physically threatened, verbal abuse was a feature of every shift. Some staff held the view that the behaviour of young people in residential care had become more difficult to manage. For example, a unit manager with over ten years of experience in residential care said: *'I have witnessed a change in the last three years in young people. There is much more anger and aggression towards staff and systems..... The young people are very verbal. They have damaged several staff cars,made complaints which are threatening and damaged the house where they live.'*

Staff made references to the use of alcohol and illegal drugs by young people, which could compound their difficulties in managing young people's behaviour: *'Use of alcohol, drugs and substances leads to physical threats and blocks the use of relationships to diffuse situations, as at this time young people are unable to relate... Verbal abuse and intimidation* (are) *now a predominant feature of residential work* (when young people pursue) *rights without responsibilities.'*

Staff working with younger children did not feel so physically threatened, but also reported 'verbal aggression' and threats of allegations against staff. Staff working in respite care with children and young people with Severe Learning Difficulties (SLD) reported regularly being scratched, pinched, kicked, having their hair pulled or being spat at, but were less likely to feel threatened than staff in mainstream homes.

In many ways the data presented above may seem unsurprising in relation to residential care, so we will not focus upon any further evidence in this paper. However, there is a relative lack of research evidence about the range of problem behaviours and conditions foster carers are asked to cater for, despite the abundance of anecdotal evidence and discussion on the issue. In order to find out about the range of behaviours and conditions foster carers experience when looking after children, carers were given a range of possible behaviours, conditions and sources of difficulty and were asked to say whether they had, at any time, cared for a child with any of these difficulties. This is very informative when thinking about the types of situation in which foster carers and their families are placed and the type of training which would be most beneficial to them. Table 5 provides a list of the responses to this question and shows the percentages of foster carers in our survey who have cared for a child with a particular difficulty or experience.

Over three quarters (78%) of carers have looked after a child who was emotionally abused, a similar proportion (77%) have looked after a child with a learning difficulty, over three fifths (62%) have looked after a child who was physically abused, and over half have cared for a child who was sexually abused, steals or has run away. Many carers have cared for a child expelled from school (44%), one in three carers have looked after a child who self-harmed or had an eating disorder and more than one in ten have cared for a child who committed or had committed arson or acts of cruelty against animals.

Evidence in Figure 5 (next page) illustrates some of the realities of the role of foster carers. Many carers are facing a wide range of emotional and behavioural difficulties with children they foster. Some of these difficulties involve actions which could place themselves, the looked after child, or others in serious danger. This has significant implications regarding the status of foster carers within the service, the training carers receive and the potentially vulnerable position in which carers' families are placed, when taking on the fostering task.

Stress factors and behaviour

We will now explore eleven case studies of looked after children and the stress factors in their lives which may help explain some of the influences on their behaviour. It is perhaps fair to say that in everyday terms, adults often overlook the stresses to which children, especially younger children, are exposed. It is well known, however, that children suffering from multiple stresses are at risk of displaying problem behaviour, whether this is of the 'acting out' variety or more internalised in its manifestation (Rutter, 1978). All of the individuals in the case studies were chosen *because* they had been involved in a number of recorded violent incidents with staff, so we already knew that staff felt that these individuals were potentially physically aggressive. Two of the individuals had recognised severe learning difficulties (SLD) and their behav-

iour related in part to this, but in both cases there were also child protection issues. All of the individuals had been physically restrained during a three-month period of monitoring and indeed a degree of chemical restraint had been used in four of the cases.

Figure 5. *The incidence of problem behaviours, conditions and difficulties in foster placements*

difficulty	%	no of carers who responded
emotionally abused	78	330
learning difficulty	77	341
physically abused	62	319
sexually abused	57	317
steals	55	326
run away	55	327
excluded from school	44	328
hearing/sight	40	326
self harm	36	312
physically disabled	35	331
eating disorder	33	315
vandalises	31	320
profound multiple disability	29	322
drugs	18	309
depression	18	312
alcohol	16	309
pregnancy/abortion	14	313
animal cruelty	12	312
arson	11	311
joyrides	10	314
prostitution	7	309
hiv/aids	2	307

Most of these individuals (8 out of the total of 11) had experience of both residential and foster care environments. All but one of the placements preceding the violent incidents reported by staff were described as emergencies. Seven of the eleven young people are individuals who have had three or more placements in either residential or foster care, have been known to the departments for several years and spent at least a year or more in residential care. Placement

breakdowns characterise their care histories. All but one of the placements preceding the violent incidents, reported during a three-month period of monitoring in 1996, are described as 'emergencies' or came about as a result of another placement not working. Several of the young people might be described as longer-term residents in particular homes and had spent some years in residential care. For others there had been several moves between placements. In a variety of ways, all of the young people at some point in the interview indicated their need to know how long they were likely to be in a placement.

Evidence of stressful circumstances for young persons

Figure 6 (next page) overleaf illustrates some of the common factors in the lives of the young people who form the basis of these case studies. These factors are presented in order both to give some background which may help explain and contextualise the young person's behaviour, but also as an illustration of the extremely complex nature of the difficulties social services staff have to cope with in such cases. This type of analysis also illustrates the multi-agency responsibility for and impact of these individuals. Abusive family relationships and related difficulties are clearly the remit of social services, but there is evidence of mental health problems in families and concern leading to assessments of individuals, though very little individual-based support or interventions from the health service. These individuals have been very poorly served by the education service; expulsion from school is the single most common factor for them. Over half this group already have involvement with the police and courts because of offending behaviour and all but one of these individuals are also known to misuse drink or illegal drugs.

Discussion

A central theoretical debate in relation to looked after children concerns that of considering the most appropriate place to look after children. Many practitioners believe that second to their own home, the majority of children benefit most from living in a family environment. However, as Berridge (1997) points out there is very little research evidence which demonstrates that this is necessarily any better than living in a residential home. Although abuse scandals in England do not seem to receive as much media attention in foster care as in residential care, perhaps because they are not on the same scale, there is evidence that abuse does occur (Baxter, 1989; Triseliotis et al., 1995; Utting, 1997) and it should not be assumed that it is any less frequent. Recent cases of abuse in England (Thompson, 1996) also raise concern about the potential vulnerability of foster carers' own children when a foster child enters their home, as well as the more usual concern about children placed in foster care.

When considering future placement of looked after children a wider issue is the social, economic and demographic changes which occurr in society and which may play a part in limiting the number of prospective foster carers. Changes in recent decades mean that the proportion of single parents has increased (many of whom live in relative poverty), as has the proportion of women (traditionally the main carers) in the workforce; the ageing population increasingly

Figure 6. *Case studies - evidence of stressful circumstances for the young person*

Fictional name/ year of Birth	Breakdown Birth parents Relationship Documented difficulties (D)	Evidence of violence in family relationship	(>5) Multiple episodes 'looked after'	Disability (birth parents, siblings)	Mental health based assess/ ref. - YP	Mental health problems (birth parents, siblings)	Alleg. Re sexual abuse	Concerns re YPs sexual beh.	Death in immediate family	YP-statement SEN	Ever excluded from school	Police/ courts involved with YP	Misuse drink/ drugs
Alice (1984)	●(D)	●		●	●		●				●		
Bradley (1982)					●	●	●				●		
Diane (1982)	●		●		●		●	●		●	●		
Helen (1981)	●				●		●	●		●	●		
John (1981)	●		●							●	●	●	●
Kelly (1980)	●	●	●		●	●	●	●			●	●	●
Mark (1981)	●(D)			●				●		●	●	●	●
Melanie (1980)	●		●		●						●	●	●
Peter (1980)		●	●		●	●	●	●	●	●	●	●	●
Tracy (1982)	●	●	●		●	●	●	●	●	●	●	●	
Trevor (1984)	●(D)			●	●					●	●		

needs to be cared for (and policy promotes that this should be in the community) and there is a growing need for paid work in a property owning democracy. Although the spirit of voluntarism may still be alive in England, it may not encompass the increasing demands of being a foster carer. In this respect it should be considered whether policy and practice in respect of looked after children reflect the wider socio-economic changes taking place in our society.

Residential care

Evidence supplied by residential care staff in our authorities confirms some of the long- running concerns outlined by other researchers in England (e.g. Berridge and Brodie, 1998) and evident to a varying extent in other European countries (Colton and Hellinckx, op cit.). Although Unit Managers were qualified social workers, most of the care staff did not have social work qualifications and staffing arrangements in many units were characterised by staff absence and use of temporary staff. Staff were only too conscious of the relatively low status of their work. Although some homes were more successful than others in providing a calm and purposeful atmosphere, this situation could be shattered by certain emergency placements. The evidence collected in a range of ways in the research supports the view held by many front-line staff that violent and aggressive incidents relate to particular placements, rather than to residential care in general. The research evidence in the case studies also provides in-depth information on some of the key issues which may underlie and provide evidence of the behaviour of children and young people who are experienced as perpetrators of violence by residential care staff.

The current situation with respect to advice, training and recording of violent incidents leaves staff, and indeed social services departments, in a vulnerable position in relation to allegations that inappropriate methods of control (in particular the inappropriate use of physical restraint) are being used. It is clear that the great majority of staff feel that they need the option of using physical restraint, but are unlikely to need to use it more than once a month. It is also clear that staff make use of a range of pragmatic methods of restraint and 'holding'. Clear advice from social services departments about methods of restraint or 'holding', appropriate to the age, size and disability of children and young people is needed. Restraint is obviously a distressing experience for all concerned, and the follow-up after an incident must be systematic with all parties.

Evidence from the case studies shows that children and young people presenting some of the greatest challenges to staff in residential care are likely to have multi-faceted needs which it is impossible for residential staff to resolve without better assessments from field social workers and practical support from other agencies and professionals. John, one of the individuals in our study with a very troubled history, had files several inches deep about him, but they were badly organised and not up to date. There was no clear care plan for John, despite the fact that there had been over 200 records of violent incidents in his last eighteen- month placement as well as threats to kill particular workers, which the young man repeated in court. His records do not show that a mental-health based assessment had been made, nor relevant details about his birth parents and reasons for being looked after. He has all but lost contact with his birth mother and siblings, none of whom are keen to maintain contact with him. John was the worst

case of poor assessments and lack of continuity of staff in the case studies conducted, but no doubt there are others like him in these authorities and indeed elsewhere in England. It is clear that the behaviour of all the individuals in the case studies presents some major difficulties to a range of agencies other than social services, and that in all cases aggressive, angry, difficult and even criminal behaviour manifests itself outside the residential environment, as well as within it. This latter point is particularly noticeable in relation to expulsion from school and, to a lesser extent, in relation to involvement with the police and courts. There is evidence of mental health assessments in nine of the eleven cases and known mental health problems in the immediate family of six individuals. Several of these individuals are 'victims' as much as antagonists in group living situations. Such individuals are both extremely vulnerable as well as extremely disruptive when placed in a local children's home.

A starting point with these individuals is better assessments and more detailed and realistic care plans. Any assessment should incorporate an analysis of pertinent stress factors in children's lives and in relation to the central concerns of this paper, a thorough examination of what behaviours are presented in which context, time of day and so on and with what consequence, with a view to beginning to work constructively with individuals in this respect. It is essential that agencies combine their resources and expertise in order to try to provide the best circumstances and opportunities for young people who need our help and sympathy as well as clear guidance and support with developing appropriate behaviour in different situations. Residential staff reported that they needed immediate and practical support but were also adamant that even some recognition from the departments of the difficult job they do would help. For example, staff appreciated receiving a letter from a service manager offering sympathy and understanding when they had been involved in a violent incident. Managers of homes wanted to be properly consulted about placements and deeply resent it when their decisions are overridden by service managers desperate to place a child.

Staff from different units held distinct views about whether residential care *could* provide a positive experience for children, but tended to be most positive about it when they felt they had a degree of autonomy over their work. In particular staff held strong views about placements of individuals they felt unable to 'make a difference with'; such placements could have a very negative effect on whole staff groups as well as other children resident in a home. In sum, although the behaviour of children in residential care can be difficult to manage for staff, it is only in a minority of cases that staff really feel that they should be in a more specialised placement. A more specialised placement is usually taken to mean a therapeutic environment or a secure unit. Emergency placements, as we have seen, are a feature of the case studies which represent the most problematic cases over a short time period. These placements could effect large sections of the workforce and the morale of staff teams in particular homes. They could also provide very unsettling experiences for other residents. Most staff could understand why these placements happened but often said that in effect emergencies should be planned for. That is, many staff believed that there should be a return to a division between short-stay and longer-term residential units, rather than the unhappy mixture which could occur in some areas of the authorities. More planned respite care, outreach work and support work with families was also viewed as needed, in order to attempt to reduce the number of emergency admissions.

Foster care

Although foster carers do not seem to be as frequently subjected to aggression and violence from foster children as residential staff, there is a serious issue about the ability of foster carers to cope with those very damaged young people who may pose a physical threat to themselves and their families. Foster carers in England are still often volunteers in the sense that they receive a maintenance allowance for the child, rather than pay for work. Many carers in our study felt frustrated as they reported that they are often 'out of pocket' themselves because the allowance does not cover expenses. Only a minority of carers in our study cared for hard to place young people and received a fee to care on top of the maintenance allowance.

The amount of training foster carers receive varied in and across the authorities in our research, and although some may have attended a large number of courses, others were called in even before the initial training period, if social services were desperate to place a child. The research reported upon in this paper points to a need for initial training to cover in more detail issues such as abuse, learning difficulties and self-harming behaviour. It is important that foster carers are made aware of the reality of the behaviour of some looked after children, so that they understand from the outset what they can expect and thus have the opportunity of devising an agreed strategy for working with the individual positively and purposefully. It is clearly also vital that social workers are honest with foster carers from the beginning about the child's history, health, emotional and behavioural difficulties. Evidence from foster carers in our study suggests that social workers frequently do not provide foster carers with all the information about the child, possibly because they are unaware of information themselves, but also sometimes because they are afraid carers may not take the child. The latter situation, prevents the foster carer from understanding the behaviour displayed and providing the highest quality of care to meet the child's needs.

The research showed that many foster carers worry that they are placing their own children at risk and are concerned about their rights if foster children hurt a member of their family. Several carers reported incidents where they or members of their family had been hurt by foster children and little action was taken in their interest by the social services departments. Additional caution should be exercised when making placements in homes where foster carers have their own children (especially young children), in order to prevent the development of a new client group of abused children. Carers need to feel they will be appropriately supported by the social service departments in the case of allegations being made by either party. The use of physical restraint by foster carers in the home is problematic for reasons discussed earlier in the paper, but it is clear that training on the handling of aggressive and violent incidents would be beneficial to foster carers who, as the ADSS (1997) report, often feel *'out on a limb when faced with these situations'* (p.8). Foster carers, like residential workers, should also routinely complete violent incident records which would allow them some protection in the case of allegations.

A wider implication of the reports of aggression against foster carers is the need for local authorities in England to consider their strategic policies on looked after children. Carers frequently look after children outside their own approval range, for longer than planned and often without adequate information. Almost half the carers in our study had cared outside their

approval range, over two-thirds had cared for children for longer than planned and half said they do not receive enough information on foster children before they arrive. Carers can be faced with a situation in which they are looking after children without adequate information, for an age range/sex/number of children they are not approved for, without adequate support, training or finance. They may also be looking after children who have complex needs and, as this paper illustrates, such children may display a range of behaviours that are difficult to manage, partly as a result of their life experiences. Consequently, many foster carers are giving up or thinking of giving up. Our study showed that almost half the carers who responded had thought about giving up fostering; in some areas this figure was as high as three-quarters.

National reports (ADSS, 1997; NFCA, 1997a) have already noted that there is an urgent need for change within Local Authority fostering services, particularly in a climate where independent agencies are growing and offering carers and foster children the support they need as well as the element of a financial reward. The significant contribution carers have already made in the care and control of looked after children under adverse circumstances should be recognised, as should the need to provide foster carers with more effective equipment to help them cope with future challenges.

Conclusions and implications

The two research projects referred to in this paper provide illustration of the emotional and behavioural climate in which carers look after children in England. The values of both residential and foster carers in the research projects were clearly tilted towards care, rather than control. Yet carers in both settings found themselves in extremely difficult situations in relation to being able to exercise appropriate control. This latter finding is confirmed in Berridge and Brodie's (1998) follow-up study on children's residential care. A key issue is the relationship between adults and looked after children. Residential workers are of course paid professionals; foster carers, on the other hand, are expected to act like professionals but are not fully trained nor appropriately paid to do so in most local authority services. Professionals (we will include all carers in this category for the purposes of this argument) have a problematic relationship with children. They are not in a position to act the way a birth parent might towards their child. This may cause difficulties in setting and enforcing boundaries, especially when children choose to abscond when carers try to enforce safe and appropriate behaviour.

There have been a number of key policy shifts since the early 1980s which are impacting upon the ability to cater for looked after children effectively. The move away from specialist provision, both in special schooling as well as in residential therapeutic environments, means that the most distressed children and young people are expected to cope in environments where staff rarely have the appropriate training and a full understanding (or even sympathy) of how to respond to and manage their behaviour. This is illustrated by the disproportionate representation of looked after children amongst those expelled from school (Hayden, 1997b). Some of these individuals are also in effect excluded from their foster care placements and from particular residential units, or at best may be contained but viewed as an 'inappropriate

placement'. In effect, what some staff were saying in this context is that the individual is in need of the skills of therapeutic professionals who are trained to understand and respond positively to their needs. Occasionally, staff were of the opinion that a young person should be in a secure facility. Mental health needs were recognised in the majority of case studies, but both the way that the service is currently provided and the long wait to see a specialist made it seem irrelevant to front-line staff and carers, coping with the immediacy of a young person's needs.

In sum, the research evidence in this paper points to a need for a proper recognition of the realities of the behaviour of some looked after children, as well as an understanding of why this might be so, so that professionals can respond in a way which will not compound their difficulties. The 1989 Children Act recommended that there should be a formal system of external consultancy to children's home staff, with respect to psychiatric and psychological services. Eight years later, this recommendation has still not been put into practice formally and systematically in our authorities, although some individual managers of children's homes have used personal contacts to set up some level of support for staff and residents. It is also clear that foster carers require more accessible support from psychiatric and psychological services. This need is recognised by the independent agencies which provide both mainstream and specialist foster care services. Fundamentally, the study points to a need for proper consideration of how we provide for looked after children. Being looked after should enhance children's life chances by helping them gain control of and understanding about themselves, as well as full offering access to education and mental health services when needed.

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Note

1. Redraft of paper presented at ISPCAN 1997, Barcelona, Spain.