A profile of children referred to Barnardo’s fostering services in England

By the Policy Team and Research, Evaluation and Impact Team

Introduction

More and more children are being taken into care in England – over 72,000 were in care last year: the highest number since the mid-1980s.¹ Although the reasons for taking any individual child into care are complicated and unique for that child, possible explanations for the upward trend include growing family stress and dysfunction, social worker caution after high profile child protection cases, and better identification by local authorities of abuse and neglect. Barnardo’s works with some of these children through our family support, fostering, adoption and leaving care services.

Most children in care are fostered, with 53,000 (74%) living with foster carers in 2017.² For some, foster care can offer stability and security where they cannot return home or live with relatives, yet allows children to maintain contact with their birth families. Other children, with disrupted care experiences, may move in and out of multiple care placements and the family home. Of the 72,000 children in care in 2016-17, 10% of these had lived in 3 or more placements during the year.³

At the same time, local authorities are under increasing financial strain. Many have successfully managed to protect their children’s services budgets, finding other ways in which to cut costs.⁴ The reality is, however, that there is a looming financial crisis in children’s social care as rising demand is overtaking limited budgets. Inevitably, the cost of placements is a growing driver in decisions that local authorities are making on behalf of children in care.

Amongst the discourse on finances, commissioning and placements, the voices of those children and young people who come into care with very high needs are being lost. These children have often entered care when they are older, may have suffered

---

² Department for Education, Children looked after in England, March 2017, Table A2
⁴ National Audit Office, Children in Care, 2014
extreme abuse or neglect, experienced multiple placements whilst in care, and have very complex needs. The consequences of these early traumatic experiences can often be seen in children’s behaviour, including extreme anxiety, fear, controlling behaviours or aggression, depression, and a range of mental health or learning difficulties.⁵

Local authorities often struggle to place children with the most challenging behaviour and complex needs with their own in-house foster carers. With a national shortage of foster carers,⁶ local authorities tend to offer children who are “easiest to place” to their own carers, and then draw on independent agencies to provide additional placements.

Barnardo’s analysed the referral enquiries that it receives from a selection of local authorities in England during 2016.⁷ We examined the characteristics of these children and young people needing a foster care placement (1,482 in total), although there was only enough information to do detailed analysis on 630 of them. The figures provided in this report, therefore, are indicative of the level of need of children in our referral sample, but should be treated with some caution as the sample is not representative of the children referred to Barnardo’s fostering services as a whole.

We found that:

- 16% of children referred had issues relating to child sexual exploitation, often in addition to violent behaviour, self-harm, experience of domestic violence or drug use.
- 17% of children referred were unaccompanied asylum seekers or had been trafficked, having experienced extreme distress, loss and hardship.
- 6% of referrals for children indicated harmful sexual behaviour, sometimes combined with other information such as learning difficulties or having witnessed domestic violence.

Behind these statistics lie the day-to-day lives of individual children who need support and commitment, whether from their families or their foster carers. Foster care can be a place of support and healing for children who have endured severe trauma or abuse. Stable placements, informed and experienced carers, therapeutic support and unconditional acceptance can help children overcome their past experiences.

---


⁷ We looked at 1,684 referrals recorded from a selection of 18 local authorities between January and December 2016, for 1,482 individual children and young people. 630 referrals contained sufficient information for analysis purposes; the percentages quoted here are from this sub-set. Only a small proportion of the referrals result in an agreed match with a Barnardo’s foster carer.
However, the most vulnerable children need to be identified and their voices heard. When systems are changed or remodelled, either locally or nationally, the needs of the “hardest to place” should be given priority.

Recommendations

Local authorities should consider:

- Acknowledging and budgeting for the additional cost required to support children with higher needs, including for foster carer training and remuneration, higher intensity and out of hours social worker support for carers, and additional support for children from specialist services or therapists.

- Planning for a wide range of foster carers (whether recruited in-house or through independent fostering agencies), including those trained, prepared and supported to take children with the highest needs, so that there is sufficient placement choice to find a suitable match between a child and a carer.

- Providing as much information about a child as possible to foster carers before making a placement, allowing them to make an informed decision, which can help improve placement stability. This should include using a standard referral template from local authorities to independent fostering agencies and a secure communications system to transfer the data.

- Involving children in the decision-making process – before they come into care, when choosing a placement and moving between them, and in everyday life decisions – whilst not over-burdening them.

- Promoting placement stability where it is in the child’s best interests, such as putting in place extra support to prevent a good placement from breaking down, and only moving a child if it is the best choice for them.

The Department for Education should consider:

- Prioritising reforms that make foster care work for children and young people with the highest needs, such as re-designing the foster care system to improve matching, support specialist placements and promote placement stability. This could include:
  - Re-focusing decision-making so that children’s needs, and not cost, are the main driver.
- Standardising referral data to make matching children with potential carers easier and quicker.
- Funding and/or incentivising local authorities to fund foster placements with specialist support for children with higher or complex needs.
- Giving children a stronger voice in decision-making about their lives.

- Facilitating access to specialist support, whether provided internally or externally, such as therapeutic parenting, play and art therapy, CAMHS, support groups or activities, additional classroom support or access to special schools.

- Working with the Department of Health to improve access to specialist, tailored CAMHS support for children in care, including being offered an assessment by a mental health professional when coming into care.
The fostering system in England

Local authorities in England provide fostering for children either in-house or through an independent fostering agency (IFA). Local authorities recruit and train their own cohort of foster carers, to match the needs of the majority of the children needing care placements.

Independent agencies, which may operate just in one small area, or nationally, also recruit and train their own carers. The independent sector is diverse and IFAs may be run by charities and voluntary sector bodies or as for-profit companies. In general, IFAs tend to provide carers who are prepared and trained to support children with a higher level of needs and more challenging behaviour than local authority carers.

The referral process

Key:
LA = local authority
DSW = Barnardo's duty social worker
**The support that Barnardo’s offers**

Barnardo’s works with a team of dedicated foster carers in England who support children and young people with complex needs and often challenging behaviours. Being a foster carer – like being a parent – is not an easy task, but is often a hugely rewarding one. Our carers receive specialist training to help them support children with particular needs, such as those at risk of sexual exploitation. We give our carers intensive one-to-one support as well as providing an out-of-hours service to help carers with the day to day challenges of foster care.

**Barnardo’s analysis of referral data**

As part of its Family Placement work, Barnardo’s records all referrals for a foster care placement that it receives from local authorities to see whether a match can be found amongst our carers. Only a small proportion of these referrals result in a child being placed with one of Barnardo’s foster carers.

This report provides a profile of a sample of 1,648 referrals, for 1,482 children, made by local authorities to Barnardo’s for foster care placements in England between January and December 2016. This sample comprises about 10% of all the referrals that we received for foster care placements during the year. These referrals were analysed for demographic information and the type of placement required. Given the lack of information provided in many referrals (see below), we were only able to conduct a more thorough analysis looking for evidence of specific issues on a sub-set of 630 referrals (see Methodology Annex for more details and list of indicators).

The data includes five types of fostering placement requested by local authorities:

- **Short-term fostering** – usually an interim arrangement until a child can return to their birth family or a suitable long term placement is made.
- **Long-term fostering** – for children who cannot return to their birth family for months or years, if at all.
- **Parent and child placements** – supporting parents to develop their parenting skills, by living with a specially trained foster carer. These placements can help to keep families together.
- **Emergency placements** – provided at short notice to place children rapidly in a safe environment.
- **Remand placements** – commissioned as an alternative to custody for children who are awaiting court proceedings, or who have less than three months remaining on their custodial sentence and have been approved to serve it in a foster placement on their way back to living in the community.
Findings from our analysis of referral data

Note: referrals that are quoted in this report were chosen as they are representative of many children’s experiences, and do not describe identifiable experiences.

1. There is often too little information provided about children coming into foster care.

Of the 1,482 referrals about children coming into foster care, less than half (630, 43%) contained enough information to be included in the sample for analysis – and therefore only half had enough for a carer or fostering agency to use in finding the best match. In part, this seems to be because local authorities choose not to share information due to concerns about data protection.

The paucity of information about children coming into care placements is a known issue for foster carers and fostering agencies. The Fostering Network’s State of the Nation’s Foster Care 2016 report found that 31% of foster carers reported that they were ‘rarely’ or ‘never’ given all the information about their fostered child prior to placement. ⁸

Insufficient information in referrals can delay the process of finding carers for children, including in emergency situations, as staff time is wasted going back and forth with the local authority’s placement team and the child’s social worker. Indeed, in 2016 there were 1,684 referrals about 1,482 children,⁹ indicating that children can be referred for foster placements multiple times when placements end and/or when the local authority fails to secure a placement for them.

Failing to disclose information fully can also put children and carers at risk. If carers are not made aware of issues relating to a child’s identified needs or previous behaviour, they may be unable to make a full assessment of whether they will be able to care for them properly. There could also be risks to the child or to the carer or their family if sufficient information is not shared at the time of matching.

Of the 1,482 children referred to Barnardo’s in 2016, only 630 had sufficient information in their referral for us to identify to any extent why they had come into care, what their needs were, and/or what sort of foster carers they would need. We had to remove 57% (852 of the 1,482) of children from the data set, because their referrals contained nothing aside from basic information like age, gender, placement type and geographical location. Those children who were included in the analysis still had mostly incomplete data and, as a result, what could have been a rich source of learning about these children has been limited in its application. In addition, because of different local authorities using different referral forms, there was no consistency in the recording.

⁹ De-duplicated for the purposes of this research
2. Most referrals were for older children.

Of the 1,482 children whose referrals we analysed, 52% (774) were aged between 10 and 15. 35% were young teenagers between 13 and 15 (553), and 15 was the most common age (16% of all children referred, 241). By comparison, 39% of all children in care, and 29% of all children coming into care during 2015-16, were aged 10 to 15 (although this was still the largest single age range on both measures).\(^\text{10}\)

Evidence from research and practice is clear that young people in care need trusting relationships, stability, and carers who understand their past experiences to thrive.\(^\text{11}\) Neurological evidence indicates that children’s behaviour during adolescence shows a propensity for impulsivity and risk-taking, which can be exacerbated for those who have been maltreated in childhood and who lack a positive adult attachment figure.

As a result, older children and teenagers are harder to place with foster carers, as they are perceived as having more complex needs and a history of instability in early childhood, whether they were in care at that time or not. These are the children who form the majority of referrals made by local authorities to Barnardo’s and other independent fostering agencies.

**A selection of referrals to Barnardo's fostering services, by age (2016)**

![Bar chart showing age distribution of referrals to Barnardo's fostering services in 2016.](image)

\(^\text{10}\) Department for Education, Children looked after in England, March 2016, Tables A1 and C1

\(^\text{11}\) Research in Practice (for ADCS), Evidence scope: models of adolescent care provision, Susannah Bowyer and Julie Wilkinson, March 2013
3. There was a variety of different placement types in the sample, with the majority of referrals for a long-term placement.

13% (189) of children were referred by the local authority for an emergency placement. 29% (425) were referred for short-term placements and 35% (513) for long-term placements. Emergency placements may later be extended into a longer-term fostering arrangement.

Children may need to be fostered at short notice due to unforeseen events, such as a parent being taken into hospital (the referrals included a number of children whose mothers had been hospitalised with a mental health emergency), their previous placement breaking down unexpectedly, or due to an urgent child protection concern when the first priority is to get the child into a safe place. With those experiences, children often enter emergency foster care feeling disorientated or confused about what has happened, or may be traumatised by the events that brought them into care.

...police are in the process of going to the home address with the social worker to remove the children due to parental feuds and a fire arm being discharged yesterday. (Case note, 5-year-old girl)

Of the 189 children referred for an emergency placement, 58% (110) were boys and 40% (76) were girls. Older children and teenagers made up most of the emergency referrals (67%, 126 were aged 11 to 17).

Concerns around parental domestic violence, substance misuse, poor home conditions and instability within the family home. (Case note, 12-year-old girl)

Sibling placement to be placed together or separately. No information available other than mum's mental health has deteriorated (15-year-old girl, case note)

Using the sub-group of 630 referrals, one in four of the 124 children referred for an emergency placement were unaccompanied asylum-seeking children (25%, 31).

Finding long-term placements for children with high needs such as having suffered early trauma can be challenging, and it is essential that appropriate support is put in place for both children and carers, including therapeutic interventions.

4. 10% of referrals were for parent and child placements.

Specialist fostering placements for a parent and their child together are becoming increasingly popular with local authorities, in part due to the closure of residential mother and baby units. Although most placements are for younger mothers, they can also be used for women of any age where the local authority has concerns around their

12 All case notes cited are direct quotations from referrals.
parenting of children, including mental health difficulties, substance use and/or learning difficulties.

In general, placements tend to last for three to four months, while the foster carer assesses the parent’s and child’s needs and helps the parent develop their skills. If there has been sufficient progress made, parents may be able to return to their family home with their child. These placements require a very experienced foster carer who has been trained in supporting a parent and child placement. The carer needs to be able to help the parent to care for the child, rather than taking over the child’s care themselves.

In the referral data, 149 babies and their mothers were referred for a placement together (10% of 1,482 referrals), usually because there were concerns about the mother’s capacity to parent the baby, although in a small number of cases because the mother was in care herself. Most mothers were teenagers, with just a handful in their 20s, and some were care leavers. In some cases, the baby was not yet born.

[She] has had two...placement breakdowns, has concerning behaviour including self harm, harm to animals, and physically challenging behaviours. Was in a domestically violent relationship whilst pregnant and could not see the risks. Placement needed whilst an assessment is carried out to see if [she] is able to care for her baby. (Case note, 17-year-old girl)

Of the 39 parent and child referrals that we analysed from the analysis sample of 630, most had some complex need indicators for the mother or the child or both, such as learning difficulties and developmental delay.

[18-year-old mother] has ADHD, ASD, ODD. Can be hostile, negative and aggressive however has engaged well with outreach worker (Case note)

5. 16% of children referred had issues related to child sexual exploitation (CSE). Out of 630 referrals analysed, 16% of children (102) had issues related to sexual abuse, exploitation or grooming recorded. Where the referrals provided case notes, CSE was usually one of a number of factors indicated and rarely a single presenting issue. Other reported issues included violent behaviour – amongst girls and boys, although boys were more likely to have been involved with the Youth Offending Team – self harm (girls), absconding, experience of domestic violence, demonstrating challenging behaviours, and drug use.

Her child has been removed from her care due to her risk taking behaviours; concerns around alcohol and drug use, high risk CSE, theft and challenging behaviours. Concerns around poor mental health and low mood also (Case notes, 17-year-old girl).
Risk of CSE, missing, challenging, oppositional and disobedient behaviour, inappropriate sexual behaviour and language around other young people and children, self-harm, ADHD (medicated). (13-year-old girl, case note)

9% (55) of the 630 children whose case notes were analysed had ‘missing’ in their referral notes, which is known to be a risk factor related to CSE for children in foster placements.\(^{13}\) Of the 102 children with CSE markers recorded, however, only 20% (21) also had a marker for ‘missing’ or ‘absconding’. This is concerning as it is likely to be due to poor recording in referrals. Having a child go missing is one of the greatest challenges for foster carers, both practically and emotionally, but being prepared for the possibility when accepting a referral can help carers cope and put in strategies in advance to try to keep the child safe.

6. **17% of children were unaccompanied asylum seekers or had been trafficked.**

17% (104) of the referrals analysed (630) were for children who were unaccompanied asylum seekers or who had been trafficked. This group was the easiest to identify in the analysis as ‘UASC’ was usually given as the reason for care. However, very little else is recorded about them. Where needs were recorded, they had much in common with the rest of the referrals analysed, including suicidal thoughts, some offending, and mental health needs.

The minimal notes provided describe very difficult experiences for these children relating to their experiences before arriving or within the UK. The only detail provided tended to describe where the children were from (particularly the Middle East) and their proficiency in English, which varied greatly. Few referrals mentioned the mental or emotional health needs that almost all of these children will have, or the trauma they will have experienced, although some mention where a family member has been murdered or has died in transit to the UK.

[15-year-old boy] was found by police... his father was killed about 2 months ago and he has become separated from his mother and little sister... he has no support, financial or otherwise, and does not speak English. (Case note)

7. **12% of referrals described children showing extreme anger behaviours.**

12% (75) of the 630 referrals analysed indicated that children had violent or extreme anger behaviour.

---

There has been long-standing concern for the safety of [12-year-old-boy] in the parents' care. Parents have a long history of substance misuse, there has been significant domestic violence, and father has mental health difficulties...[he] has been verbally aggressive in school...he appears to find it difficult to respond appropriately to any negative situation. (Case note)

The children showing violent or extremely angry behaviour were of all ages. The behaviour was often manifested in abuse and/or threats to younger children, to parents and (much less frequently) to carers. Girls were more likely to be verbally aggressive than boys, but many were physically aggressive as well. The referrals for boys who exhibited these behaviours often had mentions of the Youth Offending Team (YOT), prison or remand, whereas referrals for the girls were less likely to mention engagement with the criminal justice system.

It is common for children who have experienced trauma to display challenging behaviours. Maltreatment in early childhood, such as through abuse or neglect, can have a physiological impact on brain development, including on those parts responsible for planning and reasoning, as well as self-regulation, mood, and impulse control. Maltreated children may also have developed attachment problems which can play out as controlling or aggressive behaviours.

33 referrals (5%) analysed noted offending behaviour, mostly by boys (72%, 24). The characteristics of these children were similar to those who exhibited violent or extremely angry behaviour.

CSE, drugs and alcohol, absconding, offending behaviour, non school attendance (15-year-old girl, case note)

...petty offending, shop lifting, history of sexualised behaviour - not to be placed with younger or children of similar age, CSE risk (13-year-old boy, case note)

8. 6% indicated harmful sexual behaviour.

Of the 630 referrals analysed, 6% (36) indicated that children were engaging in harmful sexual behaviour (HSB). This is lower than some other issues identified (such as CSE), and may be due to the limited information provided in a referral; HSB being a secondary issue for some children (such as with CSE); or due to recording. For example, a number of referrals state that the young person cannot be alone with children under 10, but do not explain why: previous HSB with young children is just one of several reasons why that could be the case.

---

14 Research in Practice, Fostering and Adoption: early childhood trauma and therapeutic parenting
http://fosteringandadoption.rip.org.uk/topics/early-childhood-trauma/
15 Excluding those with ‘rape’ as a marker, as it was difficult to separate out victims and perpetrators.
History of neglect and sexual abuse. [11-year-old boy] displays highly sexualised behaviour and is assessed as posing high risk to other children. Requires a solo placement with two carers. (Case note)

Research suggests that children who engage in harmful sexual behaviour are more likely to have grown up in homes where moral, social and emotional boundaries have been breached and where they have experienced profound neglect together with physical, emotional and especially sexual abuse. In addition, they are likely to have frequently endured multiple separations from parents or rejection by family. Low self-esteem, attachment anxieties and difficulties in forming relationships are common in young people displaying harmful sexual behaviour (HSB) as they have generally been denied opportunities to develop socially, emotionally and intellectually. They also tend to show a high degree of secretive behaviour and untruthfulness, together with anger-related and traumatised behaviours such as bed-wetting and self-harm. Learning disabilities are disproportionately a feature of young people displaying HSB.

9. 8% of children were referred more than once during the year.

8% of the children referred during 2016 had duplicate referrals (119 out of 1,482). Whilst 61% of these (73) were referred twice between January and December 2016, 34% (41) were referred three to four times, and a handful (5) were referred five or more times.

Some of these referrals were made only a week apart, suggesting that local authorities could not find a match for that child with a foster carer, and so sent out a subsequent referral. Others were scattered throughout the year, perhaps indicating that a placement had been made and then ended, or that a child had returned home and come back into care during the year. In most cases, the information made in a child’s multiple referrals was identical – even if they were made more than a month apart – so the referral data did not give any indication of what had happened to the child in the intervening period.

---

Annex: Methodology

This research explores all the fostering referral enquiries that a selection of local authorities in England (those which allow Barnardo’s to analyse their referrals data for research purposes) made to Barnardo’s between January and December 2016. These make up approximately 10% of the total number of referrals Barnardo’s received in this time period (16,488).

To clean the data set, we first removed all referrals that were for short breaks only (planned short-term breaks for children away from their birth families or carers, often used for children with physical disabilities), giving a total of 1,684 fostering referrals. We then removed all duplicate referrals for the same child (leaving 1,482 referrals), to obtain an overall picture of referrals in terms of placement type and demographics (age and gender).

For the content analysis, we further refined the data set by removing all children whose referrals did not contain sufficient data to know anything about a child beyond basic information (age, gender, referral date, placement type) – 57% of referrals (852) in total were removed from the 1,482 total. This left 630 referrals that we could use for analysis purposes.

We then carried out content analysis based on a set of pre-determined categories of need and/or behaviour, including:

- Harmful sexual behaviour
- Child sexual exploitation and abuse
- Missing episodes and absconding
- SEN/Special Needs
- UASC/trafficked

For each category, we developed key words and combinations of words to identify where these were issues for the child being referred, then tallied and cross-tabulated the appearance of these key words with other factors and demographic data to create our analysis. We did not carry out qualitative analysis of responses to open-ended questions in the referral form, beyond an initial thematic reading and pulling out of representative examples.