



Wales Centre for Public Policy
Canolfan Polisi Cyhoeddus Cymru

International approaches to managing placement provision for children and young people looked after

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Summary

- This report presents the findings of a review of the international evidence on approaches to managing placement provision for children and young people looked after, identifying key areas for further analysis.
- We identify five key areas of divergence between the countries studied which would be suitable for further exploration.
- **The balance between reunification and permanence:** When compared with the UK, some countries place a greater emphasis on the continuing responsibilities of birth parents and mobilise greater resources to promoting reunification.
- **The incorporation of the voice of children and families in placement decisions:** Some countries have a stronger, built-in emphasis on incorporating the voices of children and parents in ongoing decision-making about what is best for the child or young person.
- **The balance between state, private and third sector provision:** Although countries have different approaches to the balance between state, private and third sector provision, all must consider how effectively to manage the balance between the providers within their system. We present examples of how countries manage the risks and benefits of different balances of provision.
- **The types of placement services:** Countries use different placement types flexibly to meet the needs of the child or young person, including approaches that require intensive and responsive support.
- **The approach to strategic commissioning:** We suggest the following areas for further comparative analysis – the mechanisms used by strategic commissioners, costs and charges for placements, comparisons of market capacity, choice and market management.
- Although there are important differences between the countries studied, all face many similar challenges. For example, there was concern in all countries about the costs of care and the availability of suitable placements. No country can be said to have ‘solved’ the problem of strategic commissioning.

Introduction

In 2019 the Wales Centre for Public Policy (WCPP) worked with The Institute of Public Care at Oxford Brookes University (IPC) to undertake a review of international evidence on approaches to managing placement provision for children and young people looked after as part of a major project being carried out by WCPP to consider new approaches to managing placement provision in Wales. The purpose of the project overall was to:

- Consider how approaches in different countries vary.
- Think about the factors which have influenced these approaches.
- Consider whether there are activities, services, and arrangements elsewhere which might be worth exploring further, and whether there are aspects of the Welsh system which warrant further enquiry or testing.

In stage one of the project, we described, using published and online sources, how basic arrangements work in different countries. In stage two we followed this up with a more detailed enquiry through interviews in some of these countries, leading to the completion of this report.

Methodology

In stage one we undertook a desk-based exercise using University library and other formal and informal resources relating to countries identified in the specification: Australia, Canada, Denmark, Germany, Hungary, New Zealand, Norway, Republic of Ireland, Sweden, USA, and in the UK England and Scotland. The key questions we used to source the material were as follows, though the extent to which these have been possible to answer has varied from country to country:

- 1** How are strategic commissioning, contracting, provision, matching and monitoring of placements organised and managed in different countries?
- 2** How did these systems emerge?
 - a. What is the purpose of care? (Considering culture, ideology, and links to social pedagogy, remedial and restorative approaches, therapeutic care etc. as well as legal frameworks and statutory duties).
 - b. How do they understand 'need'?
- 3** What are the different elements of service provision, and how are they distributed across systems, including private, public, voluntary and community sources?
- 4** What are key aspects of the process of managing provision?

- a. How are placements matched to need?
- b. What is the nature of the relationship between the state and providers?
- c. How do they predict and respond to changing need?
- d. What is the financial model for managing the supply of placements? Where possible, provide an assessment of costs.
- e. What is the model for managing the quality of provision? (considering each country's understanding of 'what good looks like').

In stage two of the project, we spoke directly to experienced senior practitioners and service managers in these countries by conducting telephone interviews with them, during which we tested our understanding of the written materials we had found, and asked them to share their perspectives on the practicalities and effectiveness of their local arrangements, and how 'policy' was translated into practice. The interviewees were assured of anonymity and so are not named in this report, but we are very grateful to them, and to the national and local agencies in each country who responded so willingly to our requests for interviews. During the interviews they were asked only to comment on our understanding of the arrangements in their country, and where we have drawn in detail from these interviews, we note this in the text with a reference to 'information based on telephone interview with professional August/September 2019'. Any errors in the descriptions or value judgements in the analysis are entirely our responsibility.

We have, of course, only been able to summarise arrangements in different countries in very broad terms. The quality of data and literature is very different, and there is very little academic literature which gives a comprehensive overview of commissioning and placement systems – it tends to focus on particular interventions, methodologies or practices. We do not, therefore, propose 'better' or 'best' systems, reach conclusions about the impact of systems on outcomes, or make an argument for or against different market or commissioning arrangements. Also, detailed arrangements and practices will vary from state to state, area to area, and in some case teams to teams, so we need to emphasise that the descriptions are not necessarily accurate for every service or area in any one country. Nevertheless, we think they are valuable because they point to different ways of approaching the challenge of finding the right placement for the right child, and can stimulate further debate and perhaps investigation in Wales.

Inevitably a report such as this contains a high level of subjectivity, as it is based on literature and interviews interpreted by the people undertaking the exercise. We make no apology for this and hope that IPC's experience in working with national and local government across the UK on the commissioning, design, and delivery of children's services, and our team's direct experience of practice and commissioning in this area, justifies some of the assertions made.

The next section of the report is an overview of our scope of analysis. This is then followed by findings and a discussion on five key themes that emerged through the analysis. A subsequent section suggests areas for further analysis or exploration.

The scope of the analysis

Placements and commissioning

We have focused in this project on a relatively wide field covering strategic provision and commissioning of services (provided both by local authorities and the independent sector). This involves a wide set of arrangements in every country, which we summarise as follows:

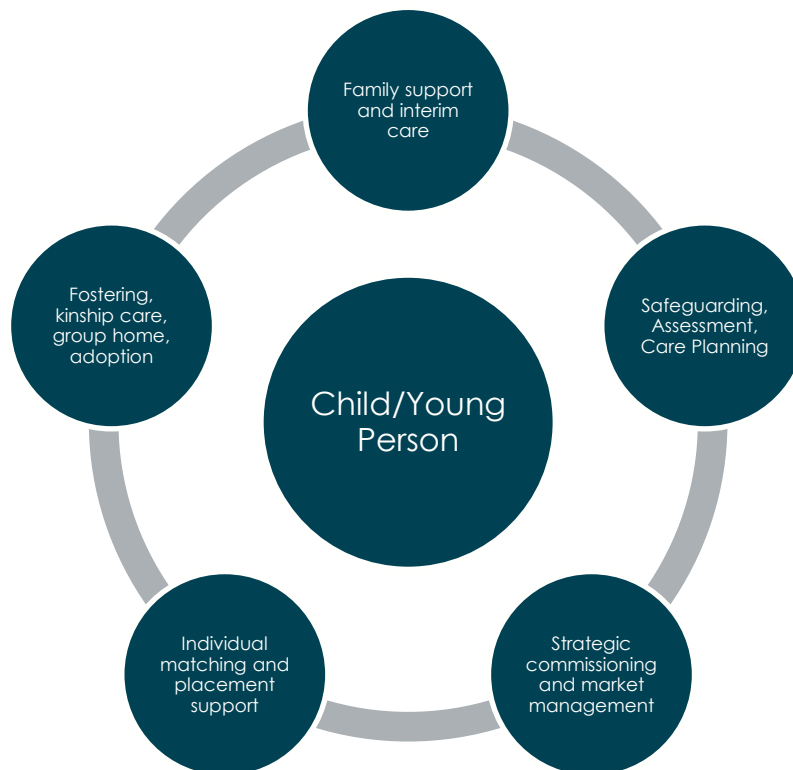


Figure 1: Arrangements for children and young people who may need to be looked after

All of these elements exist in some form or another in each of the countries we considered. Of course, many of the terms mean slightly different things in different countries, so we have tried to interpret different phrases appropriately and, in this report, we have used these terms in the way in which they are generally used in Wales.

This wide scope incorporates a similarly wide set of arrangements concerned specifically with commissioning. These are explored and interpreted in the report in the terms which are commonly used in Wales. Specifically, we have referred to the IPC Commissioning Cycle,

used in national and local government across the country to describe the range of activities commonly involved in strategic commissioning and procurement of services by the state.



Figure 2: IPC's Commissioning Cycle (IPC, 2017: 4)

Different arrangements, common challenges

Given the cultural, historical and political differences that can apply, any conclusions from research of this kind needs to be mindful of the challenges and risks associated with attempting to generalise or transfer approaches and policy from one country or region to another, and also whether similar outcomes will be achieved. As noted by Ezell et al (2011: 1847), the question of whether a service or programme successfully implemented in one jurisdiction can achieve the same outcomes in another is 'a major challenge in child welfare'.

As might be expected, there are considerable differences in the ways that different countries cater for the needs of those children and young people who, for whatever reason, cannot be cared for safely or adequately by their birth parents. The countries studied vary in terms of:

- The fundamental purpose of ‘care’, and what social policy goal it is intended to achieve.
- The balance of services (e.g. fostering vs adoption vs residential care).
- Who provides services (e.g. private, public-private, social enterprise, voluntary, public).
- Who is responsible for different aspects of individual safeguarding, assessment, matching and placement support (local public services, courts, contracted voluntary or private sector, citizens and young people themselves).
- The relationship between national, regional and local policy, planning and commissioning responsibilities.
- Quality and inspection (central government, national bodies, professions).

There are also, crucially, in-country variations (e.g. between regions or states). This all means that we have to be cautious about assuming that arrangements, services or activities which are seen as successful (or not) in one country will be appropriate or successful in any other, and in Wales in particular.

Nevertheless, across the countries we looked at – almost all of which might be described as relatively wealthy western countries – there were important similarities in the child care and support issues with which the state is trying to deal, and these echo many of the challenges with which services in Wales are currently grappling:

- All countries are concerned about the apparent poorer outcomes for children and young people in care when compared with their non-looked after peer groups, whether this is in relation to health and educational outcomes, or general life-chances.
- All of the countries are concerned about the numbers of children who are coming into and remaining in state care. Almost all are experiencing ongoing steady increases in these numbers despite concerted efforts to support families and avoid having to place children in substitute care.
- Many countries have what they consider to be an over-representation in their care populations of children from minority and/or disadvantaged groups, including in some cases from indigenous populations.

- The cost of care continues to rise in most countries. Increasing professionalisation and shortage of provision is driving average costs up.
- Placement availability is at a premium, and organisations in most of the countries we spoke to often struggle to find appropriate placements, particularly for ‘hard to place’ children and young people, at whatever cost.
- In general, there has been a growing move in recent times towards preferring foster care in a family-like environment over residential arrangements, even in countries where there is a long tradition of large-scale institutions.
- In general, there is a tendency to prefer and prioritise the use of ‘kinship’ or ‘relative’ foster care (i.e. carers who are already known to the child and family) ahead of non-kinship care.
- There tends to be a mix of providers of care, with countries delivering some care (both fostering and residential) direct through in-house state institutions, as well as via independent providers, and no country relying solely on state-provided care.
- Independent providers of care (in whatever form) tend to comprise a combination of voluntary/charitable/not-for-profit bodies and some level of presence in the market of for-profit organisations – which varies significantly from place to place.

From our exploration of practices and arrangements in the different countries, we identified five key themes where there appear to be different approaches in different countries, and where there are approaches which might be worth exploring further in Wales. We consider these in the next section.

Which children and young people are we considering?

Again, we have been wide-ranging in our scope here. Our remit has included all children who require a placement in care which is beyond their birth or original family. The focus has been particularly on children who come in to the care system because their parents are unable or unwilling to care for them, they are not safe with them, or they have needs requiring complex care packages owing to disability and their family cannot support them at home.

This covers a wide range of children and young people with different needs – and of course there are different threshold levels in different countries.

Key themes

We have drawn together information and evidence from different countries, compared their systems with each other and with our knowledge of systems in Wales, and identified five themes that we think offer ideas for further exploration or development in Wales. We have not sought formal evidence or data to suggest whether one system might be more effective than another, but we have tried to suggest, wherever appropriate, countries or areas where further exploration might be best targeted. The five key themes are:

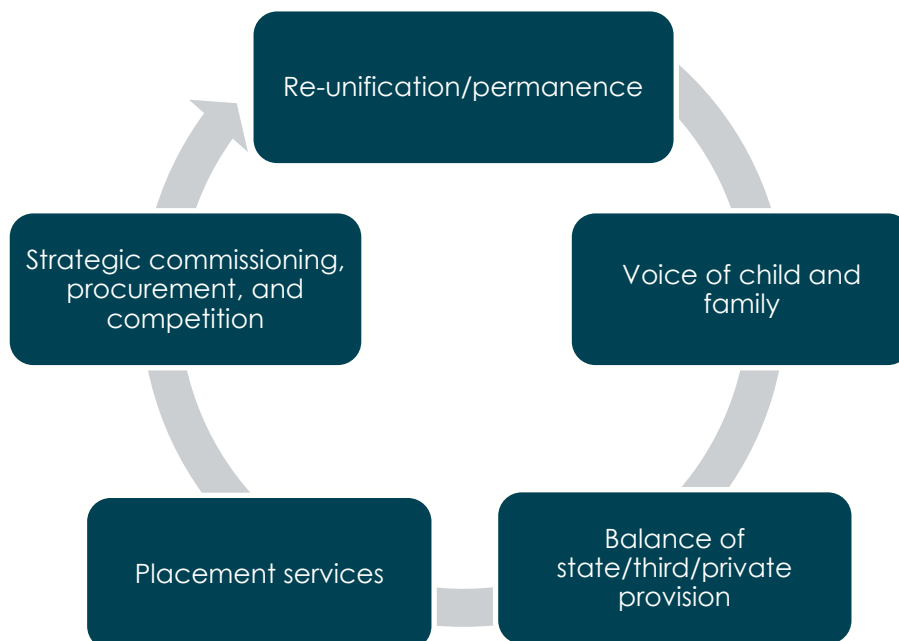


Figure 3: Five key themes identified in this research

The themes are certainly inter-related and, in some cases, overlapping. We try to recognise this in the discussions but we think that each theme has different interesting and challenging ideas to stimulate the thinking of policy makers, service leaders, commissioners, practitioners, and families in Wales.

Theme 1: The balance between re-unification and permanence in placement practice

This theme goes to the heart of the different approaches to placements between different countries in our cohort.

In our experience, UK countries tend to take an approach to placement which is focussed on securing permanent placements, for children who cannot remain with their families, as soon as possible through kinship care, long-term fostering or (preferably) adoption. In these countries, compared to others we reviewed, there is traditionally a strong delineation between parental responsibility before and after a care order. Particularly in non-kinship care situations, the birth family often loses meaningful responsibility for the child to the state at this point, even where they continue to have access or contact.

In Sweden, New Zealand, Germany, Denmark and Norway, they tend to place greater emphasis on the continuing responsibility of birth parents even when the child cannot live with them, and they seem willing to tolerate greater long-term placement uncertainty while they focus care and support on working with the family to make it possible for them to be re-united. In many ways, it appears that the boundary between family support prior to care proceedings and family support in substitute care is more porous, with foster care and residential care very often intended as a source of more temporary support while families are helped to explore whether the child can return to them, or what ongoing relationship they will have.

This is not the case in every circumstance, and while these countries recognise that in some cases this type of arrangement is not realistic, it is their default approach. Evidence of impact is difficult to compare but there are some striking examples.

The continuing responsibilities of birth parents

In Denmark (partly owing to the continued role and responsibility that birth parents retain under law) between 2009 and 2015 local authorities obtained adoption without the parents' consent in just 13 cases (Smits, 2019). Danish policy has historically supported comparatively high levels of expenditure in universal services to support parents in caring for their children. Coupled with the general high confidence in which residential and foster care services are held in their capacity to help families, this has meant that there is a general willingness to accept state intervention in family life (Ubbesun et al, 2015).

In Sweden, there is a similar approach whereby parents retain ‘guardianship rights’ over their child during their time in foster care, with a right to contact unless there is a specific reason for this to be denied. Reunification is the key driver for activity, especially during the first 12 months. The law then allows foster carers to apply to become legal guardians through ‘custody transfer’, and the parents then lose their rights over the child (Wisso and Johansson, 2018).¹

In Canada, governments in different provinces and territories set most law in relation to child welfare. In Alberta, for example, there is by law a requirement to provide the least intrusive intervention possible – so children get family support before being taken into the care system. Then, upon entry into care, re-unification is the primary goal, with other types of permanency including adoption a subsequent option. There is also a requirement to explore ‘kinship’ care (which can include friends or others known to the child e.g. teachers/neighbours).²

In Germany, the child welfare system is considered to be ‘family-service oriented’, with interventions focused on the therapeutic and on meeting assessed needs. The state-parent relationship is conceived of as a partnership with local services aiming to strengthen family relationships and voluntary placements. A child can be placed outside the family with the consent of the parents even when the threshold for child protection is not met, if it is considered supportive for the child’s development. Foster carers can provide support and help for children and young people and either prepare them to return to their family, to become a member of a new family, or for independent living. If parents accept placement of their child with a foster family, they remain the legal guardian, but the foster parents are allowed to make decisions in everyday situations.

In New Zealand, the process of entering care involves the family, with services always working towards reunification to the family or child’s network. Family Group Conferencing is used extensively with the aim of re-unification, particularly within the first 12 months of entry to care. After this, other permanent options are explored, though adoption is used very rarely.³

As with all of the themes in this report, we are not suggesting that re-unification does not underpin assessment and placement practice in Wales or the rest of the UK, or that it does not happen anyway for some families as children get older. Clearly, in many individual

¹ Information also based on telephone interview with professional August 2019.

² Information based on telephone interview with professional August 2019.

³ Information based on telephone interview with professional September 2019.

situations, children or young people and their families are supported both pre- and post-care to be reunited. Most practitioners in this area would also recognise a common scenario whereby young people who have been placed 'permanently' in an alternative placement often return to their birth family or their former neighbourhood, despite the best efforts by carers to offer an alternative care experience.

However, there seem to be some particular characteristics of the 're-unification countries' which denote a difference in policy and practice compared to the UK:

- First, there is a cultural norm that birth families should have an ongoing responsibility for children and young people even when they cannot care for them. The state does not take over that responsibility entirely.
- Second, placement facilities such as foster care and residential care expect to be involved heavily in supporting re-unification work, particularly in the initial period after a child comes into care.
- Third, family support services work across the boundary between 'in family' and 'in care' much more readily.
- Finally, the legal framework is better able to encourage a more nuanced relationship between family parenting and corporate parenting.

A shift in this direction in Wales would need careful consideration before any action was taken. There are likely to be fundamental legal and cultural assumptions which would need to be challenged, and in commissioning terms it would require the design and delivery of a very different set of arrangements and practices for the Welsh Government, local authorities, the courts and partner agencies.

It would also require a different range of provider practices and expertise, particularly in terms of working with the birth family, and different expectations on parents, as well as confidence and capacity for working with parents and in differentiating those who are 'struggling' but have potential to re-unify or to maintain some level of contact, from those for whom this will never be in the best interests of the child.

For this theme, as with the others, we have considered how partners in Wales might explore this approach further, and options are proposed in the final 'Ways forward' section of the report.

Theme 2: Securing the voice of the child and family in placement decisions

In Wales and in the UK more generally, there has been a growing recognition over the last decade that the complexity and formality of decision-making processes (including courts, local authorities, the NHS and other agencies) can undermine the confidence and ability of

children and their families to have their voices heard in decisions about legal status, placement and support. While many statutory agencies have tried to respond to these challenges, critics suggest that there are still many situations where voice and responsibility have been taken away, to the long-term detriment of children and their families.

Other countries recognise that the solutions to issues facing many families need to be found by the family, extended family, and local community, and that the opportunity to achieve this should be the priority. They recognise that many of these children as they grow up will return to live with or engage with their original family anyway, and therefore accept they need to support them and their families to maintain links and responsibility.

Hearing the child's voice

There is great emphasis on hearing the 'child's voice' in some countries, with this being mandated in law in some cases (e.g. Sweden, Norway), combined with a large degree of involvement of the parents in decision making generally. In New Zealand, a major policy focus is on the inclusion of birth families in matters of care, protection and offending with extensive use of Family Group Conferences (which were initially developed in New Zealand with the introduction of the 1989 Children, Young Persons and their Families Act) in all three areas (Connolly, 2004). Generally, it is expected that families continue to provide for their children and that solutions are sought first within the family before any entry into the care system.⁴

In Norway, local municipalities are responsible for foster care placements and must ensure that the child is visited in their placement at least four times a year to understand their situation, needs and views. In addition to a caseworker, the child has a 'supervisor' who acts independently in a way similar to an advocate. The national standards and guidelines for providers of care also emphasise securing the 'child's voice'.⁵

In Sweden, efforts are made to include the child in age-appropriate ways, and from the age of 15 the young person must agree before any decision is made, unless a court order is secured (Wisso and Johansson, 2018).

⁴ Information based on telephone interview with professional September 2019.

⁵ Information based on telephone interview with professional September 2019.

In Alberta (Canada), there is also a mandatory requirement to include parents and guardians of the child in the initial assessment process. ⁶

This theme is closely linked to the first theme and we think that it is also a promising area to explore further. The question here is how the voice of the child *leads* decision-making about placements rather than being only a contributory element.

Again, we need to be careful about implying that this theme is not something that practitioners and policy-makers are concerned about in the UK. They are, and there are many examples of developing practice across Wales, as well as national policy such as the Social Services and Wellbeing (Wales) Act 2014 which requires due regard to the UN Convention on the Rights of the Child. However, many practitioners would say that best practice in the UK is about ameliorating the difficulties of enabling children, young people and their families to have a meaningful voice throughout their care experience. Some of the practices we have heard about elsewhere appear to start with a stronger built-in emphasis on the voice – and the responsibility – of the child and family in the ongoing judgement about what is for the best. This is through:

- A starting point that families should retain responsibility for their children wherever possible.
- An assumption that the primary role of statutory agencies is to promote good communications and shared responsibility of the child's network throughout their care experience.

As with the other themes, we have considered how partners in Wales might explore this approach further, and options are proposed in the final 'Ways forward' section of the report.

Theme 3: The balance between state, private and third sector provision

The third theme concerns the respective merits of different forms of ownership and governance of services. Our analysis is not based on the respective merits of public, private and voluntary services when they relate to the provision of a public service, but rather considers ways in which different countries approach this question, and what they are doing to maximise benefits and minimise risks, whatever the particular balance of services.

⁶ Information based on telephone interview with professional August 2019.

There is a wide range of ways in which different countries are delivering and governing the different activities we noted in the scope of the review at the beginning of this report.

In terms of assessment and care planning, it is rare for these functions to be outsourced by the state or by a state agency, although there are some examples where independent agencies are provided with a budget to meet the needs of a population, including these functions.

Australia

In Queensland it was interesting to note that the state child welfare department retains case management responsibility for children in statutory care whilst allowing non-government partners (including the voluntary sector) to be contracted to deliver the actual casework services and support in line with agreed case plans. In recent years, the funding for this shift has increased, allowing more child protection services to be purchased from the voluntary sector (Queensland Government, 2018).

Some countries appear to have a very small private provider sector, confined mainly to the provision of specialist residential care requiring one-off placements on an occasional basis. In these examples, foster care provision tends to be organised and delivered by a state body. Often in these countries, pay rates for foster carers are relatively low, focused on allowances, and foster care is not generally regarded as a 'professional' task.

New Zealand

In New Zealand, approximately 90% of services are delivered by directly run state agencies, and the rest is required to operate under the same terms and regulations that apply to state provision. New national Care Standards were introduced in July 2019, and a standard commissioning framework is used to support local commissioning and contracting. It also supports informal 'commissioning', which includes capacity and capability building in local communities. There is a strong traditional theme of 'altruism' within the New Zealand system (which is reflected in the relatively low value of foster care allowances, for example) and their desire is to retain this as a core value within the system.⁷

⁷ Information based on telephone interview with professional September 2019.

Others have a much more extensive private fostering and residential sector.

Canada

In Ontario, child protection services are provided by Children's Aid Societies (CAS). The State Ministry provides funding to, and monitors, CAS. It also develops policy, and licenses children's residences (group homes) and foster homes. CAS are responsible for safeguarding services for children, looking after the children who come into their care, counselling and supporting families, and placing children for adoption. In doing, all CAS must comply with the Child Protection Standards in Ontario.

There are 49 CAS across Ontario, including 11 indigenous societies. Residential children's homes are typically licensed by government but run by private and/or not-for-profit organisations. The Ministry funds some residential services directly, and some are funded indirectly by placing agencies such as CAS through contracts with private operators (Ontario Ministry of Children, Community and Social Affairs, 2019).

In Alberta there is a mixed economy in most types of care. For instance, kinship care is 80% state provision to 20% agency; other foster care is 60:40; short term treatment or therapeutic placements are about 50:50. All group home care is provided by the private/independent sector. In-house provision is subject to the same licensing process and other standards that are applied to the non-state sector.⁸

Other countries have a very strong third or social enterprise sector which meets the needs of different children and young people.

Germany

In Germany, the *Jugendämter* (local children's state agencies) can, but do not have to, provide services themselves. They can work with welfare organisations that are funded by the state but run by the third sector. These are often referred to as *freie Träger*. Indeed, the *Jugendämter* are expected only to provide services themselves if provision by the *freie Träger* is not available. The *freie Träger* are funded by grants from the *Jugendämter* for the services they provide, and they are licenced at state

⁸ Information based on telephone interview with professional August 2019.

level, with the requirement that services are provided to a professional standard and recognise the rights of the German Constitution.

Once they have met the requirements for at least three years, any organisation (including religious groups governed by public law as well as federal welfare service organisations) has a right to be recognised as a *freie Träger* (Witte et al, 2016).

Other states have a balance much closer to that in Wales.

Ireland and Norway

In Ireland, Tusla became an independent legal entity in 2014. It is a national service and bringing together pre-existing bodies including HSE Children and Family Services, the Family Support Agency and the National Educational Welfare Board. It can provide, purchase or license services. For example, foster services are provided by both by Tusla direct and also by voluntary and private foster care agencies (Tusla, no date). They provide the full range of types of foster care, including short- and long-term placements, emergency placements, parent and child placements, supported living, and transitional support between residential and foster care to foster care. Residential care is also provided by a mix of state-run (Tusla) homes and voluntary/private bodies (Irish Foster Care Association, 2013).

In Norway, foster care services can be run directly by a municipality or through a private or not-for-profit body. Approximately 90% of all foster homes are municipal foster homes. They are responsible for recruiting foster carers, providing training and guidance, and allocating placements while accountability for follow-up support and supervision remains with the municipality. Foster carers are paid and have an agreement with the responsible municipality (Norwegian Government, 2019).

Finally, matching and brokerage arrangements vary in their extensiveness and complexity – often related to the extent of the independent sector provision. Several, but not all, countries have some form of regional or national brokerage service intended to enable state purchasers to have better quality information and greater reliability of contracting through things like provider registers, quality assurance arrangements, and pre-placement agreements.

It is worth noting that the balance between the elements of provision appears not to have any impact on the capacity to 'match' the needs of the individual child with the competencies and capabilities of providers of care (including foster carers). Whilst all countries attempt to some extent to match, in reality nearly all report that this is adversely affected by the capacity of the system and the availability of carers, leading to less-than-optimal matching at times. The one exception can be where there is greater capacity of the independent/private sector to provide very specialised care in residential settings.

We did not set out to discover, nor have we found, whether there is clear evidence or experience that any one approach is better than others. There is clearly no single approach which is right for every country and, to a large extent, governance arrangements need to be recognised as very much country-specific. The people we spoke to in different countries clearly recognised this: most suggested that while different arrangements required different ways of governing and managing the market, these differences were relatively insignificant when compared with practical issues such as price, staff pay, and national policy on resources to support children, young people, and families.

There may nevertheless be important lessons to explore about the desired balance between state, private and third sector ownership and governance through comparison with other countries. Care would need to be taken about attributing specific benefits in terms of outcomes for children and families to different ownership governance arrangements in these different countries.

The final section looking at 'Ways forward' suggests ways in which this exploration might take place, which would offer policy-makers and commissioners the opportunity to explore these questions without over-simplifying assumptions about this balance.

Theme 4: The types of placement services which support children and young people

The fourth theme draws together a range of different approaches to the design and delivery of services intended to support the placement of children and young people. There are many different types of services in different countries that may offer ideas for commissioners in Wales.

As noted above, in general there has been a growing move in recent times towards preferring foster care in a family-like environment over residential arrangements. There has also been a growing tendency across countries towards preferring 'kinship' carers as foster carers (with 'kinship' often being defined broadly as someone previously known to the child or young person, including neighbours and friends, as well as relatives). In those countries with an indigenous population (i.e. Canada, Australia and New Zealand), there are typically

specific policies (and departments) that reinforce this kinship carer approach still further. For example, in New Zealand 'kin' is extended to the wider 'tribe' or 'community' with which the child or young person is linked, even where this may be some distance from the current family home.

There are also variations in types and conditions for foster carers, and sometimes a fundamental difference between the extent to which they are expected to work with birth families. In many places the number of foster carers is lower and they are often paid less than in Wales, sometimes including voluntary roles. It is not clear whether this is owing to lower demand in these countries, or to a very different family culture.

The extent to which foster carers receive training and are monitored varies, and though there is as would be expected a general tendency in all countries for them to be assessed for suitability, the criteria can vary in terms of emphasis.

Training for foster carers

Some countries (e.g. Norway, New Zealand) provide standardised training (in some cases at a national level) for all foster carers at a basic level, with additional 'modules' being offered for those willing and able to cater for children requiring more complex care packages.

In several countries (e.g. Sweden, Norway), family support is required to be provided first in an attempt to prevent the child needing to come into long-term care (except in emergencies). In Norway for instance, only 2-3% of children in contact with Child Welfare Services enter what is known as 'out of home care' – i.e. almost all of those in contact with such services do not, reflecting the emphasis placed on early intervention and prevention.⁹ This has led to some criticism in Norway that the state intervenes with too many families.

In New Zealand, recent significant and wide-ranging changes to the system place a heavy emphasis on all agencies to support the family and child within existing family and friendship networks, meaning that the threshold for entering care is relatively high.¹⁰

⁹ Information based on telephone interview with professional September 2019.

¹⁰ Information based on telephone interview with professional September 2019.

In all the above examples, and as noted in Theme 1 above, even after entry into care, the emphasis remains strongly on pursuing re-unification as the primary goal, with increasing use of these family support approaches in helping return children to birth families.

Whilst there are examples of additional support in placements being used to prevent their breakdown (for example, in England, there are examples of 'Team around the Placement' approaches, with the 'Oregon Model' of intensive wrap-around care being a specific example) this may be the exception, being arranged for particular children rather than the rule for all children. Its aim may also be less explicitly about reunification and more about breakdown prevention.

The extent to which foster care is 'professionalised' and remunerated also varies considerably.

The 'professionalisation' of foster care

In Germany, around half of children and young people in out-of-home care (or *Fremdunterbringung*) live residential care, with the remaining half in foster care (Schröer et al, 2016). Being a foster carer has traditionally been carried out on a voluntary basis, with foster families working directly with the youth welfare office. Recently, however, a distinction has emerged between 'traditional' and 'professional' (*Erziehungstellen*) foster carers. Young children with needs requiring complex interventions are often placed with 'professional' foster families, where at least one foster parent is a qualified teacher, 'social pedagogue' or social worker (Harder et al, 2013).

In Norway emergency foster carers are trained (and contracted) to look after children and young people who are in acute situations, and *Familiehjem* (family homes) are trained to cater for children and young people with special needs. This enables them to act as 'an alternative to placement in institutions' with at least one of the parents required to be 'occupied full-time in the home'. They are also required to enter into a five-year contract with the government child welfare authority in order to provide security of capacity (Norwegian Government, 2019).

Residential care also varies between countries, in terms of the proportion of such care being used relative to foster care, and also in the way that it is organised, provided and funded.

Germany

Germany has a relatively high level of care through residential provision compared to other countries. The range of services includes ‘congregate housing’ in a house or apartment that is often part of a larger home; units providing intensive therapy based on approaches such as ‘curative education’; residential care in family-like arrangements; children’s villages; and professional foster families, (some of which may provide curative education depending on the needs of the child). Young people may be provided with ‘assisted individual residential care’ with flexible support available on the basis of their individual needs or in ‘independent living groups’, where they live in rented accommodation in small groups, supported by social pedagogues (Schröder et al, 2016).

Adoption is seen as an option for different proportions of children and young people in different countries¹¹ and in at least one country (New Zealand) rarely features as a means of seeking permanence in the care system; a form of ‘guardianship’ (persons appointed by the court to care for a child) is used instead.

Overall, we have found a wide range of different forms of fostering and residential services which might be worth exploring in Wales. The key theme in this area, however, centres around the extent to which a range of different types of provision can be used flexibly to respond to the needs of the individual child or young person and the work with their family. Related to this is the fundamental importance of working with the child or young person in ‘a relationship’ approach, rather than just ‘processing’ them through a fixed system. This requires intensive and responsive support for a child and their birth family as a key element.

Theme 5: The approach to strategic commissioning, procurement, market shaping, provider competition, and co-operation

All countries have arrangements for managing state procurement of services, though these vary in terms of their form, as well as the extent to which they are used to set standards and criteria to which providers must adhere. We would expect this to be influenced significantly by the extent to which services are outsourced and therefore need such tools in practice.

¹¹ Although, in part, these differences in adoption rates reflect the different purposes of care and how this affects the way that state actors manage different circumstances and age groups.

However, despite these variations all find strategic commissioning, planning, and market shaping challenging. This is sometimes to do with demand outstripping supply, thereby giving providers the 'upper hand' in negotiating terms; the changing needs of children and young people requiring new or innovative types of provision that can be in scarce supply; or a reflection of the stage of development of this approach and the emphasis it is given within the cultural context of that country.

There is a trend away from procurement arrangements that focus only on securing best short-term value for money, and towards securing the right long-term outcomes. However, the development of systems for measuring outcomes for children rather than measuring system and process outputs varies, and in some countries is relatively underdeveloped. UK countries might be considered trailblazers in research on children's outcomes.

All countries collect data to varying degrees, but the extent to which these are used to plan ahead varies partly on the depth of the data, and partly on the resources (and importance) put into this area of work. Where it does happen, it is aimed at reducing need and future demand, though of course in reality this can be overtaken by events.

Many countries have approaches to helping their local authorities work together in groups (or at a national level) to increase their buying power and influence over the market.

Approaches to increasing buying power and influence over the market

In Canada foster carers can be 'registered' direct with the provincial government children's department or via a fostering agency working for that department. In Alberta for example, all care is licenced, including the in-house provision which is subjected to the same requirements as external providers, except for kinship care, where suitability is assessed by social workers. All external placements are contracted in some way. Good long-term relationships between agencies are felt to be important and based on dialogue and mutual interest and trying to avoid a purely economic supply and demand model, using practice models and tendering to improve services and achieve improved outcomes.¹²

In Denmark, much like in the UK, Parliament sets out the overarching guidelines for placements, while local authorities are responsible for approving providers, ensuring

¹² Information based on telephone interview with professional August 2019.

sufficient placements are available, funding, and managing placements (Jackson and Cameron, 2011).

In Sweden, the municipalities group together at a national and regional level to form an association of local authorities, developing ‘framework contracts’ to support their engagement with the non-state sector across the wide range of types of provision and need, thereby minimising the need for any purchasing ‘off-contract’.¹³

In England, Market Position Statements are used to help engage with and inform the market about what local authorities need. Also, the use of ‘consortia’ of local authorities helps increase their influence over providers (including in price), but only if the members of the consortia truly collaborate and stick together. The use of ‘Lots’ within such arrangements can help improve the range of provision available across areas of need and complexity.¹⁴

In New Zealand, contracts and funding awards must comply with the government ‘Code of Funding Practice’ which sets out best practice (Oranga Tamariki Ministry for Children, no date, a). Providers are also required to comply with an Outcome Agreement stipulating that services must be delivered in accordance with Ministry specifications (Oranga Tamariki Ministry for Children, no date, b). In addition, there has been widespread use of ‘Results Based Accountability’ in assessing the effectiveness of services (New Zealand Government, no date). Foster carers may be recruited and trained direct by the Ministry, or by approved fostering agencies – some operating nationwide and others more localised. Some of these are also funded to provide training (initial or ongoing) and support to foster carers (Fostering Kids New Zealand, no date).

Also in New Zealand, the relatively new Ministry of Children has recently produced national standards for care. The Ministry contracts with third sector providers of care via an online procurement portal – funding services that ‘comply with our priorities’. Providers are required to have accreditation via the Ministry of Social Development that they have the capability and capacity to deliver services on an ongoing basis at the required quality (Oranga Tamariki Ministry for Children, no date, a).

In Germany, there is a legal requirement on the state to contract the independent sector to provide services unless there is a strong reason that this is not appropriate. In practice this means that there is a wide range of small private and third sector agencies who are contracted by the state to provide a service to a population or a

¹³ Information based on telephone interview with professional August 2019.

¹⁴ Information based on telephone interview with professional August 2019.

placement for an individual requiring a complex care package. This is managed through a ‘triangular’ set of agreements between the state, family and provider (Witte et al, 2016).

This demonstrates that there is a range of approaches to strategic commissioning and procurement, which often reflects the balance of ‘in house’, private, and third sector service providers in different countries, as well as the legislative background, history, and culture of the country.

In general, however, the need to work together is well-recognised – whether commissioners working together in engaging with the independent/private sector, or commissioner and provider partners in pursuit of service improvement and achievement of better outcomes for children.

Ways forward

This report summarises the findings from a wide-ranging review, the aim of which was to:

- Consider how approaches in different countries vary.
- Think about the factors which have influenced these approaches.
- Consider whether there are activities, services, arrangements elsewhere which might be worth exploring further, and whether there are aspects of the Welsh system which warrant further enquiry or testing.

We have been careful throughout the report to emphasise the conditional nature of the information we have uncovered. There is no one country, region, or service which can simplistically be described as ‘successful’ in the complex world of commissioning placements for children in state care. Rather, we have tried to explore the approaches and practices in different countries with a view to understanding what might be stimulating or useful for people in Wales – in particular noting non-UK countries which might be less familiar to Welsh readers.

Any follow up should, we suggest, be underpinned by a careful and detailed analysis of the current patterns of provision and support and of the different needs and different children that care in Wales meets – and needs to meet. To complement this, we would suggest moving forward from this initial review to a more detailed comparative analysis of practice elsewhere compared to Wales, according to each of the five themes.

Theme 1: Re-unification/permanence

This area of policy and practice appears to be worth exploring further, particularly with a view to testing the emerging evidence about impact and outcomes in countries where a more systematic approach to encouraging re-unification is being explored. With that in mind, we suggest that the following activities may be worth undertaking:

- Analysis of comparative data between Wales and these countries, particularly in terms of numbers entering, leaving and being in care over time – recognising the difficulties in securing fully meaningful comparative data in this area.
- A more detailed look at examples of re-unification services and practices in Australia, New Zealand and Denmark, including in particular how services work with birth families, and an analysis of the perceptions of workers and families about the outcomes achieved from best practice in this area.

- An analysis of the key differences in the legal framework and in the principles underpinning national and local judicial, social care and health services practice between Wales and these countries.

Theme 2: Voice of the child and family

This theme is closely related to the first theme, and there seem to be some interesting and important differences in the emphasis of policy and practice between Wales and other countries. We suggest that the following may be worth undertaking:

- Detailed analysis of best practice examples of engaging meaningfully with families and children in securing placements and managing risks, and how these compare with usual practice in Wales.
- Comparison of outcomes between Wales and these best practice examples, including the extent to which stronger voice and control can lead to better long-term outcomes and better care experiences for children and young people.
- Comparison of the resources and professional activities involved in these best practice sites through detailed case reviews, and how they differ with practice in Wales.

Theme 3: Balance of state, private and third sector provision

Suggesting that the primary purpose of any system is to maintain a particular governance or ownership profile would be rather like putting the horse before the cart – the primary purpose is, of course, to meet needs and help secure the best outcomes for children and young people. Form should follow function. We also know that it is difficult to separate the analysis of a specific ownership model from the wider economic and political context within which it operates. Our key question therefore in this theme is ‘What arrangements do leaders in Wales want to explore further, and how can they be evaluated?’

In particular this will need to be concerned with the questions of balance between state, private and third sector provision. As a starting point the Welsh Government has made a commitment in the Social Services and Well-being (Wales) Act 2014 to supporting the development of social enterprises to deliver health and social care. It may, therefore, be valuable to explore the countries where this model is used and consider how they have managed to encourage good quality and sufficient supply with this model. For example, if a mixed economy of smaller social enterprises is desired, then the German, Norway, and New Zealand models would merit further exploration.

Theme 4: Placement services

We have identified a number of interesting approaches to service design and quality assurance in this report and there may be some which merit further, more detailed exploration through activities such as:

- Auditing the range of placement options available to a local authority in Wales and comparing these with the range available in selected other countries.
- Reviewing a selection of cases between Wales and selected countries to explore the decision-making process involved in identifying a need, exploring options for meeting the need, and completing and monitoring placements.
- Reviewing a selection of cases between Wales and selected countries to consider the range of placement options which were available and the extent to which the placements could respond to the child or family needs.

In any detailed analysis, some key factors to consider would be: cost and range of provision; degree of choice available; flexibility in responding to needs; how placement matching for the children and young people requiring the most complex care packages can be undertaken; how positive relationships are maintained between the child and carers/social workers; and how the child's voice is heard in making decisions.

Theme 5: Strategic commissioning, procurement, and competition

Finally, we have identified practices in other countries that might merit further investigation and more detailed comparison with practices in Wales. This could be undertaken through:

- Comparing the practices and mechanisms used by service commissioners in Wales and in selected other countries with the balance of services to which Wales might aspire. For example, if this is to extend the range of social enterprises in a mixed economy then it would be worth exploring Sweden and Germany in more detail. This could be undertaken by detailed comparative analysis of decision-making and placement management for a selection of children and young people.
- Review the comparative costs and charges for placements in Wales compared to other countries for 'straightforward' fostering, complex fostering, and different forms of residential provision.
- Compare market capacity, choice and market management/facilitation in different countries with those in Wales.

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