

Case studies on international policy and implementation – Case 7

From the Poor Laws to the Independent Review of Children's Social Care: A critically reflective case study of care reform in England

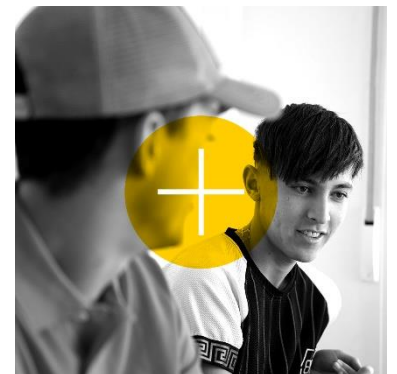
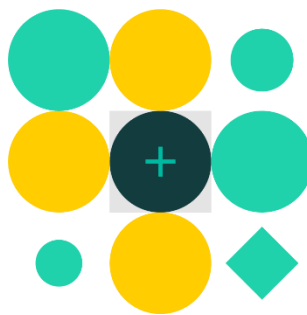


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Estrategia estatal
de desinstitucionalización
Para una buena vida en la comunidad

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Key messages

In the early 20th century, the alternative care system for children and young people in England was provided through institutional settings, often workhouses or orphanages. In the past 100 years the system has undergone significant reform through an ongoing process of deinstitutionalisation. As a result, it is now one of the most established family-based alternative care systems in the world. There are over 60,000 foster carers in England alone, and over 70% of children in alternative care are placed in family-based provision that is embedded in the community. This paper discusses the process of deinstitutionalisation and presents key messages for policy actors in countries who are embarking on reform.

- At the beginning of English care reforms, some stakeholders within the institutional system harboured concerns about change. It is important for systems in transition to proactively address worries through negotiation, both prior to and during the process, not just as a reactive measure.
- In the initial stages of the reforms, child participation and child rights were not a primary focus. However, advocates and individuals who have experienced care are now being more actively engaged in the ongoing development of policies and practices. This is crucial because people with a care experience possess unique experiential knowledge regarding the realities of public care and they should be at the forefront of decision-making processes.
- In recent decades, the Office for National Statistics has established accurate administrative data that shows trends in the numbers of children entering care and the available alternative care resources, which is crucial to analyse and inform policy and practice.
- The foster care role has undergone significant change and increased professionalisation, but their employment status is still uncertain, which leads to issues regarding compensation and support. In addition, there is a lack of equity in carer's allowances in England, with differences between fostering service providers and between foster carers and kinship carers.
- The retention of carers and particularly newly approved carers is an ongoing issue. With increased calls to improve the standardised initial training and provide support that embeds trauma-informed approaches, so that foster carers are best prepared for the role.
- The implementation of foster-care models from other countries to the UK context has proven to be challenging and costly (e.g. Oregon Foster Care Treatment Model). It is important that any international adaptation of practice models is done with caution, paying attention to local culture and context, whilst scaling sustainably.
- The English model of foster care involves a mixed economy of provision involving statutory, voluntary and independent providers. There have been increasing concerns about private equity and potential monopolies, making excessive profits from public funding. Therefore, it is important that any planned development of systems with similar mixed economies of care consider appropriate market regulation, to ensure funds are best directed towards family support services and children in care.



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Introduction

This paper presents a case study of the child welfare system in the UK, with a specific focus on England. In recent decades, across the UK power has shifted from the central Parliament in Westminster to new law-making bodies in Wales, Scotland, and Northern Ireland. While much of the history of deinstitutionalization is shared across the UK, this increase in devolved powers since the 90s has led to significant differences in how policy and legislation has evolved. Children's social care is one key area of law that has been devolved across all nations of the UK. Thus, for consistency and clarity, this paper examines the brief history of public care from the English perspective and outlines the care reform process of transitioning from institutions to family-based care. It also explores the evolution of the foster care system in England, including the shift from government and charity services to a mixed economy of care provision that involves the private sector. Additionally, the paper describes the development of child rights and advocacy organizations and their impact on recent reforms, as well as the involvement of care experienced individuals in the change process. The paper further explains the key elements of the English child welfare system, including administrative data on public care, foster carers, relevant professionals, fostering service providers, and the regulatory framework. Finally, the paper concludes with a discussion of the current strengths and tensions in the system.

1. The process of English care reform and the promise of a Post-War transformation

In Victorian Britain, under the Poor Law system, when children were unable to live with their parents they often ended up in institutional forms of care, often workhouses or orphanages. There was growing recognition that these large-scale childcare facilities were harmful for children, and charitable faith based organisations began to develop smaller scale homes. For example, in the 1870's Barnardo, developed 'cottage homes' (Higginbotham 2022), which is a model adopted today by SOS children's villages. Cottage homes were a group of houses built around a village green. They were 'family-like' arrangements each having a house mother that cared for around twelve children. Cottage homes were often on the outskirts of cities and insular arrangements that provided schooling on site, meaning the social worlds of the children and their interaction with the local community were limited. In 1893, Wycliffe Wilson a Poor Law Guardian in Sheffield developed the notion of 'scattered homes', which were ordinary suburban houses that had children placed in them with a foster parent (Bryant 2019). These homes were 'scattered' and integrated across the city to avoid the social isolation of the cottage homes. The aim was that the children felt they belonged in the community and avoided a sense of stigmatisation.

At the end of World War 2, the child welfare system across the United Kingdom embarked on a significant process of transformation and this is when the wholesale care reform process started, and deinstitutionalisation began to really make traction. There were four key factors around this time that influenced this change; 1) the evacuation of

children; II) the Beveridge report; III) child development theory; IV) Dennis O'Neil, The Curtis Report 1946 and the Children Act 1948.

1.1. Evacuation of Children

The biggest migration of British people occurred during the war. Fears of bombings from German air forces across the South-Coast of England led the government to evacuate women and children from urban centres to rural areas for their safety. In the first wave of evacuations, in just over three days, 1.5 million people were sent to villages and market towns in the countryside (IWM 2002). Many of the children were sent away unaccompanied, without parental care. This intervention was significant for care reform, as although foster care existed in differing forms, the evacuation was the first occasion the State (not charitable organisations) played a significant role in placing children away from their parents with host families.

1.2. The Beveridge Report

After the war, the political will for broad social change was strong across all the political parties. Liberal economists Keynes and Beveridge developed a range of plans that aimed to “reconstruct the British society” (Noble 2008). The growing ‘post-war consensus’ led to widespread policy reform across health, education, housing, social welfare and social protection. The most notable policy developments at this time were the strengthening of the Welfare state and the introduction of the National Health Service and with it, universal health care provision. Beveridge reported that there were five giants of need, which were described as ‘want, disease, ignorance, squalor and idleness’ that would today translate to the policy areas of poverty, health, education, housing, and employment. The reforms that followed this influential report had a focus on family support and the provision of universal services, which were designed from the cradle to the grave.

1.3. Child Development Theory

Alongside these post-war policy developments there were significant advances in Psychological and Childhood studies. Notably, Bowlby published his first work that explored attachment. It was an analysis of the early childhoods of 44 boys that were in contact with the criminal justice system (Bowlby 1951). Bowlby found that one common denominator across the boys’ early years, was poor attachment to a caregiver and parental deprivation, most of the boys were raised in children’s homes. This work has contributed to a growing realisation of the importance of a consistent and nurturing bond between an infant and a carer, which in turn has informed the care reform agenda highlighting the detrimental impact that institutional care has on child development (Garcia Quiroga et al. 2016). Institutional care with its multiple care givers and low staff to child ratios results in poor attachment and it has been described more recently as a form of ‘structural neglect’ (van Ijzendoorn 2011).

1.4. Dennis O'Neil, the Curtis Report 1946 and the Children Act 1948

In 1945, a 12-year-old boy named Dennis O'Neil was killed by his foster carers, he was physically abused for a prolonged period of time prior to his death. The murder received



huge media interest and after a criminal trial the government led an inquiry, which resulted in increased regulation of foster care and instigated the Curtis Review.

A year later, the subsequent report from the Curtis Review was instrumental in reforming care and beginning the widespread process of deinstitutionalisation across all the UK nations (Curtis 1946). Curtis recommended that any child unable to grow up with their parents should be cared for in family-based care (i.e., fostering or adoption). If residential care was required, children should not be cared for in the type of large institutions, but in homes with no more than 12 children, and with a “surrogate mother”. The review also recommended children should attend local schools and attend community groups like the scouts. Furthermore, it proposed that children should be supported to remain in contact with their relatives (unless there were safeguarding concerns). Due to concerns about physical abuse in the institutions, Curtis also recommended that the use of corporal punishment, regardless of the care setting, was prohibited for children in care. Although that didn’t change until 1991.

In response to the review, the government enacted the first Children Act (1948), which implemented the report’s recommendations including the increased professionalisation of colleagues involved in childcare. They achieved this through the establishment of a Central Training Council on Child Care, and children’s departments in local authorities and children’s officers working in the community. Each local authority had to establish a ‘boarding-out’ committee. The committee was responsible for finding suitable foster homes and to exercise supervision over all the authority’s foster children. Criminal background checks of carers were established, and children’s complaint procedures were also put in place. A child welfare officer was also required to visit every foster child within a month of placement and then at least once every six weeks. These regulations have been built upon, over the years, but these key safeguards remain very similar to those at the centre of today’s National Minimum Standards for fostering and the standards for residential care. The Children Act (1948) serves as a milestone in UK care reform and the legislation marked the wholesale policy shift from institutional to family-based care.

1.5. The promise of rapid transformation to a process of gradual evolution

After this post-war period, there was great promise that deinstitutionalisation would happen quickly, and family-based care would be the dominant form of care provision. However, in practice the process of care reform did not run a straightforward, or quick path, and in reality, the system evolved over decades. In 1946, there were 33,000 children in care in England and Wales and 15% of them were living in foster care and the majority of the remaining 85% were living in institutional care (Curtis 1946 p.12). In subsequent years, there have been some peaks and troughs in the numbers in foster care. For example, in 1952, 41% of children in care were in foster placements, and this rose to 48% of children in 1963. However, in 1970 the number fell back to 42%, almost the same level two decades earlier (Higginbotham 2022). These figures show that it took many years and there were some ups and downs before the now well-developed UK system of family-based care was established. A system where there are now 43,905 fostering households (OFSTED 2022), and over 70% of all children in care in England and Wales are growing up in foster care (Gov.uk 2022).



These statistics show the process of reform has faced challenges, and along the way both organisations and individuals with vested interests in running institutions have been resistant to change. For example, a number of faith-based organisations presented barriers to implementing family care by maintaining their residential services. Institutional care was deeply rooted in these organisation's histories, and many were reluctant to lose those traditions (Parker 2011). A key strand of transforming care systems is often reskilling staff in institutions to deliver foster care services, however, it has been noted along with the organisational reluctance, some individual workers also had an interest in maintaining residential care, and they were less than committed to reform, and presented barriers to change (Higginbotham 2022).

Parker (2011) explained that after the Children Act (1948) the new heads of children's departments had to deal with these "fears and disaffections", in their own local authorities and across the sector including charities. Parker went on to explain that these fears around change (that are common during structural reform) made essential collaboration across child welfare actors and organisations problematic. A lesson to draw here for future reform is the need to consider and assess what the fears and disaffections might be amongst stakeholders, and to consider how to offset them through negotiation before and during reforms, not just as a reactive after thought. Furthermore, in recent years, a key element of care reform programmes around the globe has been raising community awareness and advocating for the transition to community-based services. These early experiences of resistance from within the English alternative care sector suggests it is important to consider, the range of communities/publics that need to be included when focusing on awareness raising and advocacy efforts. There is a case that advocacy targeted at stakeholders from within the sector prior to reform could be beneficial and reduce barriers to change.

Another challenge in the process of reform is one of foster carer recruitment and retention, a challenge that persists today. During the implementation of the Children Act (1948) in the 1950's, the Home Office produced promotional films shown in Cinemas that aimed to attract new foster carers. However, despite an increase in applicants, processes of assessment and checks took time, and fostering services were unable to find sufficient carers for the majority of children. As a result, of insufficient available carers through the 1960's Local Authorities also began to purchase local properties to bolster their provision of small scale residential care. For example, Leeds County Council purchased 16 homes across the city in a period of 8 years (Higginbotham 2022). Local Authorities continued to develop residential services, albeit on a small scale, as they followed the broad principles of deinstitutionalisation and continued the shift from large scale homes to the 'scattered homes' model with 'house mothers'.

Up until the 1970's, some children continued to be sent by agencies like Barnardo's, to families across the commonwealth for 'boarding out', mainly to Canada and Australia. Decades later it was discovered there was little supervision, safeguards were lacking, and many children received harsh and abusive treatment and were forced into labour (Watt and Dow 2001)



1.6. Advocates for care reform and the voices of care experienced people

There is a growing body of literature that explores the political history of child welfare in England (e.g. Higginbotham 2020; Parker 2011; Butler and Drakeford 2014). However, there is no mention in the literature that explores the early days of public care, as to whether people with experience of care played any role in reforming the services that they received. This is perhaps unsurprising as it is likely that children during this time were often not viewed as 'human beings' with agency, but as 'human becomings' passive in society with few if any rights (Williams & Rogers 2013).

Since the 1980's there has been an increased recognition of children's agency and the child rights agenda has developed significantly. This has resulted in a widespread acknowledgement that there needs to be meaningful participation of children in matters that effect their lives. In the UK context, the Children Act (1989) (which is the most comprehensive piece of legislation impacting children since the 1948 Children Act) enshrined in legislation children's rights to participate in matters that impact their lives. For example, the law states that in child welfare practice, children's wishes, and feelings must be considered when making plans about their lives. This was consolidated further in 1991 when the UK ratified the UN Convention on the Rights of the Child.

Accordingly, children in care and care experienced people have played a growing role and have influenced policy and practice. This has been through direct policy engagement but also through the formation of a number of key organisations who campaign and advocate for their needs. For example, in 1992, Become (formerly known as The Who Cares Trust) was launched as the first charity that advocates for children in care and young care leavers. It has been influential on advocating at a formal systemic level for better support, and undertaken surveys and research capturing care experiences and voices to inform practice. Become also helped establish an all-party parliamentary group for children in care, which is a key forum for care experienced and practitioner voices to influence government policy.

With the advent of social media, there have also been more informal groups of care experienced people that have organised as activists and advocated for change. Most notably in 2019 a group chaired by Care Experienced Campaigner Ian Dickson, and supported by Liverpool Hope University, organised a Care Experienced Conference. The conference was attended by 141 care experienced people aged between 15 and 82 years of age. They produced a report at the end of the conference highlighting 10 key messages to improve the system, which ranged from the importance of recognising that love needs to be at the centre of the care experience, to making sure care experienced people have their say in matters that affect them (Care Experienced Conference 2019).

There have also been systemic changes that mean voices and experiences of care experienced people are present in planning for local and national policies and services. For example, the Care Matters (2006) policy paper introduced Care Councils. As a result, each of the local authorities in England have a responsibility to form an advisory Council of children and young people, who shape local policy by providing feedback on the services they receive. On a national level the Care Matters Agenda also established a Children's Commissioner, who has a responsibility to gather and represent the views of



children in care across the country. They do this with consultations and surveys, and through engagement with the all-party parliamentary group for children in care.

This section has highlighted that child welfare in England has in many ways been catching up and trying to embed meaningful child participation into an already established system. Of course, this is not a static accomplishment, and needs to be considered to ensure it is meaningful. For example, the recent Independent Review of Care in England has received criticism for its approach in recruiting a very narrow panel of experts by experience (C&YP Now 2021).

There are lessons in these experiences and opportunities for states and care systems that are engaging now in the process of transformational reform. It is vital, that any policy actors managing institutionalised care systems in transition, are fully informed of the impact of their policies on children and young people. The key to ensuring that this happens is through a commitment to adopting child rights and child participation at the centre of any reform process.

2. The elements of the current system of care in England

In this section of the paper, the main elements of the current child welfare system in England will be critically discussed. This will begin with data about the children and young people who are at the centre of the system; then the details of the foster carers providing the bulk of the day-to-day care will be presented; a discussion follows on the key social work staff that make up the team around the child; details of the main fostering services providers and the regulatory framework follows.

2.1. The children and young people looked after by the State

There are two key administrative data sources that focus on children in public care. One data set focuses on the children looked after and presents a range of statistics including, the numbers of children in care, the reasons for entry into care and the type of placement (Gov.uk 2022). The other data set focuses on foster carers and presents details such as the numbers of fostering households and recruitment and retention figures (OFSTED 2022).

There are currently over 82,170 children and young people looked after in England. The reasons for children entering care are primarily due to concerns about abuse and neglect or family dysfunction/acute stress, this accounts for 86% of children in care in England (Gov.uk 2022). The number of children in care has been steadily rising over the past decade with at least an 11% rise since 2014 (Gov.uk 2022). The numbers of children in care today are at the highest since data reporting began in 1994 (C&YP NOW 2022). The independent review of children's social care reported that at this rate of growth the number of children in care in the England could exceed 100,000 in ten years (McAllister 2022). The reason for the growing numbers is unclear, however, Featherstone et al (2018) suggest that it is likely due to an increased focus on risks, over needs, which is compounded by years of austerity politics and cuts to services.

As previously mentioned, one of the greatest strengths of the system is that the vast majority of the children in public care in England, over 70%, 57.450, are living in foster



care (Ofsted 2022). This is in line with a growing consensus in the research evidence that shows in general, the value of family-based care over institutional provision (Boyce et al. 2020). Furthermore, it is in keeping with the suitability principles of the United Nations General Assembly Guidelines on Alternative Care (UN 2011). The guidelines state that children should wherever possible be placed in suitable family-based care. Those living in secure units, children's homes and semi-independent living, account for 16% and the rest live with either their parents under supervision or live independently in the community (Gov.uk 2022). There are growing concerns around young people living in independent settings and in particular a growing number placed in unregulated homes due to a lack of available/suitable placements (Article 39 2022).

For children in care, separation from family and placement with foster carers is a significant disruption to their relationships, and this is often compounded by multiple moves. It is estimated that they experience, on average, four placement moves (Morgan 2011). Furthermore, recently there has been an increase in placements of children out of their local authority area (Gov.UK 2022). Two fifths of the children in care are placed more than 20 miles from home, which results in further disruption to the children's social networks and social capital.

Foster care placements for sibling groups are also a perennial challenge, both globally and in the UK. It is estimated that seven out of ten sibling groups in care are living apart (Jones & Henderson 2017). For some, this separation may be an appropriate choice based on the children's individual needs. However, for the majority this is likely to be due to a lack of available placements. As a result, it is another example of how the UK care system can negatively impact social networks and social capital by disrupting what are often the most enduring relationships we have across the life cycle, those with our brothers and sisters.

The number of unaccompanied asylum-seeking children 5.750, is at its highest number since 2004 (Gov.uk 2022). However, these numbers have over time experienced similar peaks and troughs, particularly when global crises such as wars and civil unrest intensify. There have been ongoing challenges in recruiting sufficient carers for these children (Rogers et al. 2018) and many are placed in unregulated care settings raising concerns from activists and advocates (Article 39 2022).

2.2. The carers and foster families

The most recent government statistics show there were 43,905 fostering households and a total of 61,360 registered foster carers in England (Ofsted 2022). The status of carers has shifted in recent years with an increasing move towards professionalisation. They are key members of what is referred to as the 'team around the child'. Accordingly, there is an expectation they maintain records and attend meetings relating to the children in their care and attend ongoing training and development as part of their role.

Increased regulation has meant carers now have to register as self-employed for tax purposes and they receive significant tax deductions on the allowances they are paid. The allowances vary significantly, for some this amounts to £130 a week and for others it is up to £750 a week per child in placement, and there is no clear answer to why this variation exists (Fosterwiki 2021). It is important to acknowledge, that 1 in 5 foster carers



are kinship carers, often family and friends who have a pre-existing connection to the child (Ofsted 2022). It has been reported that the allowances they receive vary significantly and for those in informal arrangements it is often a lot less than other foster carers (McGrath and Wrafter 2021).

Although the carers are registered as self-employed they can only register for one agency. With the increased competition in the sector for available carers, fostering agencies have a drive to recruit and register as many carers as they can. Unfortunately, this means some agencies have more carers registered than they are able to find placements for. For example, a family seeking to foster may want to care for infants, they may have a skillset for that and it may fit with the ages of the children in their family. If they are recruited through an independent agency who mainly receive referrals for teenagers, they may wait a long time for an appropriate placement match. This has resulted in a scenario where despite a deficit in carers to foster children, 4 out of 10 carers in independent fostering agencies have vacancies (Ofsted 2022).

Despite foster care being an established pillar of UK child welfare since the 1940's, recently commentators have described a looming foster care crisis (Fostering Network 2021). In part this is due to a reduction in carers and an increase in children in care. For example, over the past year there has been a 4% decrease in available carers to meet the needs of a growing number of children. There have been increasing numbers of newly approved carers that have resigned. It is thought that the impact of COVID-19 lockdowns and the subsequent cost of living crisis, which has impacted the wellbeing of many children and families in myriad ways, has acutely impacted children in care and their foster carers. A recent survey of foster carers by the advocacy and training group Fosterwiki, found that over 54% of respondents were considering resigning (FosterWiki 2022). Accordingly, there have been calls in the *Independent Review of Children's Social Care* for an urgent national recruitment drive to find 9000 carers (MacAllister 2022). Furthermore, a number of carers organisations are campaigning to improve allowances, conditions, support and training. There is a particular call for carers to receive standardised training so they are able to provide trauma informed care, which is hoped will improve the care provided to children and young people and the retention of the carers (FosterWiki 2021).

In recent years there have been a number of approaches to providing support and training to foster carers through evidenced-based models of care. For example, the *Oregon Treatment Foster Care (OTFC)* model was trialled and scaled up at a cost of 100's of millions of pounds to 45 sites across the UK. The model was designed to support carers to meet the needs of children and predominantly teenagers with complex needs, and those in contact with the criminal justice system. The UK programme ran into problems with sustainability and costs. The status of the foster carers was also unclear on joining the scheme, although they received a substantial salary and were referred to as professional foster carers they were also still considered self-employed. This employment status was contested, and two carers took Glasgow Council to an employment tribunal and were successful in securing employment rights. Shortly after this decision, the Glasgow OTFC closed (Naysmith 2017) and now only one OTFC program out of the original 45 sites remains in the UK (Waterman 2021). This problematic implementation from a US context seems to have been experienced elsewhere and despite reports of good outcomes for the children globally, only 25% of the programmes



are sustained (Waterman 2021). This shows that caution is needed when adapting and implementing programmes across differing cultures and contexts. Furthermore, if foster care is to be developed at any scale, whether it is labelled as an intensive/treatment model or not, the employment or volunteer status of the foster carers requires clarity.

2.3. The professional staff

This section provides an overview of the key professionals that work alongside the foster carers, they are often referred to as the ‘team around the child’. There are usually at least two social workers within this team. One social worker (children’s social worker) is focused on the protection and needs of the children in care and engage with their birth family; another social worker (supervising social worker) from the fostering service is focused on supervising the foster carers.

The children’s social worker is located within the local authority and has statutory (legal) responsibilities. They can specialise in the statutory investigations and assessments that inform a local authority’s applications to court for a judgement on a care order, which determines who holds parental responsibility for the child. This is often when a child is initially placed in care and where the longer-term arrangements for the child are determined by the court. There are also long-term children’s social work teams, where practitioners provide support to the child after legal proceedings, they have statutory responsibilities in terms of visits to children in care and in developing and reviewing the child’s care plan.

The supervising social workers are based in the fostering services where the carer is registered. As a result, they can work for the local authority, a non-profit agency or an independent fostering agency (for-profit). The fostering social workers can specialise in certain roles within the service or undertake a range of functions in their day-to-day work. These mainly centre on the recruitment and assessment of prospective carers, and/or the ongoing support and training of carers. Due to fostering regulation and the national minimum standards, the assessment process follows a set format. This includes a period of home study, introductory training and meetings with an assessing social worker who compiles a prospective foster carers report. These reports include checks and references alongside a qualitative assessment of the applicant’s competence to foster. The reports are then presented at the fostering services panel, which is made up of a range of relevant professionals. Fostering panels often include colleagues from education and health, and people with experience of being in care, as well as experienced foster carers. A registered manager often chairs the panel and makes a recommendation to the agency decision maker as to whether the applicants are suitable to be approved and registered as carers.

2.4. The fostering services

In England, fostering services and small-scale residential care homes are provided through a mixed economy of care, the voluntary and charity sector have provided welfare services since the beginnings of the welfare state. Local authorities have had increased responsibilities and duties to provide care since the post-war welfare settlement. With the growth of neo-liberal policies in the 1980’s, independent for-profit organisations joined the public care sector, providing both residential and foster care.



In England we have a range of local councils, from small parish and district councils to the larger local authorities, metropolitan (e.g. London Boroughs) and unitary authorities. It is these larger authorities who have statutory responsibilities to provide children's social care. Local authorities receive block funding from central government and also raise funds local through annual council taxes paid by households, which are calculated on property types and values. Local authorities provide both family support and early intervention services to children in need, as well as protective services to children at risk of harm.

The majority of foster care placements in England are still provided by local authorities, around 64% (CMA 2022). However, there has been exponential growth in the independent sector both non-profit and for-profit organisations. The sector began with many small scale 'mom and pop' agencies, which were often started by local foster carers and social workers, some employed their children (Christie & Co 2017) and most grew modestly to support around 50 carers.

However, some independent agencies grew at a rapid pace both through expansion nationwide and/or through acquisition of smaller agencies. One large independent fostering agency was Foster Care Associates (FCA) (Richardson 2020). It still operates in 50 towns across the UK and has around 2.500 children placed with its carers (Barrow 2018). In 2015, it was reported the agency paid out £18 million in dividends to its founders over a two year period (Corporate Watch 2015). FCA was sold in 2019 for a reported £100 million to the private equity organisation CapVest (Plimmer 2019), who run a range of companies across Europe including gold mines in Ireland and abattoirs in the UK (Corporate Watch 2018).

The Competition and Markets Authority (CMA 2022), a statutory regulator, recently undertook a 'market' study of children's social care due to concerns about excessive profits being made in the sector and the increasing worries about monopolies, where a few private equity groups control large swathes of the 'market'. Two companies now account for one-third of all independent fostering placements (Community Care 2020). Alongside the purchase of Foster Care Associates, CapVest went on to acquire 25 other IFA's and it is reported they now control 14% of all independent placements (Community Care 2020). The CMA study found that providers had been making on average profits of 22%, where they argue a fair market that was well functioning should be returning 6% to investors (Competition and Markets Authority 2022).

As a result, there are signs that interventions in the market and increased regulation are on the horizon. For example, the Welsh Government is exploring the option of outlawing profit in fostering (Community Care 2022). Furthermore, in England, the recent independent review of children's social care proposed that a windfall tax be levied on the profit making sector to assist with the implementations of their recommendations.

There are key lessons here for developing systems that are considering a model that includes a mixed economy of care. Given the English experience it would be advisable to embed appropriate regulations from the start so that profit making entities do not develop into monopolies, or make excessive profits from public monies, which could be better directed towards family support services and children in care.



2.5. The regulatory framework

The overriding primary legislation that guides child welfare policy and practice in England is the Children Act 1989. The Act places statutory responsibilities on the local authorities to provide services to children and families who need support, and services to protect children at risk of harm. The Children Act (1989) introduced Care Orders that serve as the legal basis used by the Courts when deciding if children and young people enter public care. It also enshrines in law a child's right to family and sets out the principle that wherever possible a child should remain with family. This relates to provisions in the legislation that place a duty on authorities to provide support and services to children in need.

The Act also states that if a child is at risk and needs to be removed from their parent's care then placement with kinship carers (extended family or family friends) needs to be considered in the first instance. The Children Act 1989 also makes it clear that the wishes and feelings of children should be taken into account when decisions are being made about them. In the context of child welfare services, this is an important point for practitioners to act upon when matching a child with potential placement/carers.

The Children Act 1989 is also supported by guidance, regulations and national minimum standards. It is intended that these pieces of secondary legislation are more regularly updated to ensure currency and allow improvements to the system. The National Minimum Standards for both fostering and residential care homes are key documents as they set out the government's expectations on both the organisations providing services, and their carers/staff. The standards are also used by OFSTED (Office for Standards in Education, Children's Services and Skills), which is responsible for inspecting and regulating fostering services in England. The purpose of the inspections is to assess the quality and effectiveness of the service being provided to children and young people in care, and to ensure that foster carers meet the required standards. Inspections are conducted by a team of trained inspectors from relevant professional backgrounds. Prior to the inspection OFSTED will gather information about the fostering service, including data on the number of children in care, the types of placements provided, and the training and support offered to foster carers. During the inspection visit, which will usually last for several days, the inspectors will meet with foster carers, children and young people in care, and staff members to gather information about the service and to assess how well it is meeting the needs of the children and young people in care. Following the visit, a detailed report is produced detailing their findings. The report will highlight areas of strength and areas for improvement and will include recommendations for the fostering service to take forward. These reports are publicly available documents.

In 2007, Training Support and Development Standards (TSDS) for foster carers were also developed. TSDS form part of a foster carer's induction in the role. The standards set out what foster carers in England should know, understand and be able to do within the first 12-18 months after being approved. These are minimum standards for newly approved carers and despite a refresh in 2012 they present as dated, and as previously discussed carer groups are calling for improved standardised training that adopts a trauma-informed approach (Fosterwiki 2021), which is currently missing in these basic standards.



3. Conclusions: lessons and outlook for care reform

The UK public care system has been engaged in an ongoing process of deinstitutionalisation for close to 100 years. As a result, it is now one of the most established family-based alternative-care systems in the world. There are over 60,000 foster carers in England alone, many of whom have engaged in significant training and development and are able to meet the needs of some of the country's most vulnerable children and young people.

However, as the critical reflections in this paper have highlighted, this is no static accomplishment and there are significant challenges in the UK system. Despite some very successful and resilient care experienced people, there are poor outcomes for too many.

It is hoped the reflections provided in this paper offer valuable insights and lessons for policy actors, practitioners, foster carers, care experienced people, advocates, and activists in countries around the world who are seeking to improve their child welfare systems.



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