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Patterns of instability: Moves within the care system, their reasons, contexts and consequences

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ABSTRACT

The unstable nature of placements impacts on children's education, health and emotional development and contributes to the poor outcomes of care. The present study examined the moves of 242 long-stay children for a minimum of 3.5 years after they entered the care of six English local authorities; it used quantitative data extracted from case files and qualitative data from interviews with children and young people. During the study period 965 placements were made and 843 ended. The median length of placements was four months in foster family care and 3.5 months in residential care, and did not substantially increase until the third year of the care episode. While the numbers of placements differed according to children's ages and attributes, even very young children with no additional support needs experienced frequent moves. Instability in care replicated children's experiences within their birth families and reinforced perceptions of transience. While some placements broke down, the majority of moves were planned transitions embedded in the case management process. These may be a response to inadequate resources, but they also reflect how social workers and the courts struggled to acknowledge that some parents would not be able to provide adequate care within a child's timescale.

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1. Introduction

Evidence that children and young people placed in out-of-home care often fail to achieve 'satisfactory wellbeing in adulthood' is a matter of concern in most Western societies (Stein & Munro, 2008). In England, the chances of children and young people looked after by local authorities achieving the equivalent of high school graduation are four times less than those of their peers; they are also three times as likely to be unemployed three months after leaving school than their peers and twice as likely to be cautioned or convicted of criminal offences (Department for Children, Schools and Families, 2008a). Data such as these are often presented as evidence of a failing system (see Sergeant, 2006), although there are many, complex factors which contribute to such disappointing outcomes, only a few of which are attributable to children's social care (Ward, 2008). One factor, however, which is likely to impact on the life trajectories of children in care is the unstable nature of placements, again a common problem, both in the United Kingdom, North America, Australia, and in much of Europe (Stein & Munro, 2008; Unrau, 2007). English children move home on average three times before reaching adulthood (Moyers & Mason, 1995), whereas it is not unusual for those in the care system to

experience the equivalent level of change in the course of a year (Department for Children Schools and Families, 2008b).

While some moves are of positive benefit to the children and young people concerned, others can be damaging to their life chances. Instability is one of the major reasons why welfare outcomes for children in out-of-home care are often so disappointing. Constant change can have a major impact not only on children and young people's patterns of attachment and emotional wellbeing (Ward, Munro, & Dearden, 2006) and their sense of self-esteem and identity (Skuse & Ward, 2003; Unrau, Seita, & Putney, 2008) but also on their access to education (Social Exclusion Unit, 2003) and health care (Ward et al., 2002).

This paper presents findings from a cluster of studies commissioned by the British government (Department for Children, Schools and Families) to explore how welfare outcomes for children placed in out-of-home care might be improved. It discusses the extent of instability experienced by these children, some of the reasons for it, its consequences and some issues that might be addressed to provide greater stability.

2. Methodology

All children and young people who came into the care of six English local authorities between 1 April 1996 and 31 March 1997 and who remained looked after for at least twelve months were eligible for selection to an intensive, longitudinal study. Two hundred and forty two children could be identified who fit the study criteria and extensive quantitative data were collected from case files on their

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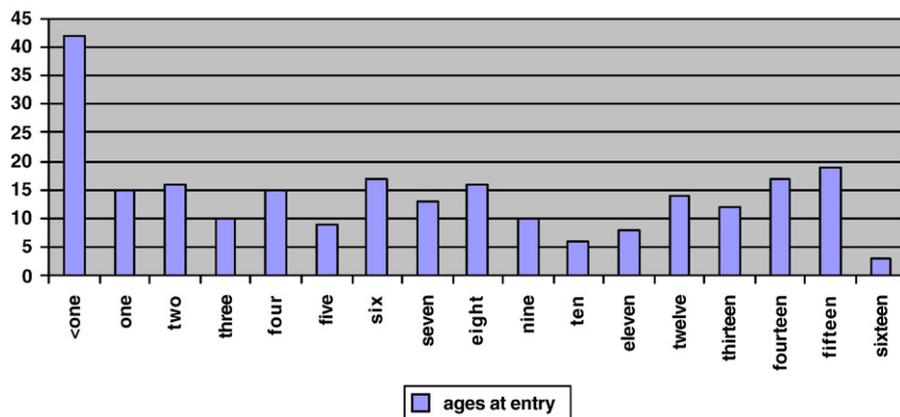


Fig. 1. Children's ages at entry to care or accommodation ($n=242$).

needs, placements and the services they received at entry to care and at regular intervals until September 2000 (a minimum of 3.5 years post entry). All placements were counted, regardless of their duration. Quantitative data were complemented with qualitative data from case files and interviews with a sub-sample of those children and young people who left the care of the authorities during the course of the study and who were followed until 2002 (Skuse & Ward, 2003). A subset of additional, more detailed, data was collected from case files and interviews with carers, professionals and birth parents concerning the needs and experiences of the 42 children in the sample who entered the care of the authorities before their first birthdays. These children were followed from birth until 2004, when they were aged six or seven (Ward, Munro, & Dearden, 2006). The sample is undoubtedly incomplete, and indeed the first findings concerned the difficulties faced by the participating authorities in identifying children who met the criteria (Skuse, Macdonald, & Ward, 2000); nevertheless there was no evidence of any particular bias, and the database provides a rich source of information that illuminates the extent of instability in the English care system and the reasons for it.

3. Findings

3.1. The children

Fig. 1 gives a picture of the ages of sample children at entry to care or accommodation. This was a group of children and young people who stayed long in care, and it is noteworthy that very young children were substantially over-represented. There were twice as many babies admitted before their first birthday as children in any other age group, hence the complementary study that gave particular attention to their needs and circumstances (Ward et al., 2006). While babies were over-represented, the sample as a whole included a disproportionate number of children who were admitted before they were five (98: 41%). At the other end of the age spectrum, there were 19 fifteen year olds and 17 fourteen year olds, but there were not conspicuously more young people in these age groups than in others. In fact, teenagers (13–15 year olds) made up 20% of the total sample, while sixteen year olds were conspicuous by their absence. Although substantially more teenagers come into the English care system than other age groups, they do not remain looked after long enough to appear over-represented in a sample such as this.

A hundred and eight (45%) of these long-stay children and young people were girls and slightly more (134: 55%) were boys. Nearly three quarters of the children (172: 73%) were identified as white British. Very few children came from black African, Asian, black Caribbean or Irish families. There were, however, a high percentage of children of dual or multiple heritage (49: 21%), a point noted in other studies (Rowe, Hundleby, & Garnett, 1989; Packman & Hall, 1998).

3.2. Needs

This long-stay sample of children and young people in the English care system displayed evidence of extensive support needs, a finding that reflects those of other recent studies (see Ward, Holmes, & Soper, 2008; Meltzer, Gatward, Corbin, Goodman, & Ford, 2003). At entry, 124 (51%) were displaying emotional or behavioural difficulties sufficient to be regarded by practitioners as 'a cause of concern to themselves or current carers' (see Sempik, Ward, & Darker, 2008); 19 (8% of those aged 10 and over) had been cautioned or convicted of an offence (see Darker, Ward, & Caulfield, 2008); 83 (34%) were identified by social workers as having a physical or learning disability or learning difficulty; only 95 (39%) showed no evidence of additional needs. In a study of a different cohort the research team has shown how additional support needs such as those above, singly and in combination, affect both the types of placement offered and their stability, leading to significant differences in the costs and experiences of children who fall into a range of different needs groups (Ward, Holmes, & Soper, 2008; Ward & Holmes, 2008). Using the categorisation developed in this earlier study, the children in the current sample could be grouped as shown in Table 1.

3.3. Numbers of placements

Only 46 children (19%) stayed in the same placement throughout the study (3.5 years), although 100 (41%) had one or two placements. However 53 (22%) had more than five placements and ten had ten or more, including one young person who had 29. The figures are presented in Table 2.

As Table 2 also shows, the number of placements differed according to children's ages.² More specifically, children and young people aged ten and over had significantly more placements than those aged 0–4³ or 5–9⁴. However, no significant differences were found in the numbers of placements experienced by the two younger 0–4 and 5–9 age groups.⁵ While the greater numbers of placements for older children and young people may be related to the higher prevalence of emotional or behavioural difficulties and offending behaviour in this age group, this is only part of the picture: it is noteworthy that 17 (17%) 0–4 year olds and 12 (19%) 5–9 year olds experienced more than five placements during this time period, and that 16 (55%) of these were children and young people who showed no evidence of additional support needs.

² $\chi^2(8, n=241) = 32.224, p < 0.01$.

³ $\chi^2(4, n=176) = 25.297, p < 0.01$.

⁴ $\chi^2(4, n=143) = 13.139, p = 0.011$.

⁵ $\chi^2(4, 163) = 3.263, p = .515$.

t1.1 **Table 1**
Sample children grouped according to needs (n=242).

	Frequency	Percent
t1.4 No additional needs	95	39
t1.5 EBD ^a only	49	20
t1.6 Disability only	23	10
t1.7 EBD plus disability	56	23
t1.8 EBD plus convictions	15	6
t1.9 EBD plus convictions plus disability	4	2
t1.10 Total	242	100

t1.11 ^aEmotional and/or behavioural difficulty.

168 3.4. Length of placements

169 The corollary of frequent movement is that there were a high
170 number of relatively short placements. The sample of 242 children and
171 young people had 965 placements between them in the four years of
172 the study. The mean length of all placements was 298 days, but there
173 was extensive variation (standard deviation = 377.2) and so the
174 median (126 days) gives a more useful picture; 17% of all placements
175 lasted less than three months, 57% less than six months, and only 29%
176 of all placements lasted for more than a year. The median length of
177 placements in the two commonest types, foster care with others and
178 residential units, was four months and 3.5 months respectively, only a
179 little longer than a school term.

180 3.5. Placement changes in each year of the care episode

181 More than half (52%) of the placements made in the first twelve
182 months of the children's care episodes lasted for six months or less,
183 with a median of four months. In the second year, however, a similar
184 pattern emerged, with 56% of new placements lasting for six months
185 or less, and a median of three months. It was not until the third
186 year after entry to care that there was some evidence of increased
187 permanence, but even then 42% of placements made during this
188 period lasted for six months or less, and the median had only
189 increased to seven months. All the 122 children who were still in the
190 care of the authorities at the end of the study had been looked after for
191 at least 3.5 years; of these children, just over half (65: 53%) had been
192 in their final placements for two or more years, and 30 (25%) for less
193 than a year.

194 While these figures provide a broad overview, they do not explain
195 why children move so frequently, which children are likely to move or
196 how unstable placements relate to other areas of their lives. The
197 following paragraphs explore these issues further.

198 3.6. Reasons for placement changes

199 Of the 965 placements made in the course of the study, 843 ended,
200 and 122 were still extant at its conclusion; 125 of these placement
201 endings represented managed moves out of the care system, as
202 children returned home to parents or relatives or moved on to
203 adoption or independent living. However the vast majority (718: 85%)
204 represented moves within the care system. There was missing or
205 inadequate data on 18 of these. Table 3 gives the reasons why the
206 remaining 700 placements ended, categorised as occurring on the
207 initiative of the authority, the carers or the child.

t2.1 **Table 2**
Age group by total number of placements (n=242).

	1 placement	2 placements	3–5 placements	6–9 placements	10+ placements	Total
t2.4 0–4 years	10 (10%)	27 (28%)	44 (45%)	16 (16%)	1 (1%)	98 (100%)
t2.5 5–9 years	12 (19%)	15 (23%)	26 (40%)	12 (19%)	0	65 (100%)
t2.6 10+ years	24 (30%)	12 (15%)	19 (24%)	15 (19%)	9 (12%)	79 (100%)
t2.7 Total	46 (19%)	54 (22%)	89 (37%)	43 (18%)	10 (4%)	242 (100%)

Table 3
Reasons for moves within the care system (n=700).

Reason for leaving	Frequency	Percent
<i>Moves initiated by carers</i>		
Carer requested disruption	145	21
Foster carer required relief	52	7
Return from relief placement	49	7
<i>Moves initiated by child/young person</i>		
Child requested disruption	33	5
Child absconded	23	3
Return from absconding	20	3
<i>Moves initiated by local authority</i>		
Planned transition to new placement	302	43
Placement no longer available	76	11
Total moves within care system	700	100
Moves out of care (child ceased to be looked after)	125	
Missing/no information	18	
Total moves	843	

3.7. Planned transitions within the case management process

209 The majority (378: 54%) of moves were initiated by the local
210 authorities. A relatively small number (76: 11%) occurred because the
211 placement ceased to be available, either because it had always been
212 envisaged as time-limited (47: 7%) or because a residential unit closed
213 down or a foster carer retired or died (29: 4%). A far greater proportion
214 occurred as 'planned transitions', as part of the case management
215 process. This was the single most common reason for placement
216 endings, accounting for 302 (43%) of all moves within care.

217 Planned transitions were the single most common reason not only
218 for ending first placements, but also for ending second, third, fourth,
219 fifth and sixth placements. As Table 4 shows, they accounted for over
220 half (57%) of first placement endings, and never less than 30%,
221 whatever the sequential order. They also persistently accounted for a
222 higher percentage of endings than did disruptions and absconscions.

223 A small number of planned transitions (17: 6%) were agency-led
224 moves, as children and young people moved to and from placements
225 provided by other agencies such as the National Health Service or the
226 criminal justice system. Others were purposive moves to progress care
227 plans. For instance 46 (15%) were moves to prospective adoptive
228 placements and a further 32 (11%) were to quasi-adoptive placements
229 with relatives. However the majority of planned transitions (207: 69%)
230 were resource or practice-led, occasioned by a shortage of suitable place-
231 ments, a lack of choice or inappropriate planning. These included moves
232 to reunite sibling groups who had initially been separated, moves to more
233 appropriately match children to carers of the same ethnicity and culture,
234 moves to and from temporary placements when foster carers went on
235 holiday, and moves from a short-term to a longer-term foster placement
236 once it became clear that a child could not return home quickly.

3.8. Precipitate moves: disruptions and absconscions

238 Only a relatively small proportion of placements (145: 21%) in this
239 study disrupted at the carer's request, although a substantial number
240 of other moves (101: 14%) were initiated in an attempt to preserve a
241 placement, by offering carers temporary respite care in the hope that

Table 4
Percentage of placements ending in planned transition or disruption, shown sequentially.

Placement number	Number of placements	% ending in planned transitions to another placement	% ending in disruption or absconcion
1st	242	57%	15%
2nd	197	37%	19%
3rd	142	31%	20%
4th	97	30%	24%
5th	70	33%	19%
6th	53	34%	19%

they would be able to continue to meet a child's exceptional needs with additional support.

Other precipitate moves (76: 11%) were initiated by children and young people who refused to stay in placements where they were unhappy, sometimes precipitating one change by absconding and then another on their reappearance. All children and young people who absconded also experienced the disruption of at least one placement at the request of carers, and almost half (44%) of the 86 children who experienced one disruption went on to experience another, twenty of them experiencing three or more. Placements with relatives (45%) or with parents (40%) were more likely to disrupt than those with foster carers (24%), in residential units (28%) or in independent living. No children absconded from placements with parents or relatives; almost all absconcions were from residential placements.

As Fig. 2 demonstrates, although the placements of children who displayed emotional or behavioural difficulties or committed offences were significantly more likely to disrupt (at the carer or child's request or through absconcion) than those of children who showed no evidence of additional support needs, 38 (17%) of placements for this latter group ended in breakdown. Twenty of these were for children aged under three.

4. Discussion

4.1. The context of placement changes

These findings point to a number of questions that need to be explored further if we are to improve both the quality of care that

children receive and also their chances of achieving successful outcomes. In the following discussion, qualitative data from interviews with the children and young people concerned are used to illustrate some of the key issues.

Changes of placement need to be understood within the context of a care system which is characterised by instability. Changes of social worker are built into the system as responsibility for a child or young person moves from the referral and assessment team to one that caters for children in care and then perhaps again to one that provides a specialist service for children placed for adoption or for older care leavers. Among practitioners, annual turnover rates are also high, averaging around 12% between 2001 and 2005, and these are compounded by large numbers of staff recruited on short-term agency contracts to fill the high vacancy rates (Department for Education and Skills and Department of Health, 2006). Forty (17%) of the children and young people in the sample experienced four or more changes of social worker during the three or four years they were studied.

Furthermore the pattern of constant change is reinforced by the experience of transience *within* as well as *between* placements. In some foster homes and, more particularly in residential units, children are constantly moving in and out; seeing others entering and leaving a placement can be stressful for those who remain:

"There's so many kids coming in and out of children's homes or foster homes. You can have a best friend one day, and then, you can go to the shop and they're not allowed to tell you where they've gone, so you don't know."

(Joanne. Age at entry: 14 years. Age left: 16 years old)

The children and young people themselves were well aware of the unsettling effects of constant change:

"I used to hate it when I either had to change social workers or change placements or something like that because it was just another thing to get used to...just settling into new families and starting all over again....fitting in with other kids that live there especially if it was their birth children....it varied how they treated you, especially when they compared you to their own, and when they got annoyed with you because you didn't know how to take them or anything."

(Eliza. Age at entry: 12 years. Age left: 13 years old.)

In the words of one of the adoptive parents:

"From the experience that I've had adopting three children with special needs, all different backgrounds, different circumstances, for adoptions, I would like to say that...children do not bounce. Yes, they are resilient, but if you move a child several times before its adoption then the adoptive parents are going to have a very long struggle to get them to realise that this is where they are for good, this is where you're going to stay... because children will be very hesitant to give you their love, to trust you..... If a child's got special needs and they've been moved several times, it does take years for them to settle down."

(Adoptive parent of Harry. Age at entry under one. Age left: 2 years old.)

Older children must find it very difficult to think about the future, to settle down to work at school, or to make friends if they are uncertain where they will be living in the next school term. Moreover, while changes of placement may, in themselves, be unsettling, they are often accompanied by other changes which compound the experience of instability. A change of placement often also entails a change of school (see Social Exclusion Unit, 2003), although there is evidence that some authorities in this study made efforts to prevent this (Skuse & Ward, 2003). Changing placements can also impact on health care, as when children and young people move it can take

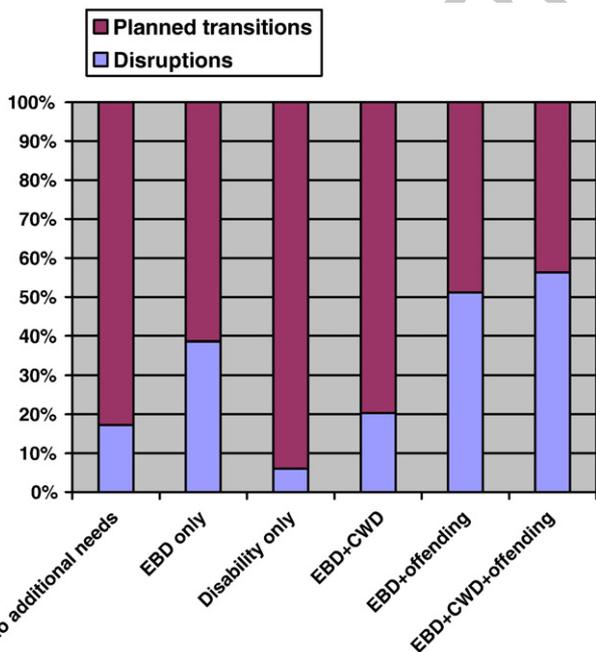


Fig. 2. Reasons for moves by needs groups.

months for records to be transferred and for new appointments to be made, a key issue for a population such as this one, with extensive health and mental health needs (see Ward et al., 2002).

Moreover the pattern of instability found in care frequently mirrored children and young people's experiences before and after the care episode. The life histories of the 42 infants in the sample revealed frequent changes of address, domicile and carer before they entered care, even though they did so before their first birthdays. In the few months they had lived with their birth families, 11 of these babies had had four or more addresses, 18 had had at least two primary carers and five had had four or more (see Ward et al., 2006). The interviews with the young people who had been reunited with their families on leaving care demonstrated how, for some, this pattern of instability had continued throughout their childhood:

'Well my Dad took me to live with him and my stepmother and then after two weeks he gave me to my Granny and he said 'Here, you have him, I don't want him', and then after a week he came down and took me to my Nana's and then after six weeks I was at my Dad's ...and then after four days I was living with my Auntie for three weeks and then I started living with my Nana again.' (Gary, age at entry 9 years. Age left: 12 years old)

For this young man, as well as for other young people interviewed, changes of domicile within his birth family were also accompanied by a disrupted education.

4.2. Disruptions and managed moves

There is therefore no doubt that children in care change placements too frequently. Moves within the care system are often part of a pattern of instability experienced both within the birth family home and while looked after by the local authority and therefore reinforce many children's perceptions of a life that is characterised by transience.

Disrupted placements that break down when carers can no longer cope can be damaging to all concerned, and much of the literature focuses on the relationship between children's challenging behaviour patterns and instability of care (see Chamberlain et al., 2006; James et al., 2004). The qualitative data showed that, while some children had extensive emotional and behavioural difficulties, some foster carers and, more particularly, residential workers also lacked sufficient training or skills to cope with problems when they arose (Skuse & Ward, 2003). Evidence from both this and other studies indicates that placements with relatives and parents may be particularly liable to break down because they receive insufficient financial, practical or emotional support to meet the needs of children in often very difficult situations (Ward et al., 2008; Hunt, Waterhouse, & Lutman, 2008).

However, disruptions are by no means the most frequent reason why placements end. As we have seen, in England the most common moves occur as planned transitions, embedded within the case management process. A high proportion of children who enter care are already well known to children's social services, yet most admissions are known to be precipitate and unplanned, although routine data on this issue are not collected. Spiralling costs of care and a shortage of suitable placements have meant that the decision to admit is often put off until a crisis forces the issue (see Packman & Hall, 1998). The first (emergency) placement may then be deemed only a stop-gap solution, necessitating a subsequent move. Such movement is compounded by shortages of specialist placements, particularly for large sibling groups or for black and minority ethnic children, who may initially be placed inappropriately and then moved to be with siblings or with carers with whom they are better matched. While many of these are positive moves, they may follow a period spent in limbo where few long-term plans can be made. Other planned moves are perhaps less positive, occurring at the end of an intensive treatment

placement, and designed both to help the child move on to something less structured and to free up an expensive resource for someone else. Some children will inevitably view such a move as yet another disruption in an already disrupted life. Although planned endings may be less devastating than the breakdown of a placement for all concerned, frequent changes, whatever their cause, are not without cost.

To some extent instability in care is a consequence of the presumption enshrined in both law and practice that most children are best off living with their birth families. This means that when children are placed in out-of-home care, care plans are often temporary, and made with the expectation of a swift return home. An analysis of the initial care plans of this sample of 242 children who subsequently remained in care for a year or more showed that at entry 51 (22%) were expected to remain with their birth families or return within six months, and a further 76 (33%) were admitted for assessment only. Many of these children would have been placed with short-term carers, and have then had to move when it became evident that they required longer placements. The finding from this and from another recent study of the English care system (Sinclair et al., 2007), that patterns of movement for populations of children in care do not show a significant decrease until the third year after entry, reflect the assumption that care will almost always be a temporary phase until the parents' difficulties are resolved, rather than a long-term solution. Yet the latest statistics show that 50% of care episodes last for at least one year and 15% for at least five (Department for Children, Schools and Families, 2008b).

While the principle that children are best brought up by their birth families is obviously correct both in terms of human rights and child development, it leads to a culture that makes it difficult for professionals to acknowledge that some parents will not be able to overcome their difficulties sufficiently to resume care of their children within a realistic timescale (Ward et al., 2006). This is true not only of social work professionals but also of the courts. The in-depth study of very young children who formed part of this sample showed that a number of placements with parents disrupted as part of the process by which a decision to place for adoption was reached. These placements were often made against the advice of social workers, but at the direction of courts on the grounds that there was insufficient evidence of parents' incapacity for permanent separation to be approved (Ward et al., 2006). Almost half of the disrupted placements with parents or relatives were for young children aged under four at the start of the care episode and this may have been a major reason for their precipitate endings in the sample as a whole.

Decision-making in child welfare is often a process of carefully balancing the conflicting interests of parent and child, thrown into sharper focus in England by the incorporation of the European Convention on Human Rights into British law. Article 8 of the Convention enshrines a right to 'respect for private and family life', which may come into conflict with Article 3 which declares that 'no one shall be subject to ... inhuman or degrading treatment or punishment' (see Munro & Ward, 2008 for further details). An unlooked for consequence may be that, as we attempt to ensure that parents' rights are properly respected, we subject their children to months of instability and uncertainty which can then compromise their life chances.

5. Conclusion

The data from this study demonstrate the nature of instability in the English care system. While there are differences in the number and type of moves experienced by children and young people of different age groups and displaying different patterns of need, changes of placement have many causes and may be experienced by any child or young person who enters care.

Since these data were collected, national policy initiatives to improve outcomes for children in care have attempted to address this

issue in England (Department for Education and Skills, 2001, 2003, 2007). However, the most recent figures show that although there has been some positive change over the last five years, instability is still extensive and difficult to reduce (Department for Children, Schools and Families, 2008b). As this study shows, effective strategies to increase the stability of care need to address not only placement disruptions but also the prevalence of planned transitions embedded in the system, and their numerous causes. This means addressing not only the resource issues that lead to a shortage of suitable provision, but also the practice issues that delay decision-making, leading to precipitate entries and long periods in unstable temporary placements that compound children's perceptions of transience and jeopardise their chances of achieving long-term wellbeing.

6. Uncited reference

~~Richardson and Joughin, 2000~~

Acknowledgements

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Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers

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ABSTRACT

Research in a number of countries has demonstrated the importance of developing a sense of belonging and connectedness as key factors that facilitate the move towards independence for young people leaving care (see Stein, 2008). This paper utilises findings from a longitudinal study of looked after children (including interviews with care leavers) to explore how the evidence from Canadian research into the significance of perceptions of self continuity for identity formation can improve our understanding of care leavers' experiences and the factors that may act as barriers to their making a smooth transition.

The findings demonstrate the extent of disruption and instability that care leavers may experience both before, during and after the care episode. This lack of continuity is exemplified for many young people by the loss of treasured possessions such as mementoes of parents and photographs of previous homes and carers. Constant experience of transience may act as a barrier to the establishment of a sense of self continuity. This may increase the likelihood of leaving care becoming a transitional flashpoint during which difficulties in moving on to adulthood increase the propensity for young people to lose sight of the thread that connects their past to their future, and engage in self-destructive behaviours. Premature, compressed and accelerated transitions may increase the chances of this happening. The paper argues that greater attention to the preservation of possessions that have a symbolic value might be a simple means of helping care leavers develop a stronger sense of connectedness.

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1. Introduction

Research in Australia has shown that 'a sense of belonging and connectedness' is a key factor in facilitating the move towards independence for young people leaving care (see Cashmore & Mendes, 2008; Cashmore & Paxman, 1996; Maunders, Liddell, Liddell, & Green, 1999). A German study shows that 'the ability to connect biographically developed patterns of actions' plays a central role in transitions from care to independence (see Finkel, 2004; Köngeter, Schröer, & Zeller, 2008). Two papers in this Special Issue (Dima & Skehill, this issue; Ibrahim & Howe, 2011) explore the centrality of identity formation to the process of leaving care in two other very different societies, Jordan and Romania. It is clear that this issue is fundamental to making a successful transition from care to adulthood in many societies. This paper utilises findings from a longitudinal study of looked after children in England to explore how evidence from Canadian research into identity formation can improve our understanding of the challenges facing care leavers and the factors that can make it easier or more difficult to overcome them.

2. Self-continuity and identity formation

Whilst the research evidence referred to above may indicate that a sense of belonging and connectedness is a key element in young people's successful transitions from care to adulthood, developing such a sense can be problematic. Care leavers' previous experiences may have made it difficult to establish the secure attachments, the sense of stability and the sense of self worth that lie behind perceptions of belonging. It is within this context that Chandler, Lalonde and colleagues' research on children's changing perceptions of self-continuity provides a valuable framework for understanding the difficulties they and other vulnerable groups may face (see, for instance, Chandler, Boyes, Ball, & Hala, 1987; Chandler, Lalonde, Sokol, & Hallett, 2003; Lalonde, 2006; Lalonde & Chandler, 2002).

The central thesis of the extensive programme of research undertaken by Chandler and colleagues is that, in order to develop a robust sense of self, we must all learn to reconcile two seemingly contradictory factors: the need to change and develop alongside the need somehow also to remain the same:

on threat of otherwise ceasing to be recognisable as a self, all of us must satisfy at least two constitutive conditions. The first of these is that selves are obliged to keep moving or die, and, so, must continually change. The second is that selves must also somehow

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remain the same, lest all notions of moral responsibility and any commitment to an as yet unrealised future become nonsensical (Chandler et al., 2003, p.vi).

The authors' wide body of empirical research explores the extent to which young people do or do not perceive themselves and others as possessing a continuing self that in some way persists from birth to adulthood despite inevitable and extensive changes. Their findings have led to the conclusion that a key element of the identity formation process is 'acquiring a working sense of one's own personal persistence in time (...an understanding that, despite all the changes that life and time has in store, you can claim confident ownership of your own past and feel a strong commitment to your own future)' (Lalonde, 2006, p.56). Empirical research with different age groups has shown that:

as young persons themselves become more complex, so too do the arguments they offer up... Between the ages of 12 and 18..., the average young person can be expected to step through a series of up to five different and increasingly complicated ways of warring his or her own persistence in time (Lalonde, 2006, p.63).

During adolescence, at a time when they may be negotiating numerous transformations of identity, young people can be at particular risk of losing this sense of self continuity. This is the time when they are most likely to encounter 'transitional moments' when they may have few resources for solving the perennial problem of sameness within change, and are 'at special risk of at least temporarily losing the continuity preserving thread that guarantees them a sufficient personal stake in the future' (Chandler et al., 2003, p.56). At these 'dislocated' moments:

neither their old nor their oncoming self-continuity warranting strategies may prove especially effective. As a consequence, their past and future prospects both risk collapsing back into the same specious present where nothing matters except the momentary pain... (Chandler et al., 2003, p.55).

These are the times when the usual barriers are lowered and young people may engage in self destructive behaviours that show a lack of appropriate concern for their future well being.

Chandler, Lalonde and colleagues' research has focussed on the relationship between perceptions of self-continuity, commitment to a future and adolescent suicide; they have shown that a sense of both personal and cultural continuities are significant factors in the variations in suicide rates amongst First Nations young people in Canada. However their central thesis, that a sense of self-continuity is fundamental to successful identity formation, is relevant to many other vulnerable groups.

2.1. Perceptions of self continuity within the context of leaving care

The Canadian research has particular relevance to the experiences of children and young people in care, many of whose lives are characterised by multiple discontinuities which, we could hypothesise, would appear to be inimical to the establishment of a sense of self-persistence. These theories are of specific relevance to those young people preparing to make the transition from care to independence, for they may provide a conceptual basis for understanding the impact of past and present discontinuities, and the consequent absence of opportunities to develop secure and enduring attachments, on young people's attempts to develop a continuous, persistent sense of self that endures through a time of extensive change. The rest of this paper explores this argument further, focussing on data from a cohort of children and young people whose experiences of the English care system were tracked for three years.

3. Outcomes for looked after children cohort

The purpose of a series of English studies on outcomes for looked after children was to explore how far the experiences children and young people encounter following entry to care influence their psychosocial development (see Darker, Ward, & Caulfield, 2008; Sempik, Ward, & Darker, 2008; Skuse, Macdonald, & Ward, 2001; Skuse & Ward, 2003; Ward, 2009; Ward, Munro, & Dearden, 2006; Ward & Skuse, 2001). The full cohort studied consisted of 242 children and young people looked after by six English local authorities. All children entered care within the same financial year, and had been looked after for twelve months at entry to the study. Data concerning their needs, experiences and outcomes were collected from social work case files for a period of three years after they became looked after. A subset of additional, more detailed, data was collected from case files and interviews with carers, professionals and birth parents concerning the needs and experiences of the 42 youngest children in the sample (Ward et al., 2006; Ward & Munro, 2010). Extensive, qualitative data were collected through semi-structured interviews with a number of children and young people who left the care of the local authorities during the three years of the study.

3.1. Interview subgroup

Although 125 children and young people met the criteria for inclusion in the sub-group who were interviewed, there were substantial difficulties in tracing or gaining access or permission to speak to a high proportion of them; in the end 49 children and young people were interviewed, 39% of those who were eligible.

Interviews were held at least fifteen months after children and young people had left the care of the local authorities; 25 (about 50%) of them were interviewed on a second occasion, about a year after the first interview.

The Children (Leaving Care) Act 2000 (England and Wales) provides additional support over the transition period for those young people 'aged sixteen and over who have been looked after for a period of at least thirteen weeks since their fourteenth birthday'. Nineteen of those interviewed met these criteria and could thus be defined as 'care leavers'. However, many of the other children in the full cohort and in the interview subgroup had experiences that shed light on how care and their pre-care histories were likely to impact on the ability of care leavers to develop a continuous and persistent sense of self, and so evidence from the full qualitative and quantitative datasets is presented in this paper.

3.2. Issues concerning the data

Extensive data were collected on a large group of hard to access children in this study, and have provided a rich resource for subsequent policy development (Department of Health, 1999, 1999–2001, 2002; Department of Health, Department for Education and Employment and Home Office, 2000; Department of Health and the Department for Education and Employment, 2000; Department for Education, 2010; Department for Education and Skills, 2003). Nevertheless, the full cohort was undoubtedly incomplete; the first interim report focussed on the difficulties the local authorities faced in identifying children who were eligible for inclusion in the sample (Ward & Skuse, 1999a, 1999b).

Notwithstanding the weaknesses in the dataset, there was no evidence of any particular bias in the full cohort in terms of age, gender or reason for admission. On the other hand, difficulties in accessing those children who had left the care of the authorities resulted in the subset who were interviewed being skewed (see Munro, Holmes, & Ward, 2006). Comparison with the case file data shows that this subgroup had, on average, better educational outcomes, fewer emotional and behavioural difficulties and fewer changes of care

placements than the full cohort studied. As we shall see, the experiences of many of these young people illuminate numerous factors that are likely to impact negatively on the ability of care leavers to develop a strong sense of self continuity; it is probable that, had we been able to trace all the eligible young people, the data would have shown more evidence of this nature.

4. Key findings

4.1. Discontinuities: homes

The findings demonstrate the extent to which children and young people who become looked after by local authorities in England and Wales experience upheavals and discontinuities throughout their childhood and adolescence. Frequent changes of household, domicile and primary carer were common before entry to care, during the care episode and after departure.

The subset of infants in the sample, for whom detailed data were collected, had previously experienced repeated changes of address and primary carer whilst living with their birth families: eleven (28%) of them had had four or more addresses in this short period (Ward et al., 2006); these data are not available for other children in the cohort, including those defined as care leavers, but there is no reason to suppose that their experiences whilst living with birth families would have been less disruptive. The pattern continued after entry to care: in the 3.5 years post admission, over half the sample (142: 59%) had three or more placements, and 53 (22%) had six or more. In both the first and the second years of the children's care episodes, over half of all placements lasted for six months or less; it was not until the third year after entry that the average length of placements began to increase (see Ward, 2009). This level of instability in the care system is similar to that shown in other British studies (see Sinclair, Baker, Lee, & Gibbs, 2007). Nevertheless, the interview data indicate that a number of children had experienced greater stability in care than whilst living with their birth families before admission.

The interviews also indicate that the pattern of discontinuity and disruption continued for many children and young people *after* they left the care of the authorities. Those older teenagers who returned from care to birth parents, often found that the longing for reunification quickly turned sour as arrangements broke down and they had to move out of the family home:

I hoped that I would get on with my Mum and her boyfriend and that I would be able to go on holiday – cause one year we all went on holiday together. But it only lasted about three days. We just didn't get on. *Were you disappointed?* Yes, because all I ever wanted was to be near my Mum and sisters... (Christine.¹ Age at entry: 13 years. Age left: 15 years old.)

Quantitative data from other studies substantiates the high levels of instability experienced by young people after they leave local authority care and confirms the evidence from these interviews that, in spite of high levels of placement change, many children experience greater stability in care than they do with their birth families (see Farmer & Lutman, 2009; Wade, Biehal, Farrelly, & Sinclair, 2011).

Those young people who left care for independent living followed a very similar pattern to those who returned to their birth families in that the majority of these arrangements also proved to be unstable. Indeed, some young people appeared to be establishing a pattern of transience, so that their lives in the community seemed to be a continuation of the instability of their experiences whilst in the care of the local authority and, indeed, with their families before they were placed.

4.2. Discontinuities: culture

Changes of domicile, household and primary carer were also frequently accompanied by changes of culture. Constant disruption and reconstitution of households within the birth family meant that many children had little experience of cultural continuity before entry to care, as new partners from diverse backgrounds moved in and out of the family home.

Section 22 (5) (c) of the Children Act 1989 lays on local authorities a duty to give due consideration to a child's religious persuasion, racial origin and cultural and linguistic backgrounds when they become looked after, and this is strongly reflected in the workforce training. However the experience of care often led to further cultural discontinuities. Many children had siblings of diverse ethnicity and culture; difficulties in matching disparate sibling groups with appropriate foster carers was one of the factors underlying instability in care and delays in achieving permanence (Ward et al., 2006).

It was also evident from the interviews that carers frequently only had a very superficial awareness of children's cultural backgrounds and their significance. Some children were disconcerted to find that carers made erroneous assumptions about the culture of their birth families. For instance, two sisters of mixed heritage, who very clearly saw themselves and their part Sri Lankan mother as white, were disconcerted to find their foster carer assumed they needed specific physical care because she perceived their skin as black:

Because my sister was living there with me as well and you know when you have a bath, right, and you know black people have this gel to put on. She used to go really hard on my skin and make it sore, and when my sister went in the bath and I was outside drying myself she starts screaming because it hurt. (Jane. Age at entry: 4 years. Age left: 6 years old.)

Others found that foster carers made little attempt to meet their cultural needs:

Because I was Asian, I didn't eat English food and that's all she'd make. So she'd keep giving me money every day to go buy fish and chips and I got bored of eating fish and chips, you know. She didn't make an effort to get Halal meat or anything. (Gina. Age at entry: 14 years. Age left 16 years old.)

This young woman had another placement, in a residential unit, where greater efforts were made to meet her cultural needs. However, poor communication and a lack of cultural awareness meant that these efforts were largely unsuccessful:

The only person I didn't like was the manager.... Like when it was, like Eid and stuff like that. OK she'd give me a little bit of money to get clothes and stuff but it was, like, special for me, it was like my kind of Christmas. And all that happened was I was bought clothes. What was I supposed to do? Sit at home wearing new clothes? (Gina. Age at entry: 14 years. Age left 16 years old.)

The difficulties young people faced in maintaining the cultural traditions of their birth families whilst looked after by carers who came from a different culture are obvious. However, perhaps of greater concern was the manner in which the lack of cultural awareness built into the care system could impact on the extent to which these young people were safeguarded. This young woman came from a strictly traditional Muslim family; she had asked to be looked after by the local authority because she was being beaten by her father who objected to her refusal to submit to an arranged marriage. Before she became looked after:

I had never been allowed out and I had only been out twice in my whole life, so I really thought that was good that I could go out on

¹ In order to preserve confidentiality all names used are pseudonyms.

my own. I was also allowed out in the evening as well....(Gina. Age at entry: 14 years. Age left: 16 years old.)

However, Gina was particularly vulnerable to abuse when she moved away from her traditional culture for she had little idea of how to manage this unaccustomed freedom. She absconded from the residential unit, encountered a number of dangerous situations and was raped. Such experiences distanced this young woman even further from the culture of her birth family.

4.3. Discontinuities: education

The theme of disruption and discontinuity was also reflected in children and young people's education. The following case study demonstrates an educational history that was not untypical of some of the young people interviewed:

Gary had attended five different schools by the time he became looked after at the age of nine. Each of his school changes had been the result of moving house or being sent to live with different relatives. In the 29 months he was looked after, Gary had one change of school, but this was a routine age-related move. In the seventeen months between his return to the care of his family and the first interview Gary experienced several house moves and changes of carer, underwent a period in which he had no school place and attended two other schools, one only for a week. At first interview he had stopped attending school altogether. And he was still refusing to attend when interviewed again, a year later. (Gary. Age at entry: 9 years. Age left: 12 years old.)

Gary was one of many children for whom there was evidence of more disruption to education before and after the care episode than during it.

4.4. Discontinuities: relationships

Moves *between* schools and placements were also accompanied by continuous changes *within* them. Not only did children and young people change social workers as they were moved from one part of the system to another, but friendship patterns constantly changed as they and the friends they made in care moved in and out of schools and placements. In residential units, staff working schedules further reinforced the experience of transience:

I felt like I was, it was just me against the world, kind of thing. Because I didn't have my family. And people like the carers, they were, they'd come and go, change every four days. You'd see one once every four days or something. So it was just me....(Gina. Age at entry: 14 years. Age left: 16 years old.)

There were also few indications of continuing relationships with substitute carers for those young people who had little contact or had become estranged from their birth families. Adolescents sometimes reported having been back to their residential units to visit staff, but most of these contacts had been fleeting and confined to the early months after leaving; others were still in contact with foster carers two or three years after leaving care, but further questions revealed that, whilst a handful were receiving extensive support as quasi members of the foster carer's family, this was rare. For most young people the relationship, like so many other experiences, had been short-lived and subsequent contact was confined to chance meetings on the streets or in the shops.

4.5. Loss of belongings

One feature of the multiple disruptions and discontinuities that characterised the lives of so many of these young people was the constant experience of loss, a point that was graphically demonstrated when they talked about their possessions.

With such frequent changes of environment, material possessions may become particularly important as they have the potential to offer one of the few points of consistency in lives that are characterised by transience. Nevertheless, during the course of the interviews a number of young people commented that belongings had gone missing during their time in care or accommodation. This happened so frequently that more focussed questions were asked about this issue in second interviews. Over half of the adolescents interviewed reported losing personal possessions as a significant feature of their care experience.

In some instances the loss of possessions simply appeared to provide yet another indication of instability and transience, a point vividly made by one young woman who reported that her former life had been so chaotic that she did not have anything to lose:

I never really had any.... I mean what I left really was boxes, just boxes, mainly clothes but I never really had things. I mean, where I'd moved so much, even when I was a kid we moved quite a lot when I was little ...Everything got lost somewhere along the line, so I never really had anything that I've kept through and through, so it's always been.... Never got anything to keep really. (Lisa. Age at entry: 15 years. Age left: 18 years old.)

However in other instances such losses had a more symbolic meaning. Some possessions are particularly precious for children who become looked after, representing what may be their only tangible reminder of their former lives and carers. Other children may use items from home as transitional objects to help them cope with the stress of change and instability, just as very young children often carry blankets or cuddly toys with them when going into strange situations. Indeed, [Fahlberg \(1994\)](#) noted that the retention of familiar objects serves as a useful mechanism for reducing the trauma associated with moving into care or changing placement. A number of these symbolic items, that provided a tangible link with the past, or proof of children's belonging to a particular family or culture, were lost in the course of the care episode. For instance one young woman had stolen from her 'a gold chain I got when I was christened, from my godparents'. Another expressed the symbolic value of personal items that had gone missing:

It's what your family's got you, that you've took with you, and then it's gone. So, and then, it's like now I see my mum and dad every day, but back then I didn't see them. (Joanne. Age at entry: 14 years. Age left: 16 years old.)

In other circumstances, however, possessions were deliberately withheld. When this happened their loss emphasised the extent to which a child or young person was excluded from, or denied membership of a particular family. Thus some birth families refused to allow children and young people to take cherished possessions with them when they entered care or accommodation:

My family refused to give me anything belonging to my Dad or my TV or my toys, what I'd collected through the years. They basically said I didn't deserve them any more.... And it didn't only happen once, it happened twice. When I first went into care from my step mum, she did the same, she wouldn't let me take my telly or anything in. And when I went to live my Nana, the stuff I'd got off my Nana, and the stuff, they wouldn't let me take neither. (Rob. Age at entry: 14 years. Age left: 18 years old.)

The only possessions this young man took with him into care were his clothes and a photograph of his father who had committed suicide

when Rob was eleven. As his comments indicate, the withdrawal of the right to ownership could be used by adults to confirm that a child no longer belonged to the family.

The interviews showed that the denial of connectedness, expressed through the withdrawal of belongings, was a common theme, expressed both by birth families and by some foster carers when a relationship broke down. Some children and young people had, understandably, been upset that when a placement ended foster carers refused to allow them to keep presents they had previously given them:

...she bought me a sheath knife, 'cause I went to scouts, and they used to do camp, she bought it for me, it had my name on the case.... she bought it for me, it said my name on the back, so it's mine, she bought it for me and me alone and then when I were coming out, I never got my sheath knife back. (Marcus. Age at entry: 9 years. Age left: 12 years old.)

Others found they had not been allowed to retain tangible proof that they had once been part of a foster carer's family:

They (foster carers) took all my photos I had of them, so I've got no photos of them. (Lara. Age at entry: 15 years. Age left: 17 years old.)

5. Discussion

The children and young people in the care of local authorities in England and Wales are a heterogeneous population. Around 27% show no evidence of psychosocial problems, challenging behaviours or other additional needs; they tend to have relatively stable care histories and better welfare outcomes than other looked after children (see Ward & Holmes, 2008; Ward, Holmes, & Soper, 2008). If these young people remain looked after until they approach adulthood, they are most likely to form a large part of the group of care leavers who 'move on' successfully to independence. However there is considerable evidence that other care leavers have greater needs and more troubled life pathways; on approaching independence they may 'survive' with professional support and their own determination, or they may 'struggle' to cope at all (see Stein, 2008).

By all accounts the first months after leaving care can be the most difficult: in the words of one of the young people interviewed in the study presented in this paper: 'nobody prepares you for the loneliness'. There is also harder evidence of increased mental health problems during this period. Dixon, Wade, Byford, Weatherly, and Lee (2006) found that, 12–15 months after leaving care, the percentage of young people self-reporting mental health problems had doubled and 4% had attempted suicide. Saunders and Broad's (1997) earlier study had also found a high level of suicidal behaviour amongst care leavers, with nearly two thirds of their sample having considered suicide and 40% having attempted it on leaving care. Almost half the adolescents in the study presented in this paper said that they had felt the need of psychotherapeutic support after they had left care.

These mental health outcomes are obviously a cause for concern. In part they may reflect the failure of the care system to address the consequences of children and young people's experiences of maltreatment before entry. Abuse and neglect are the primary reasons given for admission of 60% of children in the English care system (Department for Education, 2010); at entry to care, 72% of children and young people in the cohort discussed above showed the emotional and behavioural problems that are well recognised sequelae of these experiences (Sempik et al., 2008). In England and Wales, evidence-based programmes to support looked after children in overcoming such problems are still in their infancy, although a number are now being imported from the USA, where they are much more common (Davies & Ward, 2011).

However, if the theories put forward by Chandler, Lalonde and colleagues are taken into account, then a further, significant factor may be involved. Making the transition from care to independence may prove to be one of the 'betwixt and between moments' when young people: 'find themselves between stages, which leave them without a successful means of justifying their own continuity across time' (Chandler et al., 1987, p.119). At such points a crisis of identity occurs, and suicidal or self-destructive behaviour becomes more likely.

There are two factors that may well increase the likelihood that leaving care becomes a flashpoint at which young people are at particular risk of losing their sense of self-continuity. The first is the process of making the transition to adulthood. During this time young people are required to adopt a series of different identities: from schoolchildren or students to members, or potential members, of the workforce; from being dependent members of a family to becoming independent adults responsible for looking after both themselves and their living arrangements; perhaps from being single to becoming a partner and/or a parent. It is now widely known that whilst their contemporaries are experiencing increasingly extended transitional periods, during which these identities are tried out sequentially, and sometimes temporarily rejected, care leavers experience compressed and accelerated transitions, during which they are sometimes required to adopt several new identities simultaneously, and with less chance of backtracking if they turn out not to be ready to adopt these new *personae* (see Stein, 2008). The early age at which some care leavers are still expected to cope with independence is also likely to exacerbate the pressures and increase the likelihood of challenges to their sense of self continuity. In spite of recent policy initiatives to support them for longer, 21% of those who leave care in England are still only aged sixteen at the time (Department for Education, 2010); data on destinations are not available but we know that although not all sixteen year old care leavers are placed in independent living, other arrangements are often of very short duration (see Stein, Rees, Hicks, & Gorin, 2009).

The empirical evidence presented in this paper introduces a third element that may well increase the risk of care leavers losing the thread of personal continuity as they face these challenges. This is their previous experience. We do not precisely know the impact of repeated changes of home, carers, school and friends on young people's ability to establish a sense of identity; research in this area, that explores further the Canadian model presented here, would be valuable. However it seems clear that young people whose life experience is characterised by transience and loss will have been required to adopt multiple changes of both cultural and personal identities, and this may make it more difficult to retain a sense of their own continuity through time. Constant changes can hardly fail to reinforce the impression that nothing can be expected to endure, including a sense of self-persistence.

Within this context, the loss of treasured possessions is particularly significant. A wealth of anthropological research points to the symbolic value given to objects that provide a link with the past, particularly amongst people who have had to leave their homes. In an important paper, Parkin points out that when people become refugees:

Alongside the items to sell or use in defence en route, and the food, farming tools, mattresses, blankets, medicines, protective amulets, and children carried on shoulders or running alongside, are sometimes the compressed family photos, letters and personal effects of little or no utilitarian or market value (Parkin, 1999, p.313).

He argues that these apparently inessential items represent a link with a previous life, providing memories that 'can become an acceptably realistic link with the present, bridging the gap between past loss and future potential' (p.315). They are necessary for 'perpetuating a

personal and thence cultural identity', and their loss may represent 'a loss of self through material dispossession' (p.315). The loss of photographs, or mementoes of home or previous carers must bear a similar significance for looked after children, particularly if other links with the past are tenuous.

Moreover the manner in which belongings are sometimes withdrawn by birth families and carers, apparently in order to emphasise that a child no longer belongs in a particular family, must also chip away at an already fragile sense of identity and reinforce this sense of loss of self. Such actions must call into question a young person's understanding of their personal history, and make it harder, at particular flashpoints, to retain the sense of there being a continuous thread, linking the past to the present and the future.

6. Conclusion: implications for policy and practice

In this paper, the programme of research on identity formation undertaken by Chandler, Lalonde and colleagues, has provided a conceptual framework for understanding the likely impact of past experience of discontinuities and disruptions on the process of leaving care. I have argued that young people may show a greater propensity to adverse outcomes such as mental health problems, attempted or actual suicide and destructive behaviour patterns if their previous experience of discontinuity and dispossession has weakened their ownership of their past and their commitment to the future. The likelihood is particularly great if the transition to adulthood is premature, compressed and accelerated. It may then become a 'betwixt and between moment', when additional stresses caused by the simultaneous adoption of numerous new identities may lead young people to lose their sense of self continuity and become engaged in self-destructive behaviours that show little concern for their future well being.

If such a theoretical analysis proves to have practical validity there are obvious implications for policy and practice. The evidence adds further weight to policies aimed at reducing the number of care leavers who are moved into independence as soon as legally permissible; to those aimed at modelling the transition period more closely on the protracted and sequential experiences of the wider population; and to those that seek to ensure that care leavers have adequate emotional, as well as financial, support through an extended transition period. It also supports policy and practice that attempts to both reduce the amount of instability experienced by children and young people who enter or leave care, and preserve continuity of education and culture, as well as positive contact with family and friends that might serve to mitigate some of the impact of disruptions. Perhaps most significantly, the findings point to one relatively simple initiative that could be introduced to strengthen children's sense of a persistent and positive thread of identity that links their past to their present and future. Efforts should be made to promote greater understanding by carers and professionals of the symbolic value of possessions brought from home or presented as gifts that indicate that a child belongs to a particular family or culture; making arrangements to ensure that these are properly valued and carefully preserved could promote the development of a stronger, more resilient sense of self continuity.

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