

# insights

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## permanence and stability for disabled looked after children

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## Key points

- Disabled children constitute a significant group in the looked after system. There is evidence that they are more likely to be looked after, remain in care for longer and have a higher risk of being placed inappropriately in comparison to non-disabled children.
- Whilst in care there may be particular barriers to achieving permanency and stability for disabled looked after children.
- To improve good practice in relation to disabled looked after children social services should establish monitoring systems to identify all disabled looked after children to establish numbers, where children are placed and how things are going, especially in relation to contacts and communication with disabled children.
- Disabled children are less likely to return home and those who do return home later; to prevent delay the plan must be acted upon earlier and adequate support put in place.
- It can be difficult to find adopters for some disabled children. Those who are adopted tend to be older and adopted by their carers; services need to ensure fewer obstacles to foster carer adoption.
- Long term foster care offers a permanent base for many disabled looked after children but there remain issues over stability, particularly as children approach adulthood.

## Introduction

Like all looked after children, those who are disabled demand and deserve good practice. This review looks at evidence on the experiences of disabled looked after children in relation to permanence and placement stability in the care system. It examines if there are any particular difficulties in pursuing permanency and good practice for disabled looked after children. In doing so it deals with the types of placements on offer to disabled children, reasons for stability or the lack of it within these settings, and the ways in which stability might be improved. It is based on the premise that stability in children's lives leads to better outcomes.

## Looked after children in the UK

In the UK the latest figures<sup>1</sup> show that there are around 88,000 young people in the care of their respective local authorities at any one time. England has the largest actual number of children in care whilst Scotland has the highest rate of children in care, in part explained by the Scottish practice of including in the statistics children who are on supervision orders but placed at home with their parents. Most disabled children who are in foster care are looked after not because of their disability, although this may be a contributing factor, but for the same reasons as other looked after children, namely reasons associated with abuse and neglect (Sinclair et al, 2005).

In all four countries, the policy is to keep the number of young people entering care to a minimum and to limit time spent in care. The length of time a child spends in care varies. Many children enter care for short periods: one study showed that nearly a third of those who ceased to be looked after in a year had spent less than a month in care and just under half leave the system within a year of arrival. However, once a child has been looked after for a year or more the chance of leaving within the next year is low (Sinclair et al, 2007).

The pathways individual children take within the care system differ; some are placed at home or return home; some are adopted and others remain in care placements for the rest of their childhood. For children and young people who need to grow up within the care system, the aim is to provide them with stability and a permanent home.

There are differences in where the children are placed in the different countries as can be seen when looking at statistics from England and Scotland. Information on England shows the majority of the 64,400 young people in care are placed in foster care (73%) with a much smaller proportion (14%) in residential care and small numbers (6%) placed at home with parents. In contrast, of the 15,892 looked after children in Scotland, 39% were living at home, only 31% were looked after by foster carers or prospective adopters, and nine per cent were in residential care. Such differences should be taken into account when looking at research on looked after children from different countries.

<sup>1</sup> Figures taken from Department for Education (for England) statistics year ending 31 March 2010; Scottish Government's Education Analytical Services Division statistics year ending 31 July 2010; Welsh Assembly Government's Statistical Directorate statistics year ending 31 March 2010; Northern Ireland Executive's Department of Health, Social Services and Public Safety statistics year ending 31 March 2009

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## Historical context

In the past, disabled children who could not live with their parents tended to be placed in residential provision. Unfortunately the quality of the long term residential accommodation available was often very poor (Oswin, 1998). During the 1970s, a combination of social and demographic changes and some influential studies and projects enabled disabled children to live in substitute families away from such institutions (Phillips, 1998). By the mid-1980s there was a strongly established belief that all children had the right to a family life. Disabled children were placed on the permanency agenda in this period as part of a group who were referred to as 'special needs' children or 'hard to place children'. Previously such children had been thought 'unadoptable'.

'Permanency planning' emerged as a response to questions about the best way to help these children and their families (Maluccio et al, 1986). It is based on the value of children growing up in a family environment and the significance of child-parent attachment as well as the importance of the biological family. These premises are supported by research, which asserts that stability in living arrangements promotes children's emotional development.

In the early days, voluntary agencies played an important role in placing disabled children. Many specialist family placement projects were established to enable children and young people with various needs to live in the community rather than residential establishments. Research studies which monitored and evaluated some of the early placements showed that, with the right support, family placements can be successful for any child, including those who are disabled, and that they generally lead to improvements in children's quality of life (Macaskill, 1985).

'Children with disabilities were rarely placed in foster care and hardly ever considered for adoption. Parents were expected to get on with the job of parenting as best they could and if they couldn't, to leave their child in residential care with the minimum of fuss. When infants with even a slight disability were relinquished by their birth mothers, 'unfit for adoption', was stamped on their file.'

Argent 1996

## Policy context

Ideas of permanence are still very important in current practice. They rest on the principle that, where possible, looked after children should be supported to stay at home or be returned home to their families as soon as conditions allow. Where this is not possible, children should be able to grow up in 'substitute' families. Permanence for looked after children implies that they do not move around the care system, achieve stability of placement, and have a family they can rely on and where they feel included. Recent guidance has described permanence as consisting of three aspects: emotional permanence (attachment); physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) (DfE, 2010).

A range of options for permanence exist, all of which can deliver good outcomes for individual children:

- For some children, permanence is achieved by staying with or returning to a birth parent and the provision of family support
- For others, routes to permanence may include family and friends' care, in some cases supported by a legal order such as a residence order, or special guardianship order
- Another important route to permanence is long term foster care where the child or young person will remain until adulthood, sometimes supported by a legal order
- For children who are unable to return to their birth or wider family, adoption offers a legally permanent new family
- A residential placement may be the right option for some young people and provide support as they move into adult life.

The general legislative context for disabled children who are looked after is the same as for all looked after children.

## Defining looked after disabled children

When reviewing evidence on disabled looked after children, it is important to identify the relevant population and to do this we need to look at definitions of 'disability'. In England, Wales and Northern Ireland, the annual looked after statistics do not include data on whether a child is disabled. In Scotland, information on disabled looked after children is collected by local authorities<sup>2</sup>.

We cannot say exactly how many looked after children are disabled. One of the reasons for the lack of information available on disabled children is the uncertainty over definitions and measurements of 'disability' (Gordon et al, 2000). The actual number of looked after disabled children varies with the definition used: in general, the inclusion of 'behaviour' problems as constituting 'disability' leads to a higher number of children being called disabled.

One review of data sources in England estimates that disabled children constitute between ten and 25 per cent of the looked after population (Baker, 2007). In Scotland, where government figures are available, current statistics show 11% of the looked after population are recorded as having a 'disability status'.

<sup>2</sup> Guidance to these statistics states that children should only be included if they have been assessed as disabled by a qualified professional using the following definition: 'a person is disabled if he/she has a physical or mental impairment which has a substantial and long-term (i.e. lasts more than a year) adverse effect on his/her ability to carry out normal day-to-day activities', Looked After Children Guidance notes, 2009, Scottish Government

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One of the most important issues when developing effective placement services for disabled children is having an accurate and detailed picture of the number and profile of children involved. At present, UK statistics are of insufficient quality to do this and must be improved to enable service planning. To do this, care professionals need to check their local recording systems and ascertain how disabled children are counted, definitions used, which groups are included, and whether the information is comprehensive and useful in aiding them to meet the children's needs.

It is clear that irrespective of definition, disabled children still constitute a significant group in the looked after system. In fact, research suggests they are more likely to be looked after than non-disabled children: figures in Britain show 5.7% of disabled children in the general population are looked after whilst this applies to only 0.6% of the child population as a whole (Gordon et al, 2000). Other studies also find that disabled children are more likely to be over represented within the looked after system and suggest this is because they may remain in care for longer (Cleaver, 2000).

Disabled children may be particularly vulnerable to abuse and neglect which is a common reason for entry to care. For example, they may be exposed to a series of different carers, have an impaired

capacity to resist or avoid abuse, and they are more likely to spend time in institutional settings that are known to be associated with factors that can create vulnerability. This group may be less able to articulate a complaint and workers may lack the necessary skills to facilitate communication. The implications of this are serious and require child protection systems to address the needs of disabled children. This should include collecting data on disabled children and training staff to respond appropriately to signs and symptoms of abuse or neglect in disabled children (Utting, 1997).

‘We lack basic demographic information on disability in childhood. We have less statistical information about them than any other group. This scandalous lack of basic information will have to be made good. Unless it is, an informed well-planned and vigorous improvement in policy and practice is unlikely to be feasible.’

Gordon et al 2000

## The experiences of looked after disabled children

Literature on all looked after children identifies a number of risk factors for placement breakdown (Munro and Hardy, 2006) and it is likely that these issues will equally apply to disabled children's placements so age, pre-placement history, and contact and behavioural problems remain as significant for disabled children. To date, few studies have focused on the particular experiences of disabled children who are looked after which leaves us with an information gap.

Available evidence on placement disruption for disabled looked after children is not clear cut. On the one hand there is some suggestion that disabled children are less likely to experience placement breakdown and remain with the same carer for longer. Research cited in Munro and Hardy (2006) found a significant negative correlation between number of placements and ongoing health conditions or learning difficulties. Sinclair et al (2005) also found that placements for children with special physical needs were very unlikely to disrupt and outcomes for disabled children were similar to the rest of the sample. However, one study (Cleaver 2000) found that children with 'learning disabilities' were more likely to experience a placement disruption.

One major examination of the English care system looked at movement and stability of children within the care system and identified disabled children as a distinct group<sup>3</sup>. It found that groups of children differed in their chances of achieving a permanent placement. The study used three different definitions of disability: firstly, whether the child had a need code of disability (3.5% of looked after children); secondly, whether the local authority recorded information on whether the child was disabled (7.7%) and finally, if the social worker replied in a questionnaire to say the child was disabled (17.7%). The analysis looked at trends within the data and drew conclusions if all three definitions of disability suggested a similar pattern of difference between disabled children and others.

The researchers concluded that the most obvious difference was age: disabled children were typically older than their non-disabled counterparts. The difference in age is attributed to two reasons. Firstly, disabled children on average entered the system at a slightly older age and secondly, they stayed in the system longer than others. This has implications for stability given that academic evidence shows a strong association between age at placement and risk of disruption.

Other consistent differences were that disabled children were more likely to be male and less likely to be unaccompanied asylum seekers. The research also suggested that disabled children were much more likely to display a high level of challenging behaviour. This point is particularly relevant when thinking about stability, as evidence suggests emotional and behavioural problems have a strong association with placement breakdown. The study echoed other findings which have shown disabled children are more likely to be placed in residential care compared to non-disabled children (Sinclair et al, 2007).

<sup>3</sup> In total six groups were identified: *Young entrants* (under the age of 11), *Adolescent graduates* (first admitted under the age of 11 but now older than this and still looked after), *Abused adolescents* and other *Adolescent entrants*, *Children seeking asylum* and children looked after because they were *disabled*.

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## Identifying and overcoming barriers to permanency planning with disabled children

Research (Sinclair et al, 2005) has identified the following important components of a successful placement:

- choice of placements;
- high quality placements;
- trust between carer and child;
- matching of child and carer;
- child and carer commitment to placement;
- child feeling part of the family;
- workers who respond quickly and availability of breaks;
- specialist help and training as requested.

Overall, there is no evidence that these factors differ from placements for disabled children. Part of the social work role is to actively identify, understand and address any particular barriers that block disabled children's pathways to successful, stable and permanent placements and help them lead as 'ordinary' life as possible<sup>4</sup>.

There is some evidence that local authorities have more difficulty fulfilling good practice for looked after disabled children. Inappropriate placement provision, including the use of boarding schools 52

weeks a year, and full time respite provision or adult residential facilities rather than family placements are not uncommon (Morris, 1998). Local authorities have also documented an increased use of out of area placements which means disabled children are likely to live further away from their families and communities, creating problems in monitoring placements and maintaining contact.

As with all looked after children, the birth family's feelings and views should be taken into account when identifying placement options. Workers may need to deal with birth family members who cannot accept their child's impairment or may have even caused it (Argent, 1996). Research suggests that parents may feel depressed and guilty about not being able to care for their own disabled child. Parents are likely to hold strong views on where they wish their child to live and may be reluctant to agree to family placements. Research cites examples of parents resisting attempts to place children away from hospital or residential provision. Many believe that only a medical institution could cope with their child; if they had been unable to manage then no-one else would be able to. Such environments may also avoid the stigma, which some people associate with formal care arrangements (Morris, 1995).

<sup>4</sup> This principle is captured in the Children (Scotland) Act 1995 which revised the legal framework for assessment and support for children affected by disability; the aim was to reorient services for children with disabilities to ensure that children are supported to lead as normal lives as possible, minimising the impact of disability on their welfare and development: *Children Looked After by local authorities: the legal framework*, MacRae, Social Work Inspection Agency, 2006



## Implications for practice

### Creating placement choice for disabled children

Having the most suitable placement available is a vital factor in improving placement stability. Unfortunately, there is evidence that local authorities often have no or little choice of placement for disabled children and experience placement recruitment difficulties (Morris, 1995; McConkey et al, 2004). A shortage of placements for disabled children will affect an authority's ability to match carers and children. Whilst finding placements for disabled children can be time consuming and expensive, investing in this process is important as increased recruitment and retention of carers ensures a greater likelihood of children's individual needs being met and fewer breakdowns (Argent, 1996).

Two practice guides (Argent and Kerrane 1997; Cousins 2006), looking specifically at placements for disabled children, include a range of recommendations on improving placement choice. One of the guides suggests looking at how to recruit, assess and match disabled children and carers, and recommends integrating disability issues into all recruitment drives, including images which show a variety of children some with visible impairments and some with none. Disability should be a standard

component of all training and preparation sessions rather than a specialist section which not everyone may attend. Disabled carers and carers of disabled children should contribute to training groups as standard.

Adopting a child-led approach allows an individual child to become known to prospective carers. This may allow people who lack confidence with the generic concept of 'disability' to see that caring for this child with this impairment may be manageable for them and their family. One area for improvement in the process of placing disabled children is in the way they are described. The foundation for this work is getting to know the child and writing a profile based on a sound assessment, taking into account all those close to the child and the child themselves.

Local authorities would benefit from sharing their ideas of good practice about what works in creating a range of placements for disabled children. Investment in this area of work is crucial as finding the right placement is central to stability and permanence. In fact, academic evidence asserts that the quality of placement is by far the most important influence on a child's well being (Sinclair et al, 2007).

### Supporting placements

Decisions on placements should be based on a detailed assessment of the child's needs. As part of this process, workers should also evaluate their own values and feelings in relation to disabled children. One study suggested that the tendency for some disabled children to remain in care for longer, with a plan for long term foster care rather than adoption, is linked to professionals' perceived beliefs about children. If a worker believes it will be too difficult to find adoptive families or does not think carers could cope with medical treatments at home, this can limit placement plans (Schmidt and McDonald, 1998). Such perceptions are related to how disability is usually perceived in general society where it is often associated with stress and tragedy. Workers have a role in helping disabled children to develop a positive sense of identity in the face of negative public stereotypes about disability.

The provision of ongoing, reliable support is critical for people thinking of caring for a disabled child. Messages from carers about what they find helpful have been consistent in research: people want support services which provide relevant information, expert advice, and training when requested. In relation to disabled children there may be a need for guaranteed breaks for those who want them and access to specialist help. Because looked after children who are disabled are likely to require input from

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a number of services, someone to co-ordinate these services would also be welcomed.

However, research looking at a range of placements found adopters, birth families and foster carers of disabled children were all less satisfied with the level of support they received than was the case where children were not disabled. Particular issues included high levels of dissatisfaction in relation to whether social workers understood the child, did as they said they would, and responded quickly to requests for help. In one study, a higher proportion of disabled children either had no social worker or a social worker who rarely visited them (Sinclair et al, 2005).

### Supporting contacts between disabled children and their families

One area where social workers have an important role is in supporting contact between children who live away from home and their families, where this is appropriate. Providing continuity in relationships is also a crucial part of stability. The issue of contact for looked after children needs to be carefully handled: it is important to recognise genuine risks, the child's views, and the changing nature of the situation.

When assessing the contact needs of disabled looked after children, professionals may erroneously assume that contact with family is less significant as some disabled children are unable to value or understand

contact as much as non-disabled children (Read and Harrison, 2002). However, studies of disabled children who are looked after suggest their need for family contact is at least as great as that of other children, but that a combination of practical difficulties and professional attitudes can lead to a lower level of contact. In one study, around half of non-disabled children had weekly contact, compared to just a quarter of disabled children. This was partly explained by the fact that disabled children were more likely to be placed further away from their family, making contact less easy. This may predispose some disabled children to drift, as the study showed weekly contact was associated with return home (Baker, 2006).

Workers need to be aware of the frequency with which disabled children are visited. For those with low levels of contact there may be a need to develop strategies to minimise the effect of distance on contact and to ensure parents and relatives are supported to overcome distance as a barrier. For some of the disabled children who experience little or no contact, it may be appropriate for them to have opportunities for contact with independent visitors or advocates.

Research evidence on all looked after children shows the impact of contact on children can be both positive and negative; the same child can have good contact with one member of their family and detrimental contact with another. Contacts can therefore be of variable quality. This is true for disabled

children's contacts too. For example, family members may perceive the disabled child as being at an earlier developmental stage and therefore relate to the child as if they were much younger. Therefore it is important for workers to understand the impact of various contacts and take account of the children's views. Workers may need additional support and resources to do this and to ensure that contact is of a high quality. Strategies for keeping in contact may need to be imaginative in order to fully involve disabled children and their families (for example, using touch, smell, photographs and technology).

### Listening to disabled children

The child's voice should be central to the process of assessment, planning and review to ensure needs are fully met. Effective communication is central to meeting these needs. Many disabled children have impairments affecting their communication and understanding. It is important for looked after disabled children, who may find themselves away from key people with whom they normally communicate, that they have someone who can understand their views and needs. If a child uses a particular augmentative or alternative communication system, it is important to ensure that this system travels with the child in all settings.

Social workers may fail to ascertain the wishes and feelings of disabled children when carrying out assessments and

reviews of placements (Morris, 2000) and sometimes not consult them about decisions over their care. Some examples of poor practice include disabled children not being involved in life story work and of assessment forms being completed by workers of disabled children with 'not applicable' written in the section for 'child's view'. Researchers conclude that participation is still only happening for small numbers of disabled children, usually those who are most confident and able to communicate (Franklin and Sloper, 2007).

In their practice guide to working with disabled children separated from birth families, Argent and Kerrane (1997) argue that no child is too impaired to be informed about what is going to happen in some way he or she can understand.

It should be expected that disabled children have social workers with whom they can communicate. As disabled children use a range of communication methods, workers will find it helpful to have access to and knowledge of resource packs aimed at working with disabled children (JRF, 2001).

## Promoting stability in different care settings

### Birth family

Legislation and permanence literature sees return home as an ideal outcome. Many looked after children return home quickly after entering care, but the likelihood of return declines with time. Some studies claim that disabled children are less likely to return home, or if they do, it happens at a slower rate and reunification takes longer compared to non-disabled children (Courtney, 1995; Rosenberg and Robinson, 2004; Baker 2007). When disabled children have a plan to return home, it is essential this plan is acted upon quickly to prevent disabled children spending unnecessary time in care.

A review of research findings found that factors associated with stability on a child's return home were: a high quality assessment; conditions having been set for return; parental commitment to return; all problems that led to the looked after episode having been addressed; adequate preparation for the return; and monitoring of children during their return (Stein, 2009). Unfortunately, return home is not always successful: evidence from a small number of UK studies suggests that between a third and a half of looked after children who return home may subsequently re-enter care (Biehal, 2006). Available research points to a high level of vulnerability to re-abuse

for children returning home and concerns about some disabled children's care needs not being met (Sinclair et al, 2007).

Despite these findings, birth families are often in receipt of a low level of support from social services. Disabled children and their families living at home in the community are more likely to have to deal with low-income, deprivation, debt and inadequate housing compared to their non-disabled counterparts. In addition, there are consistent reports of poor interagency working and an exclusion of disabled children from mainstream childcare and leisure opportunities (Beresford, 1995; Blackburn et al, 2010). Research indicates the factors that can help these families include providing more information on available support, improving co-ordination of this support, and ensuring families receive all financial benefits they are entitled to (JRF, 1999).

The care system needs to be flexible and responsive to individual needs and care can be used proactively to provide regular support to some families. Shared care, in which children spend some time apart from their family with known carers, can help secure permanence and keep families together. Academic evidence suggests that more use could be made of shared care for disabled children for whom placement choice is often limited (Sinclair et al, 2007).

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## Adoption

Adoption offers a very definite form of permanence for some disabled children who cannot go home. Research on disabled children's experience of the adoption process and outcomes over time, concludes that adoption placements generally show success and satisfaction with few disruptions (Glidden, 2000).

However, disabled children for whom the plan is adoption are more likely to experience long delays in waiting for an adoptive placement (Avery, 2000) and often adopters are sought but not found for disabled children, particularly those with learning impairments (Selwyn et al, 2006). As a result, it may be useful to identify children with learning impairments as a group for which special recruitment efforts are needed if they are to achieve adoption.

As for all looked after children, research consistently indicates that the main barrier to adoption is age. One study showed there are a limited numbers of adoptions over the age of six. However, when older adoptions did occur they were more likely to involve disabled children. One reason for this was that disabled children are more likely to be adopted by their foster carers (Baker, 2007).

Research evidence shows that carer adoptions offer an important route to permanence for disabled children. There may be scope for increasing the number of carer adoptions for disabled children.

Local authorities must ensure they meet carers' anxieties about continuing financial and practical support. A widespread view from workers in one study was that the time-limited nature of support for foster carers wishing to adopt acted as a disincentive and that this is particularly likely to discourage adoption by carers of disabled children (Biehal et al, 2010). So it is of particular importance when recruiting prospective adopters that information about longer term support into adulthood is available (Cousins, 2006).

## Foster Care

For some children, adoption or return home are not appropriate options. In these cases, foster care, residence orders, or special guardianship may provide long-term security. One study followed up children in foster care over three years and found that disabled children stayed with the same carer for longer than other children and generally did well on measures of stability and permanence (Sinclair, 2005).

Research on long-term foster placements for all children has highlighted that there can be a continued risk of placement breakdown (Rushton, 2003). Studies have found that children described as having behavioural problems are at a higher risk of experiencing placement breakdown. Disabled children may be more likely to display behavioural problems and so in order to reduce breakdowns attention should be paid to attachment issues and to 'disturbed' behaviour.

Foster care is not 'fully permanent' due to its legal status (Triseliotis, 2002) which can cause concern to carers and children. There may be particular anxieties as young people grow older and approach age 18 when formal care ends. One way to increase permanence in foster placements is to consider other measures such as residence orders or special guardianship (or carer adoptions).

Carers of disabled children who had obtained special guardianship or residence orders emphasise the normality they bring to day-to-day family life and children's increased sense of security. As in the case of adoption, it is important that the use of legal orders is not reduced by concerns about finance or reductions in support.

## Residential care

Studies have consistently shown that looked after disabled children are more likely than other children to be placed in residential provision including children's homes or residential schools (Gordon et al, 2000). Children in this type of provision are likely to be male and aged between 10 and 15. Residential placements can play a valuable role within the spectrum of provision offering highly specialist support to meet some children's needs. However, there remains a number of concerns about such placements including vulnerability to abuse and neglect; difficult transitions beyond residential provision; inappropriate

use of residential placements; high costs; and poor outcomes for some (Pinney, 2005). When placements are far away from a child's home, it can become difficult to maintain contact, especially when local practice in helping parents to maintain contact with children placed away from home is known to vary. Local authorities should check that disabled children in residential care are placed appropriately and are achieving good outcomes.

### Transitions from care

Young people who have spent time in care tend to have poorer outcomes than their peers. They are more likely to have poor educational performance, contact with the criminal justice system, poorer health, and be vulnerable to homelessness and unemployment. It is therefore important that they are supported to deal with the transition to adulthood. Unfortunately, there is strong evidence that disabled young people experience unsatisfactory transitions from children's to adult services or to 'independence'. There can be a lack of planning, inadequate information and consultation with young people, and restricted housing and employment options and poor support after leaving care (Rabiee et al, 2001). Services for disabled care leavers are not always co-ordinated and planned with mainstream leaving care services. There is a need for better interagency planning to ensure continuity and to improve monitoring of looked

after disabled children as they reach their teenage years so that planning starts and continues early. Transition planning should have as its main focus the fulfilment of disabled young people's aspirations.

Young people cannot legally be 'in care' beyond their 18th birthday. However, disabled young people can have needs for care and support for a longer period of time and into adulthood. Compared to all looked after children, disabled young people are more likely to stay in their former foster care placements past the age of 18 (Sinclair et al, 2005). The way these arrangements are financed and managed varies (e.g. supported lodgings, adult fostering) and not all of the schemes are viewed satisfactorily.

Other young people who can not stay in their former care placements need their local authorities to provide a range of accommodation options including supported accommodation and good quality 'independent living' arrangements. At present, councils report mixed success in this, and for young people there can remain uncertainty over their future and they may feel they have no permanent base. Studies with care leavers have shown they are vulnerable to problems with loneliness, debt and unemployment. Carers and workers often have reservations about how the young person will cope.

There is particular concern for those young people who do not meet the eligibility criteria for adult services. Services can struggle

to find suitable accommodation for young people leaving care with challenging needs who wish to live independently but are not equipped to manage. Such problems can be exasperated when young people live outside their local authority as there can be difficulty negotiating access to accommodation in other areas. It is important for services to identify young disabled people who do not meet the threshold for adult services and provide additional support as they are at particular risk of poor outcomes.

Improvements for young people leaving care will depend on a greater collaboration between adult and children's services, increased provision of appropriate accommodation, educational and work opportunities, and workers with knowledge of both disability and care issues. There also needs to be greater involvement of young people and carers in planning and continuing support as disabled young people move on from care.



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