sw&s | Social Work and Society International Online Journal

Can we plan services for children in foster care? Or do we just have to cope with what comes through the door?

Roger Bullock, *Dartington Social Research Unit, Totnes, UK*

To what extent is it possible to plan ahead for children coming into care? How can we ensure that there are enough foster homes available for new entrants and that the range of facilities is sufficiently wide to meet all of their different needs? There are several possible approaches. We can wait and see what comes through the door and try to respond as best we can. Or, we can construct a range of services and try to fit the children into them. These strategies might be enough to contain the problem but will almost certainly lead to frustration, dissatisfaction and instability. So what else can be done? The Dartington Social Research Unit in England has developed a methodology to achieve a better match between the foster care that is provided and the needs of the children. It is called *Matching Needs and Services* (MNS).

1 Stage one – Selecting the study sample

The MNS method requires the selection of a large and clearly defined study sample. This should be appropriate to the issues under consideration – creating a better match between the needs of children and the services they receive. It can, however, be applied to any population, not just children coming into care (or for that matter children).

It comprises six stages which, if followed in sequence, should produce a more balanced and effective service. For example, in children's services it can be used to plan provision for those entering care, those in care at any one time or specific groups such as adolescents in residential homes. For the purposes of this illustrative paper the focus will be children coming into care.

Initially, two facts highlighted by research into children in care have to be acknowledged. The first is that the term 'in care' is an administrative category, not a clinical one; so anything that is said about the children involved will be true for some but not for others. Their needs vary widely – some are infants, others are adolescents; some have been abused and neglected, others are casualties of family breakdown; some present challenging behaviour, others do not. Clearly, no 'one size fits all' in terms of the service responses that have to be made.

Secondly, if the interest is in foster care, it is important to appreciate that this can take many forms: respite, short-term, long-stay, permanent, pre-adoption, therapeutic, single parent, gay and lesbian or specialist with regard to children's ages, ethnicity, behaviour or disabilities. In addition, some foster homes will take groups of siblings, some already have foster children living there and there may be birth family children resident.

The aim of the MNS exercise is to match these two situations so that the right sorts of placement are available to meet the range of needs presented by the population of children under scrutiny.

In this paper, the method will be illustrated using data on a sequential sample of the first 99 children coming into care from a selected date. This has the strength of being fully representative as there are no missing cases. The study was conducted in 2010 in an English industrial town with a population of 300,000 and about 200 children entering and leaving care each year.

Stage two – Charting the needs of the children

Having selected the sample, the second part of the exercise is to chart the needs of the 99 children. This requires collecting information from files or from questionnaires completed by professionals who know the child and family. The emphasis is on the *needs* of the child, i.e. what does this child need?, and on the services necessary to meet them. However, some relevant background characteristics, such as children's ages and gender, also have to be recorded, along with the needs of birth parents, in order to understand the wider context of the admission and the likelihood of the birth parents being able to resume care of their child or be part of his or her life. For this purpose, it is necessary to structure the data collected. MNS does this by assessing the needs in five different areas of the child's and birth family's life: living situation, family and social relationships, social and anti-social behaviour, physical and mental health, and education and employment.

Naturally, in a short paper it is not possible to present all of the data. However, the following selection of results should be sufficient to illustrate some of the needs and characteristics of the 99 children and their families.

Most of the details that emerged will be familiar to those working in welfare services but there can be some surprises. For example, in this study the figures of 51 for the children admitted in emergencies and 34 for entry with a sibling were higher than people thought.

Table one – The situation on entry to care

(Figures are the numerical numbers out of the 99 admissions)

CHARACTERISTICS AND HISTORY			SITUATION ON ENTRY	
Gender (male)	54		Single parent family	42
Ethnicity (white British)	77		Both parents at home	18
Legal status (compulsory)	45		Step parent	19
			Only child	34
On protection register now	32		Four or more siblings	21
On protection register in past	21			
Previously in care	19		Overcrowded home	11
Past service involvement	88			

			Frequent movement	14
Placed with sibling	34			
			Family new to area	11
Emergency admission	51		Low income	57
Age on admission			Socially isolated	28
0-1	27			
2-3	12		Poor relations child/mother	46
4-5	9		Poor relations child/father	50
6-11	23		Poor relations child/siblings	18
12-12+	28			
			Child recently harmed	58
Who referred case?			-by mother	48
Child	2		-by father	27
Parent/relative	21		-by others	8
Social worker (in-house)	13			
Education	5		Nature of harm – sexual	8
Health	27		-emotional	18
Police	23		-physical	20
Other local authority	4		Poor parenting	50
Voluntary NGO organisation	1		Neglect	39
Other	3			
ADULTS			FAMILY HISTORY	
Violent at home	37		Family discord	72
Harmful sexual behaviour	16		Breakdown/divorce	47

Convicted of serious offence	21		Domestic violence	41
Learning disability	12		No significant adult for child	10
Alcohol abuse	24			
Drug abuse	12		Poor relations with services	12
Depressed	33			
Stress/inability to cope	69			
Unhappy	39			
Isolated	40			
Pregnant	20			
Unemployed	61			
CHILD'S EDUCATION			CHILD	
In mainstream school	41		Aggressive at home	26
Full time special school	4		Aggressive at school	19
			Sexual behaviour problems	9
Permanently excluded	6		Lack of social network	13
Temporarily excluded	7			
Underachiever	15		Poor behaviour at home	33
Poor relations with teachers	13		Poor behaviour at school	26
Bullies other children	11		Poor behaviour - community	11
			Poor peer relationships	17
Isolated	15		Mental health problem	4
Poor attendance	15		Physical health problem	1
			Learning disability	7
Above average ability	2		Alcohol misuse	5

Hard working	12		Drug misuse	6
Likes school	20		Unhappy	28
Liked by pupils	20		Developmental delay	19
Liked by teachers	25		Isolated	19
			Pregnant	3
CHILD'S SOCIAL SKILLS			FIRST PLAN FOR CHILD	
Pleasant to be with	42		Return home quickly	23
Wants to change behaviour	15		Live with relatives	6
Confidence to solve problems	8		Long-stay substitute care	29
Social skills with people	17		Permanent placement	13
			Independent Living	2
			Other/unclear	26

Stage three – Identifying groups of children with similar needs

The next stage is to disaggregate the mass of information. One method is to identify groups of children with similar needs which, in the MNS exercise, are labelled 'Needs Groups'. Statistical cluster analysis can be used for this purpose as this shows which factors do and do not go together and indicates the number of children with combinations of needs. It is similar to some other widely used taxonomies, such as the *ICD-10 WHO Classification of Diseases* used in medicine where causes, symptoms and aetiology are outlined for each item. But MNS is more flexible in that the number and distinguishing features of the needs group emerging can vary, reflecting the nature of the sample and so are not the same in every case. Moreover, in child welfare, grouping is more complicated because of the plethora of relevant factors, their multiple effects and the fact that many carry a 'meaning' for the individual that can affect their impact.

Any number of groups could emerge form the analysis so a balance has to be found between establishing general patterns of need without being overwhelmed by individual differences.

When this was done for the 99 children in the study, four discrete needs groups emerged.

Group One
Young children in families where the need is to alleviate stress and poor living situations in order to improve parenting

Group Two
Children for whom the need is to reduce the risks and consequences of chronic family discord and violence

Group Three
Older children whose needs require help to improve their behaviour in a range of areas and contexts

Group Four
Children who need protection from risks of harm and help to recover from the effects of serious abuse and neglect

Stage four – Looking at the needs of children in each group
The next stage is to look at the distribution of background characteristics and needs across the four groups. In Table 1, the figures were those for the whole study population of 99 admissions. But in order to allow comparisons across the four groups, the figures in Table 2 are percentages out of the total for each group for the same factors as before.

Table 2 – The distribution of children's needs and characteristics across the four needs groups

NEED GROUPS	**1**	**2**	**3**	**4**	**ALL**
TOTAL CASES IN EACH GROUP	**31**	**33**	**14**	**21**	**99**
	Figures below are all percentages				
Gender (Male)	45	58	64	52	54
Ethnicity (White UK)	74	76	71	86	77
Legal status (care order)	29	55	21	71	45
On Protection Register now	39	36	7	33	32
On Protection Register in past	10	15	36	40	21
Previously in care	19	18	21	19	19
Previous service involvement	90	79	86	100	88
Placed with sibling	26	45	7	48	34
Emergency admission	52	39	57	62	51

AGE ON ADMISSION						
0-1 years	39	30	0	24		27
2-3 years	17	15	0	10		12
4-5 years	3	15	0	15		9
6-11 years	12	30	21	30		23
12-12+ years	29	9	78	24		28
WHO MADE REFERRAL						
Child	3	0	7	0		2
Parent/relative	28	9	50	14		21
Social services (in-house)	24	12	7	5		13
Education	7	6	7	0		5
Health	31	27	0	43		27
Police	3	33	29	33		23
Other local authority	0	12	0	0		4
Voluntary NGO organisation	3	0	0	0		1
SITUATION ON ENTRY						
Single parent family	36	55	50	29		42
Both birth parents at home	16	18	7	29		18
Step parent	23	21	29	5		19
Only child	48	30	21	29		34
3+ siblings	32	27	7	5		21

Overcrowded home	26	0	14	5	11
Frequent movement	29	0	7	19	14
Family new to area	16	12	0	10	11
Low income	68	67	21	48	57
Socially isolated	39	3	0	71	28
Poor relations with mother	13	35	92	81	46
Poor relations with father	13	52	89	71	50
Poor relations with siblings	8	15	60	7	18
Child recently ill-treated	42	79	29	67	58
- by mother	32	61	29	67	48
- by father	26	30	0	38	27
- by others	6	6	7	14	8
Nature of harm: sexual	0	6	0	29	8
Emotional	10	12	14	43	18
Physical	29	18	14	14	20
Poor parenting	39	64	21	62	50
Neglect	32	49	7	57	39
Family discord	58	88	100	48	72
Breakdown/divorce	39	58	64	29	47

Domestic violence	26	76	29	19	41
No significant adult	7	0	29	19	10
Poor relationship with services	0	3	57	14	12
CHILD					
Aggressive at home	10	21	93	14	26
Aggressive at school	6	9	86	10	19
Sexual behaviour problems	3	3	36	10	9
Lack of social network	3	3	43	14	13
Behaviour problems at home	16	27	93	29	33
- at school	6	21	79	29	26
- in community	0	3	64	5	11
Learning difficulty	6	3	7	14	7
Alcohol misuse	0	0	36	0	5
Drug misuse	0	0	36	5	6
Unhappy	13	21	71	33	28
Developmental delay	23	21	7	19	19
Isolated	3	18	43	29	19
Pregnant	0	9	0	0	3
Pleasant to be with	55	18	14	81	42
Wants to change behaviour	16	3	29	24	15
Confidence to solve problems	16	0	7	10	8

Social skills with people	16	6	7	43	17
CHILD'S EDUCATION					
Full-time mainstream school	32	39	71	38	41
Full-time special school	3	0	14	5	4
Permanently excluded	0	0	43	0	6
Temporarily excluded	3	3	29	5	7
Underachiever in education	0	0	64	29	15
Poor relations with teachers	3	3	79	0	13
Bullies other children	0	3	64	5	11
Isolated	6	18	36	10	15
Poor attendance	3	3	79	10	15
Above average ability	3	0	0	5	2
Hard working	16	0	0	33	12
Likes school	32	9	0	33	20
Liked by pupils	23	12	0	43	20
Liked by teachers	26	15	7	52	25
ADULTS					
Violent at home	26	55	29	33	37
Harmful sexual behaviour	13	18	0	29	16
Convicted of serious offence	26	27	0	19	21

Learning disability	6	18	0	19		12
Alcohol abuse	10	33	14	38		24
Drug abuse	16	9	0	19		12
Depressed	9	36	29	67		33
Stress/inability to cope	68	76	64	62		69
Unhappy	16	58	50	38		39
Isolated	45	30	29	57		40
Pregnant	26	30	14	0		20
FIRST PLAN FOR CHILD						
Return home quickly	39	21	29	0		23
Live with relatives	6	0	0	19		6
Long-stay substitute care	13	45	43	19		29
Permanent placement	10	3	0	43		13
Independent living	3	0	0	5		2
Other/unclear	29	31	28	14		26

2 Stage five – Compiling a profile of the needs of children in each group

Stage Five uses the data obtained in Stage Four to compile a profile of the needs of children in each of the four needs groups identified earlier. When this is done, the following patterns emerge.

2.1 Group One

Young children in families where the need is to alleviate stress and poor living situations in order to improve parenting

Nearly one third (31%) of the 99 children scrutinised fell into this group where their families were under stress and living in poor circumstances that made it difficult for them to cope. There were problems associated with poverty (68%[1] had low incomes), 26% lived in crowded

1 For the sake of simplicity, comparisons are made between the figure for the group and the figure for the whole sample. A more accurate comparison would be between the group and the rest of the 99 children in the sample. This would have the effects of increasing the contrasts. In addition, when comparisons are made, it is usually

accommodation, 29% had moved frequently and for 26% pregnancy exacerbated an already difficult situation.

Just over half (55%) of the children were girls and most (71%) were accommodated under voluntary arrangements. Thirty nine per cent were under the age of two on admission to care and the referrals came equally from social services, health and parents. Nearly half of the children (48%) were the only children in the family.

Difficult family relationships and serious abuse were not salient issues compared with some other children, although more (29%) had been physically abused than for any other group. Domestic violence and family breakdown were also relatively low compared with the rest of the study population.

Only one in ten of the children needed help with behaviour and, apart from convictions for a serious offence (26%), the parents displayed the lowest levels of any group for depression, alcohol and drug abuse and unhappiness. Given the children's young ages, schooling problems were rarely a major issue.

2.2 Group Two

Children for whom the need is to reduce the risks and consequences of chronic family discord and violence

This was the largest group of children, comprising a third of the sample. The children have many needs in common with Group One but the important differences are the high levels of domestic violence and the need to address its effects on children's development and behaviour. In addition, the children's ages are more widely spread, siblings are more likely to be involved and care admission undertaken by out-of-hours duty teams following police referrals. The commitment by welfare agencies to the care of these children is, therefore, longer.

Over half of the children in this group (55%) were living in single parent families at the time of admission and there were frequently issues of low income (67%) rather than the quality of housing. Levels of harm were high mostly due to chronic neglect and poor parenting compounded by domestic violence (76% of cases). The children were more aggressive than those in Group One, echoing their violent carers by presenting more difficulties at home and school. Compared with the adults in Group One, parents were equally likely to have been convicted for a serious offence but displayed much higher levels of depression, alcohol abuse, learning difficulties, unhappiness and other mental health problems. More of the children in this group are placed with relatives and there is expectation of a longer-term commitment by the care authorities to their welfare.

2.3 Group Three

Older children whose needs require help to improve their behaviour in a range of areas and contexts

relative to other looked after children and not the national population, most of whom are much less disadvantaged.

The third group, comprising 14 children, two-thirds of them boys, is easy to identify. They are older children with a variety of complex needs and presenting a range of serious problems.

Harm by parents is less of an issue for this group. It might have been in the past (36% had previously had their names placed on the child protection register) but only 29% of the children have recently been obviously harmed in any way. Levels of neglect are also lower than for the other children in the sample. Moreover, in the 50% of cases, it was the parents who first contacted welfare services for help.

Compared with the sample as a whole, the children are older on admission to care and accommodation (78% over 11). Siblings are rarely accommodated at the same time. As many as 50% come from single parent families and 29% from step-families, all coping with a range of difficult behaviours and disabilities. The young people score the highest of all the groups on every measure of aggressive behaviour, whether at home, school or in the community, and for a plethora of other difficulties, such as poor relations with peers and adults, alcohol and drug misuse and general unhappiness. Schooling is especially fraught with high levels of exclusion, academic underachievement, irregular attendance and poor relationships with teachers and pupils; indeed, 14% attend full-time special schools.

The children's parents, in contrast, have relatively few problems other than the stress and unhappiness brought about by the poor relationships between them and their offspring and their children's seeming intractability. They seem relatively well off and integrated into and supported by their local communities. Family discord, breakdown and violence are relatively uncommon.

These difficult adolescents are familiar to child care workers throughout the world. They are the least likely group to accept services and are judged by professionals to display the worst outcomes. The proportion in the sample, however, is only 14%, of all admissions. This may reflect alternatives to care, policies on the use of special schools and the contribution of youth justice teams. Nevertheless, in terms of resource, these young people remain a major consumer of services.

2.4 Group Four

Children who need protection from risks of harm and help to recover from the effects of serious abuse and neglect

As with Groups One and Two, the children in this group have needs for protection and better parenting but have relatively few other needs compared with their parents. These families have been a continuing concern to children's services. Most (76%) referrals come from health and police and emergencies are common, with the admission of siblings occurring in nearly half of the cases. The age distribution of the children is relatively wide.

The families are socially isolated and parent-child relationships are almost as poor as for Group Three. Recent harm comprises not only neglect (57%) but also sexual (29%) and emotional abuse (43%). Parents show higher figures than the other groups for poor mental health, alcohol abuse, depression and isolation, as well as inappropriate sexual behaviour although levels of family breakdown and domestic violence are relatively low.

The outstanding feature of the children, in contrast, is the high score for many of the protective factors, especially those concerned with education. Most are hard working and much liked.

Permanency plans had been agreed for 43% of them. A quick return home is not perceived as an option in most cases as the parents are seen as unlikely to meet the children's needs in the foreseeable future.

Having established patterns of need among the admissions to care, the focus now shifts to the services that will best meet them.

3 Stage six – Designing new services

To appreciate the strengths and weakness of existing provision and areas for improvement, it is helpful to ask the following question for each of the four needs groups, again emphasising what the children need, not just what they are like.

- What are the needs of this group?
- What do we wish to achieve for these children in five areas of their lives (living situation; family and social relationships; social and anti-social behaviour; physical and mental health; education and employment)?
- What services does research show best achieve these aims?
- What thresholds need to be put in place to help professionals identify suitable children, to make sure that the right children get the right services and to ensure consistent responses to children and families presenting similar needs?
- What support in terms of administrative structures, management and training need to be put in place to make the services work?
- How does the envisaged service compare with what the children and families in the needs group already receive?

Having answered these questions, it is next necessary to ask 'What does a MNS exercise offer that is new or different from other audits and research investigations?'

I would suggest the following:

- Better information based on a structured analysis of the needs of children coming into care over a specified period (e.g. one year)
- Useful for planning as patterns are unlikely to change very much in future years
- A more accurate estimate of the numbers of children with particular needs
- A better indication of the links between different needs
- A method of designing services that puts children's and families' needs first and perceives administrative structures, training and management as facilitators rather than

as ends in themselves. It produces services that are needs-led and evidence–based and so are likely to meet the needs of different groups of children more effectively

In practical terms, this can lead to many changes and improvement. Examples are:

- A better balance between prevention-early intervention-treatment-social intervention
- A history of previous service involvements (or lack of them) that highlights points at which earlier or different interventions might have prevented admissions to care
- Effective responses to acute and emergency situations
- Greater understanding of the co-morbidity of needs
- How children causing concern in one area, e.g. for abuse or neglect, have needs in other areas, e.g. health and education.
- Groups that might be diverted from care
- Stronger links between research evidence and service design

4 Examples of using MNS to change services

Three specific examples of applications of the MNS method in other local authorities in England are now described to illustrate these benefits and show how the information can be used to review different policy and practice issues. They are as follows.

4.1 Local Authority 1

In a sample of care admissions, 20 out of the 100 children studied were not recorded as having a child protection plan prior to the point at which they came into care, despite the fact that many of them were babies or very young children where there were allegations of non-accidental-injury or sexual abuse. This finding led service managers to inquire how many of these children had been in contact with other services in the previous 12 months and why they had suddenly come in to care.

In a needs group defined by family violence and child physical abuse, there were a significant number of cases where team managers wanted more information or thought that the case might have been dealt with in other ways. As 20% of these children had been in care before, they reviewed the quality of the assessment and care planning and made changes to make the process more responsive to the children's needs earlier on.

Another needs group defined by poor family relationships, child behaviour problems and parental mental health difficulties included many teenagers. Again, the MNS exercise led managers to check how many of these young people were known to the adolescent prevention service and how many had received its help in the 12 months prior to becoming looked after, and what type of help had been given. Half of this group was identified as suitable for possible diversion, but more information was required on quality of previous assessments and care planning.

4.2 Local Authority 2

In this local authority, there was concern about the rising number of children being referred for a child protection plan and that the length of time for which these were in force was increasing. A MNS exercise of all children entering care over the period of one year found that over half of them fell into this category at the time of admission. The fear was that a continued increase in the number of such children would lead to a sustained rise in the number of children entering care, putting a strain on foster care services. For reasons of quality of outcomes and cost, it was necessary to understand better what was happening and what could be done to prevent a flood of inappropriate care admissions.

4.3 Local Authority 3

In this local authority, senior managers and members of a steering group took part in a 'diversion exercise' that involved reading through all of the case summaries of 100 children entering care in sequence. They then reflected on whether: i) the child had to be admitted to care; ii) the child could have been diverted away from care; or iii) it was not possible to choose either way on the information available. The purpose of the exercise was to assess the proportions of children in each category

Of the 100 cases in the sample, those that were not found to have a significant impairment to their health and development were further considered by an independent consultant by way of validating the method. In instances where a clear view did not emerge, the cases were further discussed during later panel meetings.

Of the 100 cases, it was agreed that:

- 57 should have been in care
- 31 might have been diverted
- 5 a consensus could not be reached about the appropriate response
- 7 not enough information available to make a decision

Twenty eight of the 31 cases identified as possibly 'diversion' were in a needs group defined by adolescents displaying emotional and behavioural difficulties that had strained relationships with their parents.

This raised significant concerns about the effectiveness of current services for this group and the often difficult individual practice decision of whether admitting troubled and troublesome adolescents to care has any real long-term benefit.

5 Conclusion

It would be foolish to claim too much for this methodology; it will not resolve all the problems of providing substitute care. There are criticisms that it forces children into categories that are insensitive to individual differences and that it does not tell people what to do.

Neither should the exercise be seen as a one-off event. It should be part of a continuous monitoring and development process in an agency. Hence, it can be repeated regularly to monitor progress but it can also be used to facilitate more radical reviews of services. For

example, if managers and practitioners are involved in the data collection, there is an immediate rapport between them and the researchers providing an auspicious context for subsequent discussions and implementation with regard to recommendations. Even more radical is to ask service users, i.e. foster parents, birth families and children, to take part or comment on the service changes suggested.

But whatever its weaknesses, using the MNS methodology is better than just waiting to see which children turn up in care and trying to fit them into a rigid service structure. It also indicates the numbers likely to be involved which facilitates planning as numbers are unlikely to vary much from year to year. With this information, the right sorts of foster parents can be recruited, trained and supported. Thus, the contribution of MNS to creating an effective service for separated children is likely to be significant.

References:

Matching Needs and Services: The Audit and Planning of Provision for Children Looked After by Local Authorities. Totnes: Dartington Social Research Unit

Author´s Address:
Roger Bullock
Dartington Research Unit
Totnes, England
roger.bullock@dartington.org.uk