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Outcomes from fostering: Insights from BERRI data

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Executive summary

We are currently experiencing a period of great change and political urgency as the country braces itself for voting in a new government. For those of us working in children's social care, we want to ensure important questions about the future of foster care are considered, and that political parties are encouraged to put forward a positive vision for the future of children's social care.

As the UK's leading representative body of independent fostering agencies (IFA), we at the NAFP (National Association of Fostering Providers) want to create better outcomes for children who are in foster care. In particular, IFAs play an integral role in ensuring the safe care of vulnerable children in foster care, and have done so for decades.

Independent fostering agencies are skilled in their ability to recruit and retain foster carers to offer high quality services, which is why they are now responsible for 46% of fostering families in England. Independent and local authority providers are equally frustrated at the bureaucracy that obstructs vulnerable children's ability to be placed in the right home at the right time.

Regardless of the result of the next general election, we want to work with the next government to develop greater strategic oversight of foster care, and ensure that foster carers can get the support they need so that they can give foster children the love they deserve.

This study examines the experiences of young people living in foster care over a number of years to paint an accurate picture of their experience of foster care.

The study demonstrates that, when "complex" children are in a foster care family placement facilitated by one of our services, they demonstrate comparable levels of progress as shown by younger and "less complex" children in a local authority provided foster family.

Following on from this study, we seek to make policy recommendations which could improve the experiences of all foster carers, and most importantly, the lives of children in their care. Our key recommendations to government are:

- In close collaboration with local authorities and IFAs, the government should consider developing a dedicated foster care strategy that includes a more streamlined approach to commissioning and improve transparency behind government decision-making. As part of its strategy development, we want the government to:
 - o Acknowledge that a mixed economy approach to foster care is the most efficient model and improves outcomes for vulnerable children; and
 - o Advocate for the removal of unnecessary hierarchies and obstructive bureaucracy in local authorities, meaning that local authorities could immediately refer children in their care to IFAs.
- The government must commit to increasing the number of foster carers available to care for children. Recent efforts to do this have been welcome, but greater commitment is required to ensure all children have access to a stable and loving home.

Developing a national approach to commissioning fostering services would further remove unnecessary bureaucracy that stops children from being placed in the right home.

The system we currently have has evolved in reaction to emergency after emergency. For children's social care to flourish, we need the next government to prioritise developing a strategy in close collaboration with all foster care services. With 70% of all children in care living with a foster care family, the next government must prioritise a dedicated foster care strategy.

This report lays bare the importance of a dedicated foster care strategy, and we look forward to working with the next government so that vulnerable children can be in safe, loving homes faster with less inefficient bureaucracy.

Harvey Gallagher

NAFP CEO

Background context

In 2023, there were 83,840 children in care in England (ONS, 2023) and 105,400 in the United Kingdom (NSPCC, 2024). Research has consistently shown that children in care face significant challenges and have higher rates of behavioural and mental health problems when compared to the general population (Hiller et al., 2020; Sanders, 2020; The National Institute for Health and Care Excellence [NICE], 2021).

Foster care is the most common placement type in the UK, accounting for 70% of children in care in 2022 (Gov. UK, 2022). A national survey found that children in care were five times more likely than their peers to meet the diagnostic criteria for a psychiatric disorder (Ford et al., 2007). Furthermore, children in care are 50 times more likely than their peers to experience poorer educational and employment outcomes, as well as greater rates of sexualized behaviour, criminal convictions, attention difficulties, and homelessness, which partially result from their emotional and behavioural issues (Gov.UK, 2023; Hiller et al., 2020; Knight, et al., 2006; NICE, 2021; Roberts et al., 2017; Svoboda et al., 2012).

Growing evidence suggests that trauma and adversity during sensitive developmental periods can lead to a cascade of attachment- and trauma-related symptomatology, such as persistent emotional dysregulation, disorganised attachments, and difficulties with attention and conduct. On the other hand, some research suggests otherwise in that children in care have better life outcomes than children who were at a similar level of risk, but who were not removed from their family of origin (Luke & O'Higgins, 2018) and children in foster care have better educational outcomes than children in need that remain within the birth family (Sebba et al., 2015). The difficulties for children in care are frequently further exacerbated by their experiences in care (Jackson & Thomas, 1999; Quinton & Murray, 2002) which often involve multiple placement breakdowns, discontinuities and maltreatment, with these factors likely to contribute towards more emotional and behavioural difficulties compared to the children with stable placements (Carlson et al., 2019; Goemans et al., 2016; Rubin et al., 2007).

Trauma and relational/attachment

The common reasons for children arriving in foster care are maltreatment and neglect (Jackson et al., 2014); experiences which can negatively affect a child's emotional, behavioural, and academic development, and consequently put looked after children at an elevated risk of experiencing mental health problems and subsequent difficulties with social integration in adulthood (Owusu-Bempah, 2010; Viner & Taylor, 2005). Moreover, these factors have been shown to have a negative impact on children's developing attachment, leading to insecure patterns (Hillman, Cross, & Anderson, 2020).

Attachment is a pivotal factor in outcome for children in foster care. Children removed from their birth parents after infancy intrinsically lack the opportunity to develop a secure attachment from a consistent caregiver, which is a well-evidenced protective factor in the face of childhood trauma (Liebermann et al., 2005; von Cheong et al., 2017;). Children in care bring with them their own generalised representations of what relationships with others are like, which Bowlby called 'Internal Working Models'; they capture the child's understanding and expectations of themselves, others, and the world around them, and become increasingly automatic (Bowlby, 1980). Fahlberg (1994) explains that "children, particularly young children, believe that their lives are 'normal'. They are incapable of comparing their own situation with that of others. They incorporate their own experiences into their overall view of what family life is like and take these perceptions and their own reactions to them into any new settings" (p.232). If they have experienced maltreatment, they take those expectations about themselves, caregivers and the nature of the world into their new placement.

Children who have experienced chronic trauma, in the form of maltreatment and serious parental health problems and/or substance abuse, tend to have more severe and persistent complex traumatic stress reactions which go beyond the recognised diagnostic criteria for PTSD (Ford, 2011). Much of trauma is relational, given that it has emerged from harmful attachment interactions over a period of time between parent/carer and child and this has resulted in the child developing negative representations of themselves, others and the nature of the world (Glaser, 2002). Persistent childhood trauma affects

all aspects of child development leading to interpersonal difficulties as well as more psychiatric ones (Bernet & Stein, 1999; Lippard & Nemeroff, 2020). Relational harm is "more strongly predictive of subsequent impairments in the child's development than the severity of physical abuse" (Glaser, 2002).

In her seminal text on recovery from trauma, Herman (2022) says "...repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defences." Herman explains "The survivor is left with fundamental problems in basic trust, autonomy, and initiative. [She is] burdened by major impairments in self-care, in cognition and in memory, in identity, and in the capacity to form stable relationships. She is still a prisoner of her childhood; attempting to create a new life, she reencounters the trauma".

Foster care provides the strong possibility for the intimate, warm, responsive, stable and reliable relationship that will help the child replace the more negative representations with more positive ones. Foster carers can provide what Balbernie (1989) describes as therapeutic parenting, a corrective emotional experience that occurs when key experiences that were missed can be experienced in a substitute setting that offers safety and can be trusted.

Efficacy of foster care intervention

While there remains limited comparative research, evidence suggests that mental health may be poorer for those in residential placements (or other non-family-based placements) as opposed to foster care (Dubois-Comtois et al., 2021; Xu & Bright, 2018). Those who have unstable placements are more likely to experience adverse impacts on behavioural problems (Dubois-Comtois et al., 2021; Konijn et al., 2019). Meanwhile, increased exposure to cumulative maltreatment potentiates the risk of mental health symptomatology (McGuire et al., 2018) and suicidality (Taussig et al., 2014).

Herman (2022) explains that “Recovery unfolds in three stages. The central task of the first stage is the establishment of safety. The central task of the second stage is remembrance and mourning. The central focus of the third stage is reconnection with ordinary life.” Walsh (cited in Pughe & Philpot, 2007) defined recovery as “the child having internalised her attachments and consolidated her emotional development to a point where these can be successfully transferred to other environments and relationships. The child is then deemed to have the potential to achieve to full ability in all aspects of her life” (page 112). The aspects of life that indicate this recovery are summarised under the six themes of learning, physical development, emotional development, attachment, identity and social and communicative development. These are all seen to flow from the establishment of safety, and positive experiences of attachment.

Fostering agency versus local authority delivered foster placements

Within England, the majority (46%) of foster care households are directly delivered by local authorities (in-house), however this is closely followed by independent fostering agencies (IFAs), who make up 43% of fostering households, with the remainder in friends and family households (Ofsted, 2023). IFAs are more likely to offer solo placements which is why the number of children cared for in them is slightly lower than the proportion of fostering households. However, the proportion of fostering places offered by IFAs within England has also risen, originally accounting for 42% of filled fostering places in 2019, which in 2023 had risen to 47% (Ofsted, 2023).

Despite the rising use of IFAs, it has been highlighted that the relationship between local authorities and IFAs is complex and there are reports of mistrust between organisations (Baginsky et al., 2017). This has led to conflicting perspectives and policy challenges about costs and benefits, overlaid on existing issues of supply and demand within foster care.

Since IFAs were introduced within the UK, they have aided in the foster carer recruitment difficulties faced by local authorities (Sellick, 1999), where local authorities have limited capacity to care for the number of children entering care, especially children with more complex needs who require more specialist foster placements (Baginsky et al., 2017). IFAs tend to be associated with a greater cost for the local authority than if the local authority kept foster placements in-house, though not to a degree that should influence the decision about the right placement (Narey & Owers, 2018; Sellick, 2007), and some have suggested any differential in cost is at least partially due to the greater complexity of needs that children placed within IFA care have (Narey & Owers, 2018). As a result, views of IFAs tend to be divided and cause for much debate, with some viewing IFAs as focused on profit (although some IFAs are charities, social enterprises or have other not-primarily-for-profit structures), whilst others believe they are innovative in developing a holistic approach to fostering children (Sellick, 2011).

In relation to the differences between in-house local authority foster placements and IFA placements, Narey & Owers (2018) noted that IFAs invest more into support and training for foster carers, and social workers within IFAs tend to have smaller caseloads than those in local authorities. Studies suggest that IFAs tend to care for children with more complex needs, such as older children, children with higher scores on the Strengths and Difficulties Questionnaire, those with special educational needs, and those with substance misuse difficulties (Narey & Owers, 2018). However, this may be influenced by local authorities tending to follow an 'in-house first' policy where a suitable foster placement is first sought within in-house local authority foster carers (Narey & Owers, 2018), and instead use IFAs as a last resort when an appropriate in-house foster carer cannot be found (Sellick, 2011).

Whilst some comparisons between public and private foster care have been evidenced within Western nations, there is a paucity of conclusive research within this area (and no studies from the global south were identified). Academics within the US have examined public vs private foster care with mixed results. Griffiths et al. (2021) found private foster care advantageous, as private foster carers were overall more satisfied than public foster carers, reported they felt more prepared for fostering and were more willing to accept teenagers and children different from themselves. Furthermore, Kessler et al. (2008) evidenced that care leavers in private foster care within the US had better psychological and physical outcomes than those within public foster care. Conversely, research within the US has suggested that private foster care is associated with a higher incidence of multiple placements (Steen & Duran, 2013). Given the mixed findings from the US, it is unsurprising that other research within the US has concluded that one type of foster care does not appear to be superior to the other, but that both have different advantages or strengths (Huggins-Hoyt et al., 2019; Steen & Smith, 2012).

Within research conducted regarding UK private foster care agencies, views on IFAs have tended to be positive. It is well evidenced that foster carers within IFAs have higher levels of satisfaction than in-house local authority carers, particularly due to the support services and the educational and therapeutic services provided by the agencies (Sellick, 2011). Additionally, children and young people within private foster care have expressed high levels of satisfaction with the care they receive, their IFA social worker and with the activities and support provided by the IFA (Selwyn et al., 2008). This was further supported by reports from local authority social workers, where it was concluded that 97% of IFA cases were going well or quite well (Selwyn et al., 2008). Finally, where the quality of care provided by IFAs has sometimes been brought into question, Narey & Owers (2018) found no clear differences between in-house local authority foster placements and IFA placements, and, in 2023, 96% of IFAs were deemed by Ofsted as good or outstanding.

Despite this, much still remains unknown about the differences in outcomes, health, education and security for those within IFAs compared to those within in-house foster placements in the UK.

Methods

The authors sought to explore what could be learnt about the differences between local authority and IFA placements from data collected on BERRI across a wide sample of local authorities and placement providers since 2021.

Measures

BERRI is an online assessment tool that measures children in care's psychological needs in 5 domains: Behaviour, Emotional wellbeing, Relationships, Risks, and Indicators (of neurodevelopmental and psychiatric conditions) that has been widely used to map the psychological needs of children in care within the UK (BERRI, 2015). The BERRI assessment also collects information relating to demographics (birth year, gender, placement type) and recent life events (i.e., experiences in the past 3 months that may affect a child's psychological needs). BERRI is used within care organisations and local authorities, and the data is routinely collected from carers and professionals (such as foster carers, children's residential home staff, social workers, teachers, therapists and other members of the care team).

Psychological needs were measured using the 5 BERRI subscales (Behaviour, Emotional Wellbeing, Relationships, Risk and Indicators) and an overall total BERRI score. For each of the subscales, carers rate a number of items based on their frequency and difficulty to manage using a 0-4 Likert scale. These scores are then multiplied together to give a challenge score from 0-16 for each item. Challenge scores are totalled for each subscale to give separate Behaviour, Emotional Wellbeing, Relationships, Risk and Indicators scores. All subscale scores are also totalled to give an overall total BERRI score. Higher subscale and total BERRI scores indicate a higher level of psychological need. BERRI has been shown to be reliable, valid and sensitive to change, with a factor structure that is clinically meaningful (Viziteu et al., 2024).

Sample

The data used was secondary naturalistic data extracted from samples where the online BERRI tool was used by local authorities or private care providers regarding children in care. Records were included if they were in foster care, residential care or supported accommodation.

The overall sample consisted of all BERRI assessments completed for 2473 children in care, of whom 467 children were in foster care during at least one time point that BERRI was completed. Within this, 247 were in an independent fostering agency placement, 195 were in in-house local authority foster placements, 7 were within special needs foster placements and 18 did not specify the type of foster placement that the child was in.

In conducting the analyses, subsamples of the overall dataset were formed and utilised to address specific research questions appropriately.

Data collection and analysis

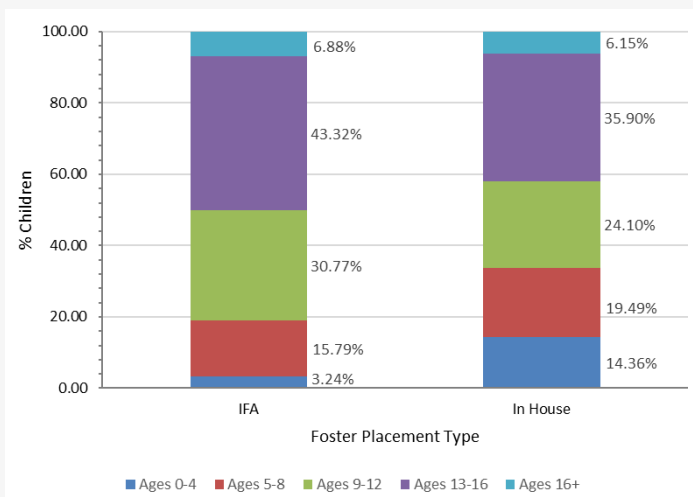
Anonymised routinely collected data containing birth year, gender, placement type, BERRI assessment date, BERRI total and subscale scores, and recent life event information was extracted from BERRI records completed between January 2021 and April 2024 by local authorities and private care organisations within the UK. A range of analyses were conducted to explore the demographics and psychological wellbeing of children in each sample, using R statistical Software.

Findings

Age

As demonstrated in the graphs below, IFAs appear to have a smaller percentage of 0-4 and 5-8 year olds than in-house foster placements and a greater percentage of 9-12 and 13-16 year olds, although both types of foster placement care for a similar percentage of children aged 16+.

The Percentage of Children in IFA and in-house Foster Care by Age

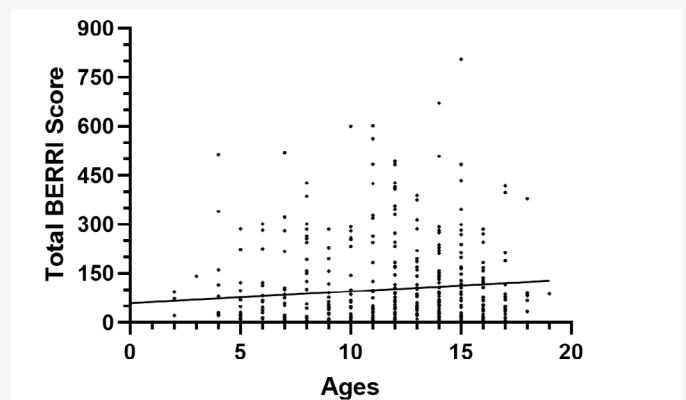


Placement Type	Median Age	Mean Age	SD
IFA	12.00	11.85	3.71
In-House	11.00	10.53	4.92

A Mann-Whitney U was performed to assess the difference between the median ages of each group. The test found a significant difference between the median values, showing that children in IFA's are significantly older than those in In-house foster placements.

A Spearman's Rank correlation analysis revealed a statistically significant moderately positive correlation between age and BERRI score. This indicates that as a child's age increases, their BERRI score tends to increase as well. This shows that older children tend to be more challenging, although this is a relatively weak relationship (as can be seen from the shallow gradient of the line of best fit).

Age vs Total BERRI score for fostered children

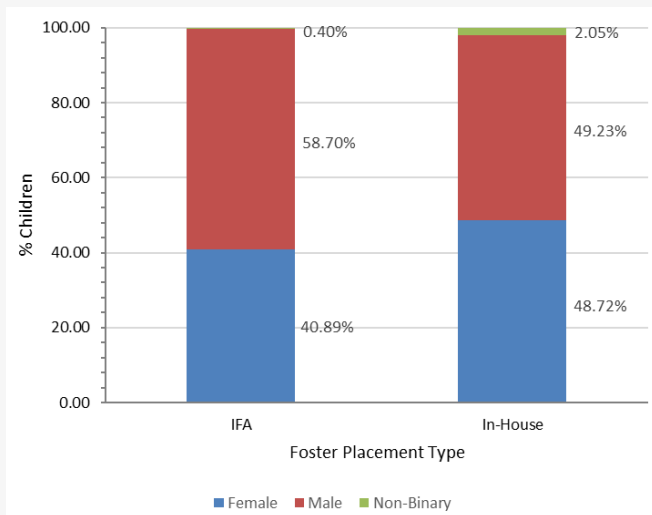


Findings

Gender

There is a higher percentage of male children in both IFA and in-house foster care than female children. This was more marked in IFAs, but not to a degree that was statistically significant. There was a very low incidence of children that identify as non-binary.

The Percentage of Children in IFA and in-house Foster Care by Gender

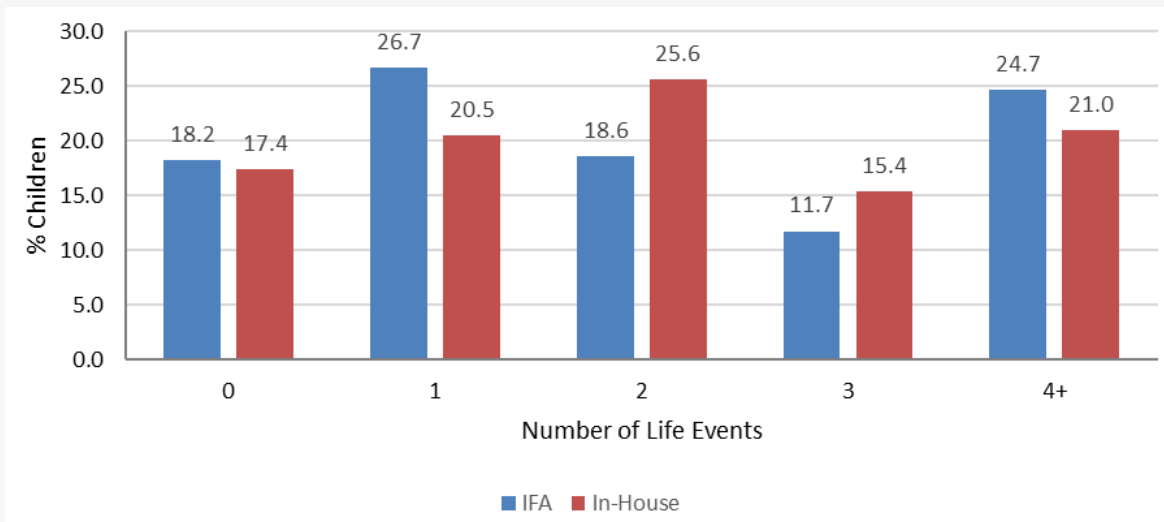


Findings

Life events

The bar chart below demonstrates the percentage of children in each foster placement that experience a particular number of life events. There is a small amount of variation, but this did not reach statistical significance, suggesting that children in both groups have a similar level of stability.

The Percentage of Children in IFA and in-house Foster Care that have experienced a specific number of life events in the past 3 months



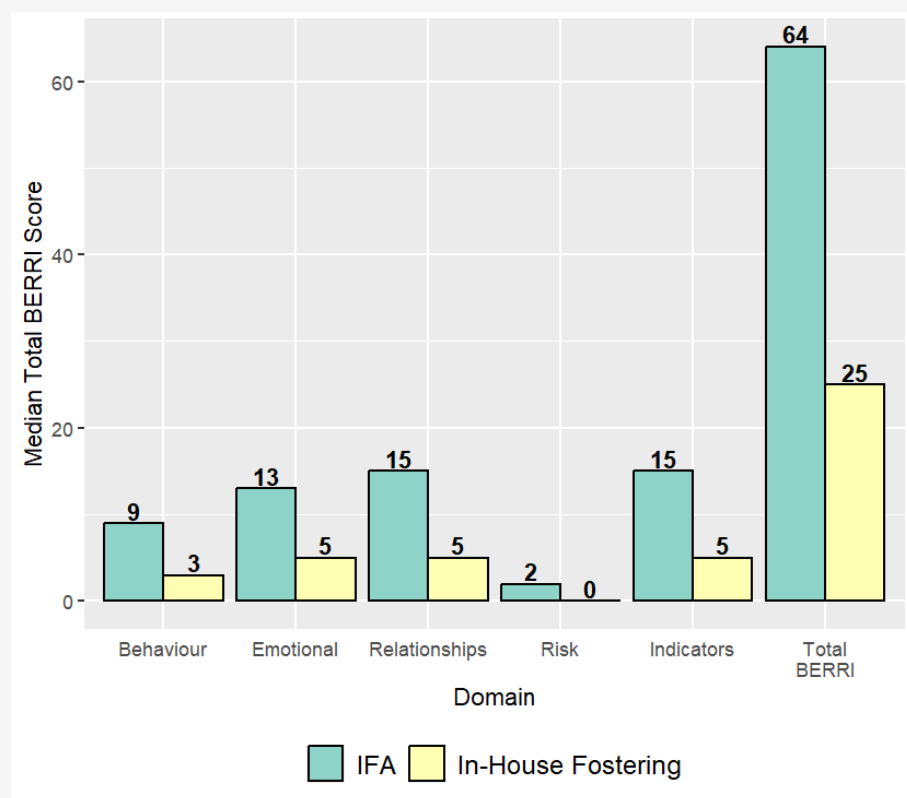
Placement Type	Median	Mean	SD
IFA	2	2.251	1.972
In-House	2	2.256	1.822

Findings

Total and Subscale BERRI scores comparison

The bar chart shows the BERRI scores of children in the IFAs were higher. Mann-Whitney U analyses found that children in IFAs have significantly higher total BERRI scores, as well as BERRI scores all 5 BERRI domains individually (Behaviour, Emotional Wellbeing, Relationships, Risk and Indicators) when compared to children in in-house foster placements.

Median total BERRI scores of IFA vs In-House Fostering

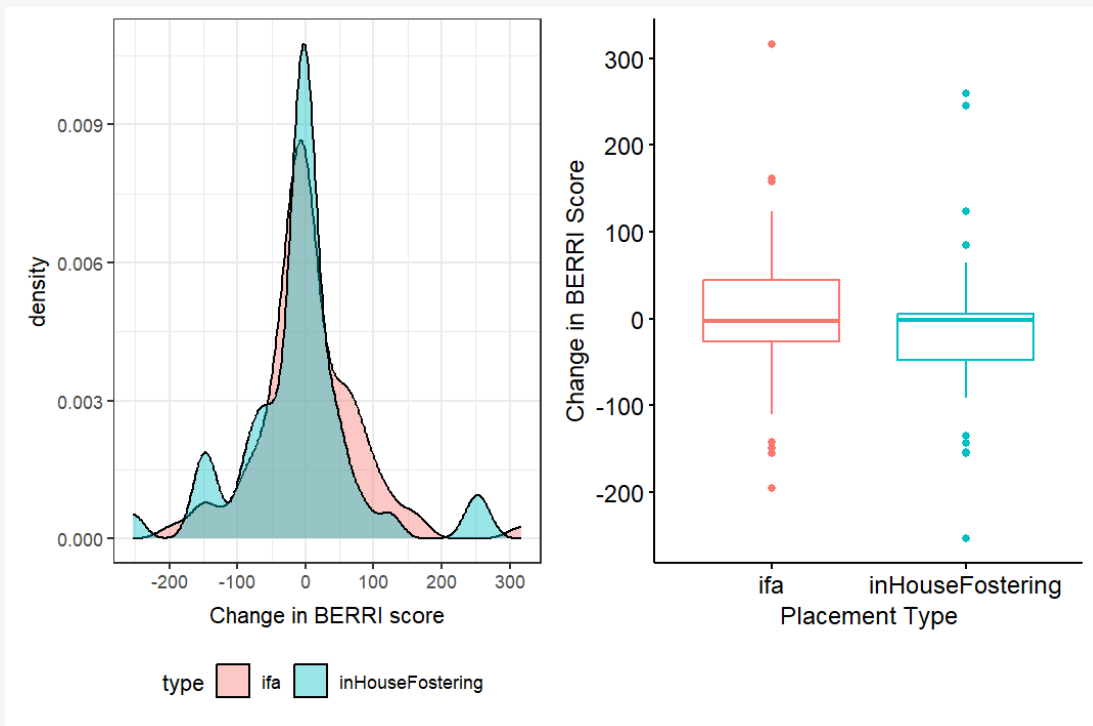


Findings

Change in BERRI scores over time

We had time series data allowing us to look at change in BERRI score over time in 127 children, consisting of 81 children in IFA placements and 46 children in in-house foster placements. When we looked at how much change occurred, there was no significant difference between IFA and In-house foster placements. In both groups there were similar numbers of children whose scores improved as deteriorated, with the majority of children in both types of placement having BERRI scores that stayed relatively steady over time.

The distribution of change over time scores for IFAs and in-house

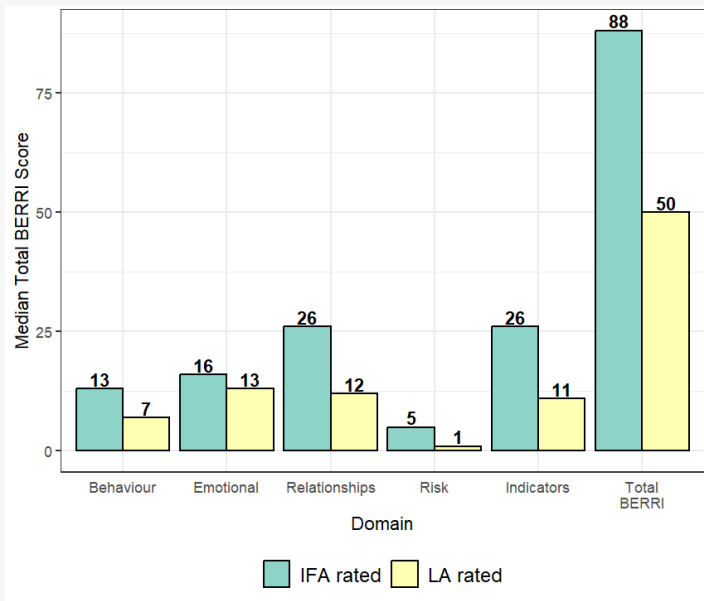


Findings

Differences between organisations

In order to understand why the BERRI scores were so much higher for children in IFAs, we completed a set of additional analyses. Firstly, we checked whether BERRI forms completed by IFA staff (n=56) were different to those completed within local authorities about children in IFAs (n=191). The children rated by local authorities were slightly older (12.1 years, as opposed to 11.1 years) but this did not reach statistical significance on a Mann-Whitney U test.

Median total BERRI scores of IFA children, rated by IFAs vs LAs



As can be seen from the bar chart, ratings given in IFAs were higher than those given in local authorities about children in IFAs. However, this is not unexpected as data across BERRI shows that primary carers rate children's needs with higher scores than professionals, because they see the "daily grind" of more minor issues whereas professionals are often only aware of the "headlines" of a child's presentation, when more significant issues occur. It was our perception that the staff who completed the BERRIs in the IFAs were more likely to have closer knowledge of the child, or to have completed the BERRI in collaboration with the primary carer, whilst the social workers and commissioners who completed the BERRIs within local authorities may have had less direct involvement in the child's day-to-day life.

When we tested the difference statistically, it reached significance for total BERRI score, Behaviour, Relationships, Risk and Indicators, but there was not a significant difference for Emotional Wellbeing according to the organisation that did the rating.

We then looked at BERRIs that were completed only by the local authorities. In this sample of 386 children the 191 children in IFAs still had significantly higher BERRI scores than the 195 children in In-house placements. It was therefore clear that the higher scores were not just an artefact of who completed the BERRI. Thus, it appeared to be the case that the children in IFAs were both more complex in their needs and better understood by those who completed the BERRI.

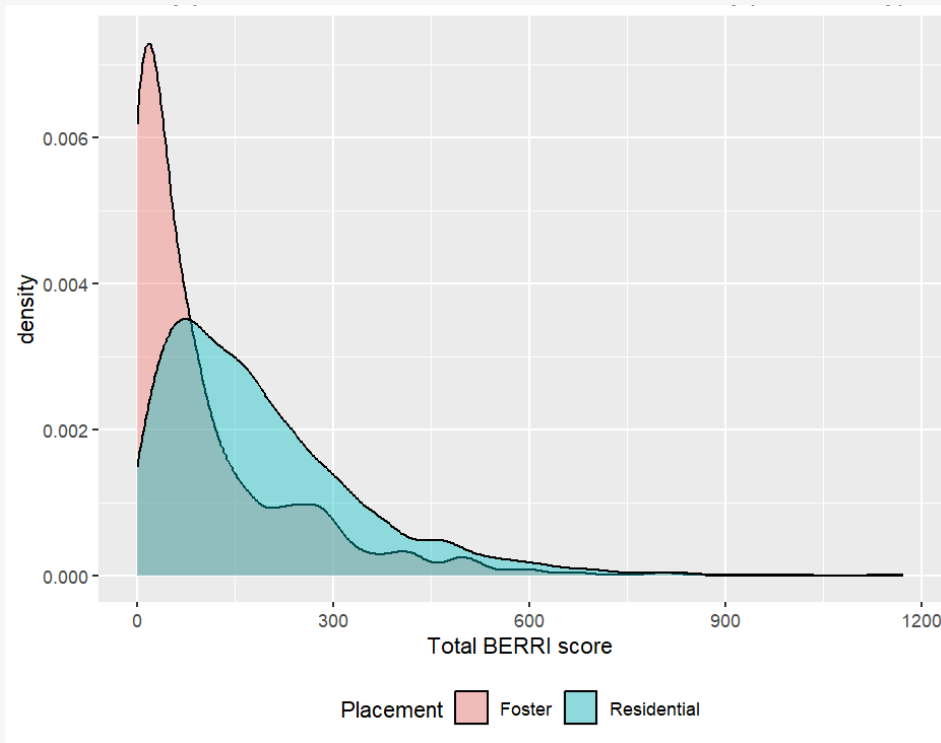
Findings

Foster vs residential placement total BERRI scores

By comparison, children in foster placements had much lower BERRI scores compared to those in staffed settings such as residential care and supported accommodation. The vast majority (around 2/3) of children in foster care had BERRI scores below 100. However, it is notable that some children with much higher scores are being successfully managed in foster placements, with 20%

of scores in foster care being above the average for residential care, and around 20% of children in residential care having scores that would be below average for a child in foster care, and nearly half (45%) fell within the range where many children were successfully being managed in foster care. Thus, at present there is not a direct relationship between level of need and placement type.

Density plot to show distribution of BERRI scores by placement type



Discussion

Understanding how children fare within the care system, and within different types of placements is essential. The number of children in care in the UK is increasing, and there is a shortage of suitable placements. The majority of placements are in foster care, which is important for children in care as living within a foster family can offer reparative attachment relationships, which are the most effective means to recover from maltreatment and move towards earned secure attachments. This process of reparative parenting should be seen as the key task for a placement and the professional network around the child to achieve. Thus policy-makers need to consider how to attract more foster carers and provide them with suitable support to care for children with a range of psychological needs.

Two main models of delivering foster care are present within the UK at the moment, within local authorities and via external fostering agencies, yet it has been unclear whether they are directly comparable in terms of the children they support and the progress that children make. It is clear from this analysis that IFA placements are taking on older and much more challenging children, yet they appear to have similar levels of stability and progress when compared to the less complex and slightly younger group of children cared for in the placements that are run in-house by local authorities. Thus, it seems that they are performing a slightly different function, and IFAs are successfully supporting a group of children with higher levels of psychological needs. There is also evidence that suggests that staff within IFAs know the needs of children they care for in more depth than staff within local authorities, although this finding will need to be tested with further research.

One implication of this finding is that with sufficient support, children with more challenging needs can successfully be supported within family-based placements. Approximately 15% of children in care in the UK are currently in residential settings where they don't have the same opportunity for relationships that reflect typical family functioning, or for support into early adulthood. Some of these children require specialist therapeutic residential services that are tailored to the attachment needs of children unable to live in a family, and for various reasons some young

people have a strong preference not to live in a foster family. However, it is important that where it is in their best interests, children get the option to live in a family and experience the type of dyadic relationships that can provide reparative attachments.

It was notable from this study that there is a significant overlap in the level of assessed need between children in fostering and residential settings - that is, some children in residential settings could be living in foster families if enough were available, whilst some children being successfully cared for in foster placements have levels of needs that are typically seen as a reason that they need residential care. In some cases, placement decisions seem to be influenced more by supply and demand than by the specific needs of the child. If there were more foster placements available, more children in care could have the benefits of living within a family. Therefore, a key policy driver must be to attract sufficient foster carers to provide greater placement choice.

It may be that even more children could access foster care if the right support was available to help to identify and address their psychological needs in a holistic way. This requires collaboration across agencies to consider and support each child's attachment, behaviours, risks, mental health and neurodevelopmental needs, and to match these with appropriate placements and services. As the Competitions and Markets Authority report (2023) said "BERRI has been used to review local authorities' most complex children and identify changes that improved the outcomes for children and save money that could be used to meet children's needs more effectively. More systematic assessment of needs would in turn support a more granular understanding of what care needs are being met by different care settings" (page 74-5). Politicians and policy makers need to consider how data-driven tools such as BERRI can be used to help inform placement planning decisions, and whether providing the right psychological support can allow more children to live in family-based placements where this is in the child's best interest.

Conclusion

To facilitate recovery from trauma and create optimal outcomes for adult life it is important to ensure that children with higher levels of needs have enough wrap-around support to live in family-based placements. This study shows that IFAs appear to offer placements where foster carers feel supported to care for more complex children than those cared for within the direct provision of local authorities. Despite their higher levels of need, the level of stability and progress shown by children in IFAs appear comparable to those of the younger and less complex children placed within in-house provision. This allows a greater range of children to have the benefit of reparative attachment relationships.

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