



**Educating
children in care**
Research and the
policy process



**HIV positive
migrants in London**
Their experiences
and views



Making the links
Disabled women and
domestic violence

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Research from the
School for Policy Studies



**Kinship
care:
A family
commitment**



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Message

from Sarah Payne, Director of Research

As the new Director of Research in the School for Policy Studies, I am very pleased to welcome you to PS, the magazine which shares the latest findings from our research programmes. This issue once again illustrates the breadth of the School's research activities across a number of key policy areas.

The research reported in brief here includes work on disabled women's experiences of domestic abuse, three studies on the needs of HIV positive African migrants in London, comparisons in characteristics and outcomes between children in care placed with relatives or friends and those placed with unrelated foster carers, educational policies for children in care, the disadvantages experienced by Gypsies and Travellers, and evidence relating to policies to reduce re-offending by women. Although wide-ranging, these research projects share a focus on groups and questions which are often under-researched and where current strategies and provision may be failing in significant ways to meet the needs of diverse groups.

These projects are a small sample of the School's current research programme. We work with a range of funders, both national and international, to deliver rigorous, high quality research which informs contemporary debate and policy making. In particular the School aims to provide up-to-date and relevant research to improve the planning and delivery of policy across a number of areas.

Much of our work is interdisciplinary, both across the different disciplines represented by staff within the School and also in projects with other departments within the University of Bristol. As always, more information on the full range of work we are currently engaged in can be found on our website at www.bristol.co.uk/sps and we welcome enquiries from potential funders or collaborators.

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"We work... to deliver rigorous, high quality research which informs contemporary debate and policy making."





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Kinship care

A family commitment

When children in care are placed with relatives or friends, do they do better or worse than children placed with unrelated foster carers – or do kinship carers look after less troubled children in the first place? The first major study of kinship care in England addresses these questions directly by comparing the characteristics, progress and outcomes of children placed with kin (family and friends) with those of children placed with stranger foster carers.

It also looks at the circumstances of kinship carers and the difficulties they face in obtaining support and in dealing with family relationships. This is valuable information for social work practitioners, especially as – partly as a result of this study's findings – the Government is strongly promoting kinship care and the proportion of 'looked after' children who are placed with kin (11% in 2007) is likely to rise.

Professor Elaine Farmer
Centre for Family Policy and
Child Welfare

This study, funded by the Department for Children, Schools and Families, involved the participation of four local authorities, three of whom had a sizeable black and minority ethnic population. Together they provided data on 2,240 children, who were in placement with a kinship carer or with an unrelated foster carer.

We analysed the basic data on these children, then reviewed the case files of 270 children, half of whom were living with kin and half with stranger foster carers on a set date, providing for a two-year follow-up. We also interviewed a sub-sample of 32 kin carers, their social workers, parents and children. Grandparents formed the largest group of kin carers (45%), followed by aunts and uncles (32%)

“I’m glad that I’m with my nan and granddad because I know that I’m not going to be going anywhere because they’re settled down and they’re happily married.”



and friends (18%). A few children were cared for by cousins or siblings. Most children with kin were fostered, but some were on residence orders or supported by children’s services.

The children in the two kinds of placement turned out to be remarkably similar in terms of their high levels of emotional and behavioural difficulties, the many adversities they had experienced and their characteristics. Both groups were difficult to look after.

In contrast, the kin carers were much more disadvantaged than the stranger foster carers. Significantly more were lone carers (27% v 14%), mostly lone women, living in overcrowded conditions (35% v 4%); many more had a disability or chronic illness (31% v 17%) and experienced financial hardship (75% v 13%). Moreover, they made sacrifices to take in the children, often giving up a job or postponing retirement, experiencing strain in their marriage or becoming socially isolated.

Threats from parents were frequent, yet kin carers received relatively little help from social workers and fewer services overall than stranger foster carers. Their most pressing needs were for adequate financial payment, assistance with children’s behavioural difficulties and with contact. Many were valiantly struggling alone to bring order to these children’s fragmented

lives. Whilst some social workers were very sensitive to the needs of kin carers, there was sometimes an attitude from managers that kin should manage without help.

The study challenged some myths: it is not true that more black and minority ethnic children are placed with kin carers (as in the US) but the reverse, nor do kin carers more often take sibling groups. We also found that placements with kin were most successful when children were placed under the age of ten.

Children did equally well in both types of placement. A major difference was that by follow-up the placements with kin had lasted longer, partly because many stranger foster placements were only short-term but also because of the kin carers’ very high levels of commitment. This led them to persevere beyond the point at which unrelated carers conceded defeat.

Kinship care occupies an uneasy position on the boundary between the public and private spheres of caring, and this leads to a situation where some kin carers struggle to care for needy children with low levels of support and financial help. At present kin carers’ willingness to continue against the odds benefits the children they look after, but good outcomes for children are sometimes achieved at the expense of their carers.

We concluded that there is a need for an authoritative national policy framework to improve the situation of kin carers and the children they look after.

“I’m a cheap option. ...it’s not the fact [we don’t] get, you know, what the foster carers get, it’s what the kids don’t get.”

Kin carer

For further information, see the newly published book:

Farmer, E. and Moyers, S. (2008) *Kinship Care: Fostering Effective Family and Friends Placements*, London, Jessica Kingsley.

A summary of the report is available at: www.bristol.ac.uk/sps/research/fpcw/default.shtml

or at: www.dfes.gov.uk/research/data/uploadfiles/RW83.pdf



Educating children in care

Image: istockphoto.com

Research and the policy process

Children in local authority care now have a high political profile. Policy development in this area illustrates several New Labour themes, such as concerns over the performance of public services; the 'modernisation' agenda; an emphasis on targets and performance indicators; and the importance of education, training and employability as a strategy to combat poverty and social exclusion.

A major concern is the low educational achievement of the 60,000 'looked after' children and young people in England, of whom only 8% perform well in their GCSEs. These poor results are usually attributed to inadequate social work services, and the Green Paper, *Care Matters*, set out proposals for urgent reforms to raise their educational attainment. But are these measures likely to achieve the Government's objectives? Our research suggests not.

Professor David Berridge

Centre for Family Policy and
Child Welfare

Researchers in the School and other university centres were commissioned by the Department for Children, Schools and Families to investigate the educational objectives of Quality Protects – a major initiative to modernise children's services which ran for six years with £375 million of funding. Our research was undertaken in three contrasting local authorities, and we scrutinised the educational and social experiences and outcomes of a group of 150 adolescents living in foster homes, residential children's homes and residential special schools.

What did the initiative achieve?

One important finding was that there is much emphasis on comparing educational achievements between authorities, yet we discovered that

“... although there is widespread pessimism about the care and schooling experiences of this group, most young people we studied were making social and educational progress.”

official statistics at a local level are unreliable. Groups for whom statistics are produced, such as Year 11 ‘looked after’ pupils, can be very small and variations in overall educational attainment are as much attributable to the composition of the groups as the performance of authorities. Researchers and policy makers, therefore, can misunderstand the nature of the problem.

A second conclusion was that, although there is widespread pessimism about the care and schooling experiences of this group, most young people we studied were making social and educational progress. Using a variety of measures, young people’s own views and researchers’ ratings alike, we found that the quality of care was mainly positive and behavioural and social problems improved. Most pupils had special educational needs but half had made educational progress while a quarter remained unchanged.

We concluded that previous studies and interpretations of low educational achievement of children in care have been too narrow and have disregarded a wide range of important evidence from sociology, social policy and educational research. Low attainment of children in care is part of a broader educational problem. The socio-economic risk factors linked with family breakdown and entry to care, such as poverty, class, divorce/separation and

maltreatment, also predict low educational attainment. Research shows that just 14 per cent of variation in pupils’ performance is attributable to school quality.

Of all care leavers over 16 years of age who had the chance to sit GCSEs, half enter care over the age of 13 and so councils have little time to turn the situation round in any case. International evidence shows that there are unique features about the English care system and other countries may do no better with this group than we do. Therefore, the low educational achievement of children in care is a complex, structural social problem, not just a deficiency in social work practice. Although improvements will continue to be made, it is likely that the attainment gap with the general school population will persist.

It is an unusual position to be in to produce evidence that is at odds with most other research in a field, policy proposals and public commentary. However, our conclusions were disseminated to government and published.

We were, therefore, very concerned that the 2007 Green Paper, *Care Matters*, was based on the premise that the care system needs to be radically revised, because looked after children have such poor outcomes. This assumption, which is inconsistent with our findings, suggests that the Government has misunderstood the reasons for the low achievement of looked after children. The *Children and Young Persons Bill* (currently going through Parliament) addresses a wider range of issues and will hopefully be of benefit to children and young people. However, our research indicates that changes in policy and legislation need to be more evidence-based.

“Research shows that just 14 per cent of variation in pupils’ performance is attributable to school quality.”



For further information see:

Berridge, D., Dance, C., Beecham, J. and Field, S. (forthcoming) *Educating Difficult Adolescents: Effective Education for Children in Public Care or with Emotional and Behavioural Difficulties*, London, Jessica Kingsley.

Berridge, D. (2007) ‘Theory and explanation in child welfare: education and looked after children’, *Child & Family Social Work*, 12, 1, 1-10.



Gypsies and Travellers

Among the most disadvantaged groups in Britain

A review for the Equalities and Human Rights Commission has found that Gypsies and Travellers experience more entrenched inequalities and exclusion than other groups. The study (undertaken by the School, together with Margaret Greenfields at Buckinghamshire New University, and researchers at Friends, Families and Travellers) charted inequalities affecting Gypsies, Travellers and Showpeople in England, Scotland and Wales across a wide range of domains.

Sarah Cemlyn

Centre for the Study of Poverty and Social Justice

While as a team we were aware of the difficulties experienced by Gypsies and Travellers in accessing services and rights accorded to all citizens, we were struck by the mutually reinforcing nature of these inequalities once all the available evidence was brought together.

As well as accommodation inequalities – a quarter of caravan dwelling Gypsies and Travellers are homeless as they have no authorised site – they are the most disadvantaged groups in education and have poorer health than other population groups. They experience discrimination in employment and training, children's and youth services, access to community resources and in criminal justice and policing.

One factor behind these inequalities is the failure of many service providers to

“They experience discrimination in employment and training, children's and youth services, access to community resources and in criminal justice and policing.”

recognise the distinct minority ethnic status of Gypsies and Travellers. Some groups are recognised under racial equality law, but for all Gypsies and Travellers cultural values are central. Lack of recognition undermines both monitoring and development of services.

Among the most disturbing findings was the level of racism experienced by young Gypsies and Travellers, from adults in authority, peers, passers by and neighbours. Gypsy / Traveller young people have a range of strategies for responding, including hiding their cultural identity (in which they otherwise express great pride). However, there is evidence of the damaging psychological, social and educational impact of repeated hurtful comments and sometimes physical bullying. Their disadvantage is compounded by poor environments with no play provision, even on public sites.

More encouraging findings related to projects, activities and campaigns that Gypsies and Travellers, both adults and children, are undertaking to promote the rights of their communities. This includes partnership work with service providers to improve access and provision.

For further information see:

Cemlyn, S., Greenfields, S., Whitwell, C., Matthews, Z. and Burnett, S. (forthcoming) *Inequalities experienced by Gypsy and Traveller communities: A review*, EHRC.

Women involved in the criminal justice system are an extremely vulnerable group, with high levels of psychological need, often linked to histories of physical and sexual victimisation as both adults and children. The **Women's Offending Reduction Programme**, introduced by the Home Office in 2004, aimed to reduce women's offending through 'providing a better tailored and more appropriate response to the particular factors which have an impact on why women offend' – but will this work? The UK Ministry of Justice commissioned us to do a Rapid Evidence Assessment (REA) of the international literature.



Image: istockphoto.com

Re-offending by women

What do we know?

Rachel Lart

Centre for Health and Social Care

What stands out from this REA is how little we know about what reduces offending by women, and what that 'appropriate response' would be. Most evidence about 'what works' in criminal justice is based on research on male offenders.

Our review looked at all published studies of interventions with women offenders, where follow up included looking at re-offending. However, we found very few good quality studies and, in particular, virtually none that looked at community-based (as opposed to prison-based) services for women.

In the UK policy context this is a serious weakness, given the recommendation

of the Corston Report that comprehensive community-based services for women offenders be developed (Home Office, 2007).

From the studies we found, it is possible to say that work that targets anti-social attitudes, anger, self control, family processes of affection and supervision, anti-social associates and basic levels of education can be effective in helping women to stop offending. In drug treatment, prison-based cognitive behavioural programmes have some short-term effects of reducing re-offending, especially when followed by residential treatment after prison, while therapeutic community provision in prison does not seem to work. However, in spite of the emphasis in most discussions of women's

offending on their victimisation experiences and their low self-esteem, there is almost no evidence about the effectiveness of addressing these vulnerabilities in work with women.

For further information see:

Home Office (2007) *The Corston Report: a report by Baroness Jean Corston of a Review of Women with particular Vulnerabilities in the Criminal Justice System*) Home Office, London.

Lart, R., Pantazis, C., Pemberton, S., Turner, W and Almeida, C (2008) *Interventions aimed at reducing re-offending in female offenders: a rapid evidence assessment (REA)* Ministry of Justice Research Series 8/08

www.justice.gov.uk/publications/research190508.htm



HIV positive migrants in

Their experiences and views

The burden of HIV/AIDS in the UK is borne disproportionately by black migrants from Africa who make up about half of all those infected. However, little is known about their lives or their particular needs for health and social care.

This project was designed to explore these issues. Were African migrants less likely to seek HIV testing, for example? Did they feel especially stigmatised in health care settings? How did their HIV status affect their legal right to be in the UK? As well as exploring these questions, the project was also the first to look at the differential effects of HIV on heterosexual women, heterosexual men and gay men living in the same setting.

Professor Lesley Doyal

Centre for Health and Social Care, and
Dr. Jane Anderson
Homerton University Hospital

First, we carried out a study among 62 black women from different African countries who were receiving treatment in East London hospitals. The women were interviewed about their life histories and their experiences of HIV/AIDS.

Most of their responses focussed around issues relating to fertility and parenting. For those who did not have children, the constraints imposed by HIV on reproductive choice were very distressing, since it was culturally expected that an adult woman would have at least one child.

Thirty-nine had children living with them and most of these were single parents. Raising children under these circumstances was very challenging both practically and emotionally, but it was also identified as a major source of strength in helping the women to survive their illness. As one woman

London

from Tanzania put it: *'I am going to live for the sake of my baby. That's it'*

The women's study generated important findings but it also raised questions. How were things different for men? Did they experience their illness in the same ways as women and were their needs the same? And were the experiences of men who defined themselves as heterosexual the same as those of gay/bisexual men. To answer these questions the project was extended to include further studies on these two groups.

The study of heterosexual men used the same method of data collection: in-depth interviews. However, it proved much more difficult to carry out. As other researchers have found, men are usually much less willing than women to be involved in discussions about health. Only 37 men were eventually interviewed, but the data were

supplemented by the findings from a focus group of African men involved in an HIV support group.

The main themes emerging from this second study centred around the effects of HIV on the participants' sense of themselves as 'African men'. They talked about their lack of employment as a major threat to their social and economic status.

Surprisingly perhaps, they also discussed some of the most intimate aspects of their lives: those related to their sexual activities. Most talked about how both their desires and their performance had diminished. They attributed this 'weakness' to the illness itself, to the treatment and to what was often their uncertain legal status in the UK. One participant from Uganda explained: *'No I don't feel as much of a man as I used to....I don't feel I am a man as I used to be when I was not HIV positive. Now I am very restricted in what I do'*.

The third study involved African men who defined themselves as gay/bisexual. This was extremely difficult, since there are relatively few men in this category in the UK and even fewer who are willing to 'come out' and be interviewed.

However, the findings from the eight men who did participate painted a very clear picture of the difficulties they faced in being black, gay/bisexual and HIV positive at the same time. Many talked about the complexity of the different forms of stigma they experienced and the consequent need to keep much of their lives secret. One

"It's bad enough me being gay, and if they found out I was HIV they will find it very difficult for me to be around them."

man talked about how he was unable to tell his family in Africa about his situation: *'It's bad enough me being gay, and if they found out I was HIV they will find it very difficult for me to be around them.'*

It was central to the purpose of this project that the findings reached a number of different audiences. This was achieved through talks to a wide range of groups including those living with HIV and those advocating on their behalf. The findings were also presented more formally in medical settings and international conferences.

Each study was first written up in a more 'popular' form and copies were given to each participant and widely distributed via voluntary organisations. Articles were then published in journals ranging from *AIDS Care* to *Social Science and Medicine* and *Gender and Development*. The research has been widely recommended as a resource for both health and social care workers.

"...I am going to live for the sake of my baby. That's it."

For further details of the project and copies of the reports go to:
www.homerton.nhs.uk/education/11604037592768.html



Making the links

Disabled women and domestic violence

Support services almost universally overlook or respond inappropriately to the needs of disabled women experiencing domestic abuse, according to the first-ever national UK study of disability and domestic violence.

The study found that disabled women often experience significantly more abuse than non-disabled women and live in situations of extreme vulnerability, distress and isolation. They are, therefore, likely to have an increased need for effective services. However, this need is coupled with a severe lack of provision, so disabled women lose out on both counts.

Professor Gill Hague

Centre for Family Policy and Child Welfare

This study, funded by the Big Lottery Fund, was managed by Women's Aid, the national domestic violence charity. It was carried out by a mixed team of disabled and non-disabled researchers from the Violence Against Women Research Group in the School for Policy Studies and the Centre for the Study of Safety and Well-being, University of Warwick, advised by disability activists/consultants.

The study aimed to develop further understandings of the needs of disabled women with physical and sensory impairments experiencing domestic violence, and to investigate the scope of existing provision.



Particular efforts were made to include disabled lesbians and disabled women from black and minority ethnic communities. The methods we used included wide-ranging consultations and in-depth interviews with abused disabled women, national surveys of disability organisations and domestic violence services, and good practice case studies.

The research used the 'social model' understanding that it is barriers caused by social attitudes and by lack of commitment, which have contributed to society's failure to take full account of disabled people's needs. It is this failure that is truly disabling, and not people's individual conditions. We subscribed to the principle of the disabled people's movement: *Nothing about us without us*.

The women interviewed told

distressing stories of abuse, especially where the abuser was their carer. Physical violence, sometimes extreme, was very frequently accompanied by emotional humiliation in terms of the woman's impairment.

He'd dump me on the middle of the stairs and leave me there stranded, call me a 'spassy', a cripple.... 'You're not worth anything, are you, look at you....'

He'd turn off the wheelchair and leave me there and walk away, or – this is a good one – move it to one side just as I was shifting myself into it...'

Then he threw me on the floor with my dinner and said 'That's where you eat your dinner, that's where you belong.'

There appeared to be an increased incidence of sexual abuse, sometimes constant and unrelenting:

It was sex all the time, twice a day. He would hold me down with his hand over my mouth always, and I hated it, I hated it. He said because I was deaf, I deserved it.

Points raised about vulnerability to abuse and being trapped in abusive situations included:

- Not being able to escape
- Not being able to get out of the way before an attack, or to move afterwards
- Not being able to see or hear the abuser coming
- Lack of training /jobs making it difficult for a disabled person to be independent
- Perpetrators using the impairment to make the abuse worse
- The abuser being seen as saintly, beyond reproach, and the disabled woman not being believed.

Lack of belief was particularly acute in same-sex relationships:

She was really skinny. And she would kick me regularly – and they just wouldn't acknowledge it at all. I think that people still have this vision of abusers to be male, to be stronger.

“For too long, disabled women facing abuse have been ignored and left without assistance...”

Disability organisations rarely considered domestic violence 'their' issue or provided services, and in any case they had almost no resources. Domestic violence organisations had made efforts to improve services in terms of accessibility but still had a long way to go, especially in terms of disability equality awareness. The responses of statutory services were particularly poor, with 80% of women finding social services the least helpful of all.

We produced wide-ranging recommendations, all of which need to be implemented in partnership with disabled women themselves. They include more accessible refuge services, training on disability equality and domestic abuse (provided by disabled women where possible), reaching out to disabled women, domestic violence policy development, and integration into all relevant strategic and commissioning frameworks.

Overall, it is essential that all relevant services, including the statutory sector and also domestic violence and disabled people's organisations, take on the issue. For too long, disabled women facing abuse have been ignored and left without assistance from agencies, which are meant to offer help. Now is the time to make a change.

Hague, G., Thiara, R., Mullender, A., and Magowan, P. (2008) *Making the Links: Disabled Women and Domestic Violence*, Bristol, Women's Aid Federation of England. The report and a good practice guide are available from Women's Aid.

For a summary of findings see: www.womensaid.org.uk and www.bristol.ac.uk/vawrg

Sharing our expertise

News from the School for Policy Studies

Tackling poverty at home and abroad

Professor David Gordon and Shailen Nandy, of the Centre for the Study of Poverty and Social Justice and the Townsend Centre for International Poverty Research, are working with UNICEF on the first ever Global Study on Child Poverty and Disparities.

They will be analysing survey data on the circumstances and living conditions of children and their families in 40 developing countries. The aim is to improve awareness of how social and economic policies can help to eradicate absolute child poverty and of how progress in one area (e.g. access to safe water) can

assist progress in another (e.g. improving child health).

Dave Gordon has also been appointed to the Child Poverty Expert Group, which will be advising the Welsh Assembly on how to meet its target of halving child poverty by 2010 and eradicating it by 2020.



Studying 'honour'-based violence in Kurdistan

The Violence Against Women Research Group has been commissioned by the Kurdistan Regional Government to conduct a pioneering study of 'honour'-based violence in Iraqi Kurdistan. The project also involves comparative research in the UK.

Led by Professor Gill Hague, the project starts in September and will be conducted in partnership with Dr. Aisha Gill, Roehampton University, and the NGO, Kurdish Women's Rights Watch. A Kurdish expert on 'honour'-based violence, Dr. Nazand Begikhani, is joining the School to work on this project.

Combatting child abuse internationally

Professor David Berridge, Head of the Centre for Family Policy and Child Welfare, is participating in an international comparative study of services to combat child maltreatment.

This is a repeat of a study undertaken in 1997 (*Combatting Child Abuse: International Perspectives and Trends*, ed. Neil Gilbert; Oxford University Press). David is co-writing the English

chapter. Other participants are from the USA, Canada, Denmark, Finland, Sweden, Belgium, Germany and the Netherlands.

New courses at the School for Policy Studies

MSc Social Work Research

Starting October 2008

This new programme is for both UK/EU students and international students who wish to develop a career in social work research. It is a recognised training programme for the ESRC 1+3 PhD studentship scheme.

Further details at: www.bristol.ac.uk/sps/studying/postgraduate/social_work_research_default.shtml

BSc Childhood Studies

From October 2009 the new BSc Childhood Studies is expanding from the current BSc Early Childhood Studies programme to consider children and young people from 0-19 years. Childhood Studies aims to educate undergraduate students who will prioritise children's voices, participation and experience in society and champion children's rights and quality of life.

Further details at: www.bristol.ac.uk/sps/studying/undergraduate/early_childhood_default.shtml



Events

WAGNet Graduate Workshop – “Women and Gender in Contemporary Chinese Studies”

21-23 January 2009 Venue: University of Bristol, UK

This workshop is for PhD students who are at an advanced stage of their research and working on any aspect of 'women and gender in contemporary Chinese studies'. Participants will be expected to present a paper that treats issues of 'women' and 'gender' as central and significant categories of analyses.

Students should submit an outline of their project (750 words) including information on the stage of their

research, a CV, and one letter of reference from someone who is familiar with their PhD (under separate cover).

The application documents should be sent to:
Professor Marianne Hester, School for Policy Studies,
University of Bristol, 8 Priory Road, Bristol BS8 1TZ, UK.
Email: marianne.hester@bristol.ac.uk

Workshop, accommodation and meals during the workshop are free. Some travel bursaries are also available.



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- Doctor of Social Science (Policy Studies)
- PhD

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