Barnardo's analysis of foster care referral data in England

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Introduction

More and more children are being taken into care in England – over 70,000 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 disfunction, 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 52,000 (74%) living with foster carers in 2016.[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. Nearly 32,000 children and teenagers ceased to be "looked after" across England in 2015-16, and of these 14% had lived in 5 or more placements during that period of care.[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 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.[6] With a national shortage of foster carers, 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 local authorities during 2016.[7] We examined the characteristics of these children and young people needing a foster care placement (11,540 in total), although the amount of detail provided in many referrals was so limited that we could use only half of the referrals (5,748) for our detailed analysis. This means that the figures provided in this report are indicative of the level of need of children in our referral sample, but should be treated with some caution.

We found that:

- Nearly one in ten children referred (9.5%) had issues relating to child sexual exploitation, often in addition to violent behaviour, self-harm, experience of domestic violence or drug use.

- 9% of children referred were unaccompanied asylum seekers or had been trafficked, having experienced extreme distress, loss and hardship.

1 Department for Education, Children looked after in England, March 2016, SFR41/2016; SFR34/2015

2 Department for Education, Children looked after in England, March 2016, Table A2

3 Department for Education, Children looked after in England, March 2016, Table D4. 4,500 of the 31,710 children who ceased to be looked after in 2015-16 had 5 or more placements during that period of care.

4 National Audit Office, Children in Care, 2014

5 Research in Practice, Fostering and Adoption: early childhood trauma http://fosteringandadoption.rip.org.uk/topics/early-childhood-trauma/

6 https://www.thefosteringnetwork.org.uk/media-release-news/2016/over-9000-more-fostering-households-urgently-needed-during-2016

7 There were 16,488 referrals recorded from 94 local authorities between January and December 2016 about 11,540 individual children and young people. 5,748 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.

- 4% of referrals for children indicated harmful sexual behaviour, sometimes combined with other information such as learning difficulties or having witnessed domestic violence.

- Nearly one in ten children referred (9%) had special educational or complex needs identified, such as diagnosed or undiagnosed learning difficulties, global developmental delay, ADHD and Autism.

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.

However, the most vulnerable children need to be identified and their voices heard. When systems are changed or remodeled, 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.

- 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 external specialist support, such as therapeutic parenting, CAMHS, support groups or activities, additional classroom support or access to special schools.

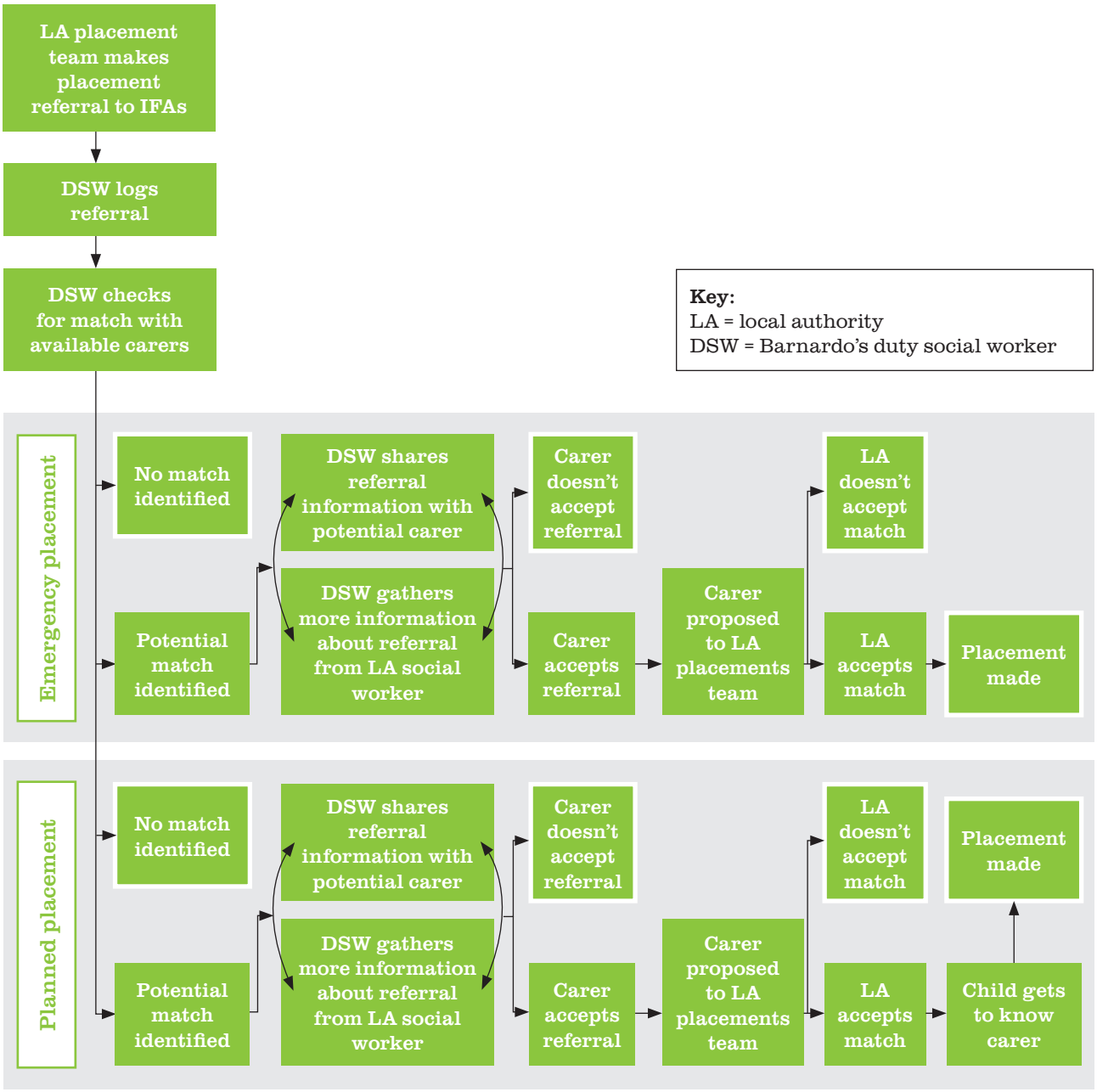
- Working with the Department of Health to improve access to specialist, tailored CAMHS support for children in care, including being offered an assessment by a mental health professional when coming into care.

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



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 that it receives requesting foster placements. This research explores all the referral enquiries that local authorities in England made to Barnardo's between January and December 2016. There were 16,488 referrals made for 11,540 individual children and young people during this period, excluding short breaks.[8] Only a small proportion of them will have led to a child being placed with one of Barnardo's foster carers.

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.

The data set was refined to remove duplicate referrals for a single child (reducing the 16,488 referrals to 11,540), then further reduced to only those referrals with sufficient information to learn something about the child aside from basic demographics and reason for placement (5,748 referrals). We then carried out content analysis on these referrals, seeking out indicators of pre-determined issues (see methodology annex for more details and listing of indicators).

8 "Short breaks" (sometimes called respite or shared care) are planned short-term breaks for children away from their birth families or carers. They are a standard component of most foster placements, and are also used by parents of children with physical disabilities.

Findings from analysis of referral data

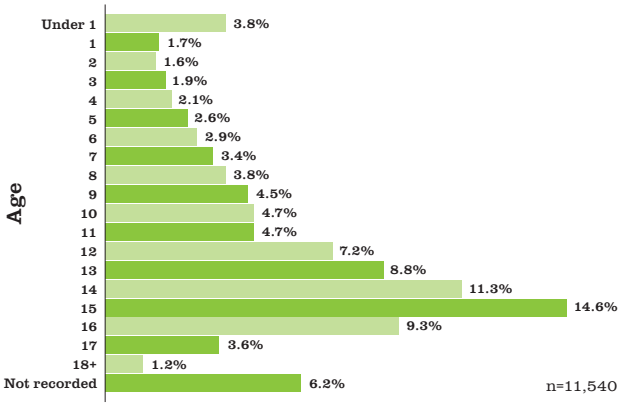
Note: referrals that are quoted in this report were chosen as they are representative of many children's experiences, and do not describe unique experiences.

1. Most referrals were for older children.
Of the 11,540 children referred in 2016, 51% (5,928) were aged between 10 and 15. Over a third were young teenagers between 13 and 15 (35%, 4,013), and 15 was the most common age (15% of all children referred, 1,683). 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).[9]

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.[10] 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 or not. These are the children who form the majority of referrals made by local authorities to Barnardo's and other independent fostering agencies.

Referrals to Barnardo's fostering services, by age – 2016



2. One in six children was referred as an emergency.
16% (1,850) of children were referred by the local authority for an emergency placement. Over a quarter (28%, 3,270) were referred for short-term placements and a third (33%, 3,849) 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 including 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.

> [Four-year-old boy] has attended school with [bruising], when questioned he became angry and started shaking, children are [sic] reported to be withdrawn and lacking stimulation. (Case note)[11]

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.

Of the 1,850 children referred for an emergency placement, 57% (1,060) were boys

9 Department for Education, Children looked after in England, March 2016, Table C1
10 Research in Practice (for ADCS), Evidence scope: models of adolescent care provision, Susannah Bowyer and Julie Wilkinson, March 2013
11 All case notes cited are direct quotations from referrals.

and 40% (734) were girls. Older children and teenagers made up most of the emergency referrals (60%, 1,117 were aged 11 to 17).

> Concerns re domestic violence, family require period of structured help. (One-year-old girl. Case note)

> Placement required due to mothers deteriorating mental health state and the behaviour of sibling. (Seven-year-old girl. Case note)

Using the analysis group of 5,748 referrals, we also looked at the characteristics of children referred for an emergency placement (944 referrals). One in five of these (20%, 191) were unaccompanied asylum-seeking children. One in ten referred for an emergency placement (10%, 93) had identified violent behaviours, and CSE was an issue for 8% (73) in emergency placements, which was lower than average across all 5,748 analysed referrals.

3. At least 8% 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 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 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 care themselves.

In the referral data, 922 babies and their mothers were referred for a placement together (8% of 11,540 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 small proportion in their 20s or 30s, and some were care leavers. In some cases, the baby was not yet born.

> Mother and baby placement needed today ... [Mother] has issues with substance misuse, alleged prostitution, CSE, offending, alcohol, age unknown. (Case note)

Of the 408 parent and child referrals that we analysed from the analysis sample of 5,748, most had some complex need indicators for the mother or the child or both, such as learning difficulties and developmental delay. Almost 20% (77 referrals) of the parent and child referrals also included domestic violence indicators. In general, however, the types of issues experienced by parents, like CSE, abuse or mental health needs, were not dissimilar from those in the wider group of referrals, except that they involved a baby or young child as well.

> Baby born today, [teenaged] mother has history of drug taking, it is her first baby, has been in DV relationship, father currently in jail. (Case note)

4. Nearly one in ten children had issues related to child sexual exploitation (CSE).
Out of 5,748 referrals analysed, 9.5% of children (548) had issues related to sexual abuse, exploitation or grooming recorded. The children with CSE markers in their referrals were disproportionately female – 89% (490) of them were girls and just over 10% (55) were boys. Most of the girls were aged 13 to 17, and most of the boys 13 to 16, with a handful as young as nine.

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.

[Teenaged girl] has SEN [Statement of Educational Needs], is high risk CSE, has suffered chronic emotional abuse by parents, ...has a boyfriend in prison, has been threatening to stab people. (Case note)

CSE, Arson ... offending behaviour, challenging behaviour, non school attender, risk taking behaviours, solvent drug misuse and absconding. (14-year-old girl. Case note)

Only 5% (295) of the 5,748 children referred had 'missing' in their referral notes, which is known to be a risk factor related to CSE for children in foster placements.[12] Of the 548 children with CSE markers recorded, however, only 13% (71) 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.

5. 9% of children were unaccompanied asylum seekers or had been trafficked.
9% (536) of the referrals analysed (5,748) were for children who were unaccompanied asylum seekers or who had been trafficked. 88% (472) of these were boys and only 11% (57) of them were girls. Most of them were aged 12 to 17, and very few were under 10.

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. Often they had been found wandering on their own, or in very poor living conditions with other children. The notes tend to describe solely where the children were from (particularly the Middle East and North Africa) 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.

Police referral received re concerns around suspected trafficking, the home conditions are very poor with cockroaches, exposed wires, smell of urine.
(Two-year-old boy. Case note)

[15-year-old boy] ... entered into the UK through Turkey. [He] states that his mother was killed ... by a drone strike and he was separated from his father [en route].
(Case note)

6. One in ten referrals described where children were showing extreme anger behaviours.
10% (578) of the 5,748 referrals analysed indicated that children had violent or extreme anger behaviour, of which 64% (371) were boys and 35% (201) were girls. The children were of all ages.

[11-year-old boy] has diagnosis of ADHD, has witnessed DV, has violent and aggressive behavior, has made threats ... to current carers. (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.

12 University of Bedfordshire, Evaluation of Barnardo's Safe Accommodation Project for sexually exploited and trafficked young people, May 2013, http://www.barnardos.org.uk/barnardo27s-sa-project-evaluation-full-report__3_.pdf

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.[13] Maltreated children may also have developed attachment problems which can play out as controlling or aggressive behaviours.

> [Six-year-old boy] has displayed some very challenging behaviours; he can be very aggressive and verbally abusive towards his foster carers, which is felt to be due to his exposure to DV. (Case note)

216 referrals analysed noted offending behaviour,[14] mostly by boys (71%,153). The characteristics of these children were similar to those who exhibited violent or extremely angry behaviour.

> [11-year-old girl] has been exposed to neglect, domestic violence, alcohol misuse, criminal offending and sexual abuse allegations...[she] is currently on the waiting list to receive support around anger management. (Case note)

> [15-year-old male] was placed in an alternative placement less than two weeks ago and this has broken down due to aggression, assault on staff, damage to property. (Case note)

7. 4% indicated harmful sexual behaviour. Of the 5,748 referrals analysed, 4% (235) 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.

Of the 235 referrals which noted HSB, 63% (149) were boys and 37% (86) were girls. A quarter of the children (26%, 62) were aged 10 or younger, with the majority (60%, 141) aged 11-15, and only 12% (29) aged 16 or 17.

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.[15] In addition, they are likely to have frequently endured multiple separations from parents or rejection by family.[16] 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.[17] Learning disabilities are disproportionately a feature of young people displaying HSB.[18]

In some cases analysed, HSB appears as the primary piece of information about a child in the referral notes.

> Awaiting assessment due to sexualized behaviour and previous male sex offender in the home. (5-year-old girl. Case note)

> [Child] is at risk from [sic] physical harm due to her own behaviours, has highly sexualised behaviour which has led to hospitalisation, she is desperate to be part of a family. (7-year-old girl. Case note)

13 Research in Practice, Fostering and Adoption: early childhood trauma and therapeutic parenting http://fosteringandadoption.rip.org.uk/topics/early-childhood-trauma/

14 Excluding those with 'rape' as a marker, as it was difficult to separate out victims and perpetrators.

15 Milner J (2008) Solution-focused approaches to caring for children whose behaviour is sexually harmful. *Adoption and Fostering*.32 (4), p.42-51

16 Pollock S and Farmer E (2001) Substitute care for sexually abused and abusing children. *Adoption and Fostering*, 25(2), p.56-59,Summer

17 Milner J (2008) Solution-focused approaches to caring for children whose behaviour is sexually harmful. *Adoption and Fostering*.32 (4), p.42-51

18 Farmer E and Pollock S (2003) Managing sexually abused and/or abusing children in substitute care. *Child and Family Social Work*,8(2),p.101-112,May

It was more common, however, that HSB was combined with other issues within a child's referral.

> Has shown sexualised behaviour ... has been cruel to animals, needs clear routines and boundaries, has witnessed DV. (7-year-old boy. Case note)

> [Young person] has highly sexualised behaviour and should not be placed with other [young people], has learning difficulties, is presenting with post traumatic symptoms, requires therapeutic intervention. (8-year-old boy. Case note)

8. Nearly one in 10 referrals were for children who had special educational or complex needs identified.
518 of the 5,748 children referred (9%) had some sort of non-medical, special educational[19] or complex need identified – diagnosed and undiagnosed[20] learning difficulties, special educational needs or disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Asperger's and Autism, as well as the small number (35) simply described as having "complex needs".

Of the 518 children referred with complex needs, 70% (364) of them were boys and only 30% (153) were girls. Most of them (50%, 258) were aged 11 to 15, with a quarter (27%, 139) aged 5 to 10. 19% of this group of referrals also had violent or angry behaviour identified.

In some cases, these special needs are the only information provided about the child.

> [10 year old boy] has global developmental delay with very limited speech; generally a happy child however does have temper tantrums. Needs a high level of support with daily tasks such as eating, dressing, cleaning himself. (Case note)

For other children, complex or special educational needs were just one part of a larger experience of needs.

> [12 year old girl] requires an experienced placement with highly experienced carers who are confident and skilled in working with children who have global developmental delay, learning, and attachment difficulties. It is also important that the carers have understanding and experience of working with a child who has suffered physical and sexual abuse. (Case note)

A small number of referrals provided substantial information about the child, making it more likely that any match found would be aware of the level of needs and be able to put in place strategies to support the child.

9. One in five children were referred more than once during the year.
20.8% of the children referred during 2016 had duplicate referrals (2,409 out of 11,540).[21] Whilst just over half of these (1,351) were referred twice between January and December 2016, a third (827) were referred between 3 and 5 times, and a handful (39) were referred 10 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.

19 The Children and Families Act 2014 defines a child or young person as having special educational needs "if they have a learning difficulty or disability, which requires special educational provision to be made for them." A child or young person is defined as having a learning difficulty or disability "if they have a significantly greater difficulty in learning than the majority of others of the same age, or if they have a disability which prevents or hinders them from making use of facilities provided for other children of the same age in mainstream schools or post-16 institutions."

20 E.g. a number of referrals mention Global Developmental Delay (GDD), which is the general term used to describe a condition that occurs during the developmental period of a child between birth and 18 years. It is usually defined by the child being diagnosed with having a lower intellectual functioning than what is perceived as 'normal'.

21 The data included 4,947 duplicate referrals, in which children were referred more than once for a foster care placement with an independent fostering agency. These duplicates were removed prior to analysis (reducing the total referrals from 16,488 to 11,540).

10. There is often too little information provided about children coming into foster care.
Of the 11,540 referrals about children coming into foster care, only half (5,748, 50%) 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.[22]

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 16,488 referrals about 11,540 children,[23] indicating that children are often 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 11,540 children referred to Barnardo's in 2016, only 5,748 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 43% (4,947 of the 11,540) 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.

22 https://www.thefosteringnetwork.org.uk/policy-practice/policies/state-nations-foster-care-2016
23 De-duplicated for the purposes of this research

Annex: Methodology

This research explores all the fostering referral enquiries that local authorities in England made to Barnardo's between January and December 2016.

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 16,488 fostering referrals. We then removed all duplicate referrals for the same child (leaving 11,540 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) – 43% of referrals (4,947) in total were removed from the 11,540 total. This left 5,748 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.

All images are posed by models.

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