

# healthy care

## e-briefing

Many looked after children and young people have not had the experience of secure relationships with their birth parents and this can affect all aspects of their lives. They and their parents and carers can be helped to develop and maintain relationships to promote the child's health and well-being.

### Healthy Care

This briefing is for all those who are involved in Healthy Care Partnerships, including social care, health, education and other children's services. It:

- identifies the importance of secure attachments for looked after children's and young people's present and future health and well-being
- provides examples of how Healthy Care Partnerships can promote secure attachments for looked after children and young people
- offers signposts to resources and other information.

The Healthy Care Programme, funded by the Department for Education and Skills, is a practical means of improving the health of looked after children and young people, in line with the Department of Health Guidance *Promoting the Health of Looked After Children* (2002), Every Child Matters, and the Change for Children Programme. Through partnership working, policy development, and with the participation of looked after children and young people, the programme ensures that services are child-focused, provide a healthy care environment and support the National Healthy Care Standard.

### The National Healthy Care Standard

This standard is based on a child's entitlement to:

- appreciation, love, respect and consistency
- a safe, protective and healthy care environment
- opportunities to develop personal and social skills to care for their health and well-being now and in the future
- effective healthcare, assessment, treatment and support.

Find out more at:  
[www.ncb.org.uk/healthycare](http://www.ncb.org.uk/healthycare)

## Secure attachment promotes health and well-being

Looked after children and young people have often had difficult experiences within their birth families, and may have had more than one set of carers since becoming looked after, with whom they repeat the same experiences. They may not have experienced the close, loving relationships that enable children to feel secure and to grow and develop. They may have developed behaviours to help them cope with this and may bring these behaviours to the families they are placed with. They may find it hard to trust the carers around them, and carers may be confused by the child's behaviour and difficulties and be unsure how to respond.

### What is attachment?

Babies and children need a secure emotional relationship with a main caregiver, usually a parent, in order to grow and develop physically, emotionally and intellectually. Babies and children need to feel safe, protected and nurtured by their caregivers, who identify and respond appropriately to their needs so that they can gradually make sense of the world around them. This secure relationship, or 'attachment', with a main caregiver is considered essential for babies' and children's development; they learn to trust the caregiver to meet their needs. This early experience helps the baby and child to recognise and develop the social and emotional feelings and skills necessary for making relationships with other people.

Unmet attachment needs lead to difficulties socially, behaviourally or emotionally, which may impact on the child's physical and emotional development and learning. These are called attachment difficulties, which children will demonstrate in a variety of ways.

### Looked after children and attachment

Attachment difficulties can happen where the care is not good enough and the carer is not meeting the needs of the child. For some children this may start at birth or soon after; for others it may occur repeatedly throughout their childhood years. For example, a parent who has mental health problems and is unavailable physically or emotionally, is unable to effectively parent the child for periods of time. This separation affects the child profoundly and, for some children, affects them throughout their childhood, even after they are securely adopted or fostered.

A secure home environment, responsive carers, and a stable experience of school are crucial factors in a child's healthy physical and emotional development.

### Effects of insecure attachment

Some commentators describe the effect of insecure attachment as traumatic stress, leading to traumatic injuries (Cairns and Stanway 2004). The reaction to this trauma is 'one of fear,

helplessness and horror'. They recognise that looked after children may experience not only neglect and harm from their main caregiver in infancy and childhood, but also experience separation from them when they become looked after. Children find this separation terrifying regardless of how poor the relationship is with the caregiver.

Cairns and Stanway (2004) believe that this traumatic injury can leave children with lasting impairments, including:

- effects on brain development and function
- physiological effects
- physical effects
- emotional effects
- social effects.

Others have described different kinds of insecure attachment patterns and children's behaviour associated with those patterns. These attachment patterns can be used to understand the child's experiences of attachment and how they are trying to cope with insecure attachment (Schofield and Beek 2006). Babies' and children's early experiences are now known to affect their brain development. The baby's sensory experience helps to build the growing brain, but neglect, injury and loss can disrupt this and lead to developmental problems and delay. Insecure attachment with the child's caregiver means the child does not learn to form close responsive bonds with other people. This is because the child's brain has not had the patterned, responsive experiences with a main caregiver that enable the part of the brain associated with socio-emotional feelings to develop (Perry 2002, Hildyard and Wolfe 2002).

## Bereavement

Parental bereavement of young people aged 16 and under is not as uncommon as thought (3.9 per cent of all young people will experience it; and a slightly lower number will experience the death of a sibling, according to Sweeting and others 1998). Many will experience loss of a grandparent, close family member or friend. There is some evidence that parental bereavement may increase the risks of social exclusion and mental health problems for young people. Evidence also suggests that parental bereavement can put young people who are already vulnerable, or living

in disadvantaged circumstances, at increased risk of mental health and other problems in their lives (Ribbens McCarthy and Jessop 2005).

## How to promote secure attachment

Children who have experienced neglect and harm from their parents or caregivers will be cautious; uncertain of adults; and bring with them the behaviours they have learned to use to help them survive in such difficult circumstances. They will not have had any other experiences on which to base their behaviour. A common reason for breakdown of placements of looked after children is the child's behaviour. Carers may not be able to cope with, or understand the behaviour of a child and may find it difficult to develop and maintain a relationship with them.

**Often carers are disturbed and puzzled to find that children are frightened by kindness. It is hard for them to believe that a child has not experienced kindness and views it as some kind of danger or trap.**  
(Fostering manager)

Children with attachment difficulties are often referred to child and adolescent mental health services (CAMHS). Carers have noted that once a child feels more settled and secure with them they may start to display very difficult, confusing or even dangerous behaviours. Some looked after children's services have worked with CAMHS in order to provide specialist services that can respond quickly to prevent a placement breakdown, and to work with carers to help the child. This type of approach is described in Case study 1.

Practitioners, carers and researchers working with children with attachment difficulties have identified a number of ways that caregivers can help children to develop secure attachments. This is based on the dimensions of parenting that are needed to help children become more secure, confident and competent and is summarised in Table 1. These parenting strategies are described in more detail in Schofield and Beek's *Attachment Handbook for Foster Care and Adoption* (2006) and the accompanying training materials.

## Promoting resilience

**Resilient children are better equipped to resist stress and adversity, cope with change and uncertainty, and to recover faster and more completely from traumatic events or episodes.**  
(Newman and Blackburn 2002)

Research supports the view that the key factor in developing resilience is a secure attachment between the child or young person and a parent or other main caregiver. In the case of looked after children, this means child-focused foster care that takes all decisions in the best interest of the child in partnership with the child, their family and advocates for the child. This approach is described in the Social Care Institute for Excellence Resource Guide 4: *Promoting resilience in fostered children and young people* (Bostock 2004). This may also include kinship care, where a family member or friend takes on the care of the child, thus supporting the child's existing family relationships and attachments. Kinship care is particularly seen as a way to prevent children from being uprooted from familiar people and surroundings. It is also supportive of black and ethnic minority children, as they will not be separated from their culture or religion and can still be part of their wider family.

The role of other adults, within a family or community network, can assist a child to develop feelings of self-worth and belonging and to learn to make and maintain relationships.

**Resilience in children and young people grows out of a strong sense of belonging, out of good self-esteem and out of a sense of efficacy or being able to achieve things and make a difference. Fundamentally these qualities grow out of supportive relationships with parents, relatives, teachers or other adults (or sometimes peers) who offer in-depth commitment, encouragement and support.**  
(Gilligan 2003)

Research identifies a number of factors associated with helping all children and

**Table 1: Dimensions of parenting needed to help children become more secure confident and competent.\***

<p><b>Being available</b></p>	<p><b>Helping children to trust</b> The caregiver is available physically and emotionally to meet the child's needs whether they are together or apart.</p> <p>This secure base helps the child to:</p> <ul style="list-style-type: none"> <li>• feel safe</li> <li>• trust that his or her needs will be met consistently</li> <li>• gain the confidence to explore the world around them and learn</li> <li>• learn to trust adults.</li> </ul>
<p><b>Responding sensitively</b></p>	<p><b>Helping children to manage feelings and behaviour</b> The caregiver can 'stand in the child's shoes' and can think about what the child may be thinking and feeling, and can reflect this back to the child.</p> <p>They are also aware of their own feelings and can share this sensitively with the child.</p> <p>This helps the child to learn about and regulate his/her own feelings and to understand the thoughts and feelings of others.</p>
<p><b>Cooperative caregiving</b></p>	<p><b>Helping children to feel effective</b> The caregiver is aware of the child as a separate person with wishes, feelings and goals and who needs to feel effective.</p> <p>The caregiver looks for ways to help the child feel more competent, such as by respecting the child's choices (within safe limits), using negotiation and cooperation to manage behaviour.</p> <p>This helps the child to feel his/her views are important and to learn to compromise and cooperate.</p>
<p><b>Accepting the child</b></p>	<p><b>Building self-esteem</b> The caregiver gives the child the message that he or she is unconditionally accepted and valued for who they are, difficulties as well as strengths.</p> <p>The child learns that all people have some good and bad parts and that repair and forgiveness are possible.</p> <p>This helps the child to enjoy success and cope with setbacks.</p>
<p><b>Promoting family membership</b></p>	<p><b>Helping children to belong</b> The caregiver has the capacity to include the child in their family for however long the child is to stay in their family.</p> <p>The caregiver also helps the child to belong to two families – his or her birth family and the family they are part of now, so that the child learns it is possible to belong to/love two families.</p>

young people to build resilience. These factors comprise:

- strong social support networks
- at least one unconditionally supportive parent or parent substitute
- a committed mentor or other person from outside the family
- positive school experiences
- a sense of mastery and a belief that one's own efforts can make a difference
- participation in a range of extra-curricular activities that promote self-esteem
- the capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised
- the ability – or opportunity – to 'make a difference' by helping others or through part-time work
- not to be excessively sheltered from challenging situations which provide opportunities to develop coping skills. (Newman and Blackburn 2002)

These factors dovetail well with the parenting strategies described in Table 1 as supporting the development of secure attachments; and secure attachment is clearly identified as key to helping children acquire resilience. They also reflect the six entitlements of all looked after children and young people identified by the National Healthy Care Standard (see Table 2).

**Table 2: The National Healthy Care Standard entitlements**

A child or young person is entitled to all of the following, that is to:

1. feel safe, protected and valued in a strong, sustained and committed relationship with at least one carer
2. live in a caring, healthy and learning environment
3. feel respected and supported in his or her cultural beliefs and personal identity
4. have access to effective healthcare, assessment, treatment and support
5. have opportunities to develop personal and social skills, talents and abilities and to spend time in freely chosen play, cultural and leisure activities
6. be prepared for leaving care by being supported to live, care and provide for themselves in the future.

More information about the National Healthy Care Standard is available at: [www.ncb.org.uk/healthycare](http://www.ncb.org.uk/healthycare)

\* Taken from *Attachment Handbook for Foster Care and Adoption* by Schofield and Beek, 2006

## Supporting carers

Looked after children can be helped to develop secure attachments with their carers, but carers need ongoing support and encouragement to do this and to understand what the child's behaviour is communicating.

Many carers find training about attachment theory helps them to understand what has happened to the child. Some children's services and independent fostering services offer a 'team parenting approach' so that carers have the support and resources of a team of professionals who provide a 'wraparound service'. Examples of these approaches are described in Case studies 2 and 3 and a training course is described in Case study 4.

## Contact with birth families

Schofield and Beek (2006) suggest that contact with birth families should happen if it is developmentally beneficial to that particular child, rather than as an automatic feature of a child's placement outside of their birth family. They note that the quality of the contact can influence the child's capacity to return to their birth family and develop and sustain family relationships, including with the family they are placed with.

Sometimes contact causes children extreme anxiety, with the child returning to the defensive behaviours and feelings caused by the child's insecure attachments and separation from the birth family in the first place. Contact should not compromise a child's newly found security and growth (Neil and Howe 2004). It is also important to gain children's views about who it is within their birth family that they want to have contact with.

Carers need skill and support to be able to respond sensitively to the child's feelings and thoughts about having more than one family. Carers also need to be listened to when they are concerned about the impact of contact on children; their observations of the child before and following contact visits are as vital as the views of the child or young person.

## Life story work

Life story work can help children and young people describe what has happened to them and their relationships. This needs to be a continuing process throughout childhood and adolescence and should address current relationships with carers or adoptive parents, and record the joys

and pleasures of their life as well as the sadness. Case study 5 describes a creative therapeutic approach to life story work with children and their carers. Schofield and Beek (2006) identify three pointers for practice in life story work:

- the practitioner (who may be the carer) doing the work with the child must offer the child a secure emotional base to explore the past, present and future
- the child will bring their coping strategies to this difficult process and the practitioner must be aware of this
- the child can deal with information about the past at different stages of development; and once they feel more secure.

## Finally

It is important to remember that children and young people do have the capacity to develop secure attachments. Children who have experienced extreme neglect and abuse can benefit from close, warm relationships, but it may take longer for that benefit to be apparent and much longer for those relationships to be developed. These children need adults around them who are prepared to keep trying, and who accept them for who they are.

# case studies

## 1: East Sussex

Mental health specialists for looked after children is a service that focuses on the needs of children who have a plan for permanence outside their birth family and who are living in foster care.

The service works with the child, his or her carers, the social worker and others surrounding the child (for example, the child's birth parents and extended family, the child's teacher and other significant adults). This approach enables an holistic assessment to be made of the child's needs. Current carers and prospective permanent carers can all work together and focus on supporting the child to develop secure attachments and to achieve a successful permanent placement.

Carers and social workers say it helps them gain a better understanding of

how to meet the child's needs; and social workers say it has helped them to have a better understanding of permanence, how to plan for it and how to manage difficulties, thus preventing a placement breakdown.

The service is provided by two part-time practitioners who also run groups for carers, that focus on attachment difficulties.

## 2: East Sussex

East Sussex's special placement scheme is a pilot project where specially selected carers are given extra training, support and resources to provide placements for children and young people with complex needs and difficult behaviours. It was so successful that it has now become a permanent part of the looked after children's service.

A team of experienced carers were recruited to provide permanent homes for children who are very difficult to place. Children and carers are selected carefully by this team, to ensure a good match. The scheme focuses on children who:

- are as young as possible
- have had many placements
- have potential for recovery and can be helped to make secure attachments.

The scheme supports placements for about 25 children at a time. The aim is to create a 'team around the child' that includes the carers and their family, social workers, placement support workers and any therapists or specialists working with the child and carers.

Therapeutic support is available to the child and the carers. This can be offered flexibly (for example, at weekends or

# case studies

evenings when partners can be involved and children won't be taken out of school) and for as long as it is needed. Therapists involve carers in the therapeutic intervention so they can work therapeutically with the child. Creative and play therapies are offered as well as more traditional therapies; for example, a small group of looked after girls have started doing yoga together to help them learn to relax.

Carers receive an enhanced package of support, including up to 28 days paid respite per year. A 24-hour telephone support is provided for all carers, and they are offered a wide range of training. Carers describe some parts of this as invaluable, especially being able to shape the kind of support they want.

Managers of the service say they see it as a partnership with the carers and that they are seeking to try to create an extended family of support around the child and carers. The ultimate aim is to help the child and carer develop a secure attachment. They are achieving a high degree of success with children who have experienced neglect and abuse.

## 3: Team parenting model

The team parenting approach has developed to include everyone who might have a role in supporting a looked after child or young person in their recovery and in developing secure attachments with carers and a new family. Previously, therapeutic work saw the relationship between the child and therapist as most important, but the team parenting approach recognises that secure attachments and a stable placement are vital for looked after children. Carers, their families and others can all have a role in supporting this.

Foster Care Associates (an independent fostering agency) has developed a team parenting model to describe the mini-relationships and conversations that exist in this multi-agency and multi-people group. The group is used to reflect on what is happening with the child or young person, and provides a safe space for discussion and sharing points of view. Some children and young people have had extremely painful life experiences and have been multiply abused. Carers and others find team parenting provides a safe space to talk about this and consider responses. It is different from other meetings,

which tend to be about practical issues, or relate to decisions and action; this group is about focusing on the current thoughts and feelings of the child and enables all voices to be heard, including carers'.

## 4: Norfolk

A sensitive care-giving training module for foster carers was developed in Norfolk. It focuses on:

- an introduction to attachment theory for foster carers
- what is meant by 'secure attachment'
- what happens when things go wrong for children in their early attachments
- the five dimensions of parenting that can support secure attachment.

The course is run over two days, with a week's break in between. It offers carers a framework to help them think about the child differently and shape their parenting responses accordingly. Many carers who have completed the course find that it confirms much of what they were doing already and that it gives them new ideas for doing more of the same.

This course was the pilot for a nationally available training programme (and video and DVD) called *Attachment for Foster Care and Adoption* (Schofield and Beek 2006 in 'Useful resources' at the end of this briefing).

## 5: Telford and Wrekin

Life story work: Creative attachment therapy for looked after children  
This therapy aims to help families who are caring for a child affected by attachment- or trauma-related issues. Many looked after children have experienced neglect and abuse in their birth families, and may have had several fostering placements. They have learnt strategies to survive their distress and difficult situations, but these strategies are no longer helpful in protecting them. The therapy helps foster carers identify what strategies the child has brought with them, and much of the work is about helping the child recognise and manage his or her feelings. For example, children who have been neglected or abused have never learnt to relax. They cannot draw on their 'reasoning side' and, instead, remain in a highly emotional state at most times; when stressed this spills into angry scenes, and at quieter times the child is usually hyper alert, watching all that occurs

because relaxing means being vulnerable. The therapy helps foster carers to teach the child to relax and calm down, with a view to practising this together.

We help the child to tell their story using puppets, sand tray work, clay, paints, crayons or role play. Sometimes the child works one-to-one with the life story worker and the foster carer does the same with another worker and then they are brought together; but more usually the worker, child and foster carer all work together. The foster carer then goes off and practices what we have all been working on. Carers also need to look at their own attachment issues. Support and supervision needs to be at a higher level when carers take part in this approach.  
(Life story worker)

## A poem by a young woman who is looked after

*Families do lie  
My family said they would care  
for me  
My brothers said they would  
protect me  
My mother and father said they  
would never leave me,  
And I never met my sister  
My family left me,  
My brothers are a danger to  
themselves and others around,  
My mother and father died  
on me  
And my sister died too  
My foster carers love me, they  
protect me,  
And care for me. They will never  
leave me,  
And I'll never leave them, like  
my family left me.  
I'm not abandoned anymore;  
I'm happy and smiling now  
I'm not crying  
I'm smiling*

Chantelle  
(Written as part of Healthy Care  
Partnership Dialogues)

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- ## Useful websites
- British Association of Adoption and Fostering**  
[www.baaf.org.uk](http://www.baaf.org.uk)  
Publishes a number of books and other guides related to attachment needs and difficulties.
- Caspari Foundation**  
[www.caspari.org.uk](http://www.caspari.org.uk)  
Helps children with emotional, learning and behavioural difficulties to succeed in school.
- Childhood Bereavement Network**  
[www.childhoodbereavementnetwork.org.uk](http://www.childhoodbereavementnetwork.org.uk)  
Information and resources about childhood bereavement plus local sources of support.
- Child Trauma Academy**  
[www.trauma.org](http://www.trauma.org)  
A not-for-profit organisation in Texas, US, focusing on research, training and helping high-risk children; includes free online courses on childhood trauma.
- Healthy Care Programme**  
[www.ncb.org.uk/healthycare](http://www.ncb.org.uk/healthycare)  
Information and resources to promote healthy care for looked after children and young people.
- In my shoes**  
[www.inmyshoes.org.uk](http://www.inmyshoes.org.uk)  
A computer package that helps children communicate about their experiences, including potentially distressing events or relationships.
- Life Routes**  
[www.makeaconnection.org.uk](http://www.makeaconnection.org.uk)  
Includes a structured life skills programme for vulnerable young people aged 13 to 16 years.
- Nurture Group Network**  
[www.nurturegroups.org](http://www.nurturegroups.org)  
Provides advice, publications and training about nurture groups.
- ## Useful resources
- 'Mental Health', *Healthy Care Briefing* (2005) London: National Children's Bureau. Available from: [www.ncb.org.uk/healthycare](http://www.ncb.org.uk/healthycare)
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## The National Healthy Care Standard

Contributes to the achievement of the five outcomes described in *Every Child Matters* (HM Treasury 2003):

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- economic well-being.

A **Public Service Agreement** target has been set for looked after children's services which seeks to:

- focus on improving educational achievement and placement stability for looked after children
- narrow the gap in educational achievement between looked-after children and their peers, and improve their educational support and the stability of their lives, so that by 2008, 80 percent of children under 16 who have been looked after for two and a half years or more will have been in the same placement for at least two years.

### Care Matters: Transforming the Lives of Children and Young People in Care

(HM Government 2006) describes proposed reforms to improve the quality, range and choice of care for looked after children and young people including:

- improving the number and quality of foster carers
- introducing a tiered framework of placements to respond to different levels of need
- piloting the use of intensive foster care for young children
- extending the use of specialist foster care for children with complex needs
- ensuring children are only placed in residential children's homes that meet high standards of care
- ensuring children can access positive and enjoyable activities outside of school
- improving looked after children and young people's experience of school and their attainment
- continued support for care leavers as long as they need it and a more gradual and prepared move from leaving care
- piloting young people remaining with foster carers until they are 21.

### Reaching Out: An Action Plan on Social Exclusion

(HM Government 2006) describes the framework and a series of pilots to tackle lifetime social exclusion. This includes early intervention to support parents and tackle risk factors in infancy, childhood and the teenage years.

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8 Wakley Street, London EC1V 7QE

Telephone: +44 (0)20 7843 6000

Fax: +44 (0)20 7278 9512

Website: [www.ncb.org.uk](http://www.ncb.org.uk)

Registered Charity No: 258825

Email: [enquiries@ncb.org.uk](mailto:enquiries@ncb.org.uk)

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Every Child Matters  
Change For Children

  
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