University of Essex

Essex County Council Intensive Fostering Pilot Evaluation

Final Report
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Health and Care Evaluation Service

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Executive summary

The University of Essex were commissioned by Essex County Council (ECC) to evaluate the 18-month Intensive Fostering Pilot which aims to improve outcomes for older children with complex support needs and reduce the number of such children living in care. The intensive fostering scheme was developed by ECC Children's Social Care, to offer a more specialised placement than is conventionally available in standard foster care placements. Favourable initial outcomes sought by ECC for children include placement stability, re-entry to and regular attendance at school and improved overall wellbeing. More long-term outcomes include gaining secondary and further education qualifications and experiencing more settled personal lives while also having access to appropriate care.

The evaluation was designed to use qualitative and quantitative approaches. Four semi-structured interviews with foster carers and two focus groups were conducted with eight Multi-Disciplinary Professionals involved in the planning and delivery of the Intensive Fostering Pilot to assess the outcomes of the initiative from the perspective of the foster carers and the Intensive Fostering Delivery team, to gain insights into the experience and effectiveness of the pilot. Across the lifetime of the pilot, five children were supported through intensive fostering placements. At any one time, between two and four children were placed, with foster carer capacity remaining stable at four carers throughout the pilot. Placements staggered over time rather than running concurrently for all children. Young people entered the pilot from a range of placement contexts, including unregistered provision, residential care, or fostering placements where escalation to residential care was imminent. Two young people stepped down directly from relatively high-cost residential placements, one young person avoided escalation into unregistered provision after their 38-week SEN residential placement had broken down, one avoided escalation into residential care, and one moved from an unregistered setting. Three of the young people either stepped down from, or avoided, placements that were significantly more expensive than the average cost of residential care in the UK (£6123 per child/week; National Audit Office, 2025). Two children exited the pilot during the evaluation period, one after almost 6 months and one after almost 3 months, moving to semi-independent accommodation and returning to residential care, respectively.

Three quantitative surveys were conducted to assess the impact of the ECC Intensive Fostering Pilot. The first was designed for the young people to provide anonymous feedback on the pilot, and to measure changes in their wellbeing over time. The young people enrolled in the programme were invited through their social workers to provide feedback using an online survey developed in conjunction with ECC. Wellbeing, personal development, and their perceptions of the fostering environment were measured using a multi-dimensional survey incorporating elements from standardised measures and bespoke questions. The young person survey was designed to be completed up to three times over four months to track changes in wellbeing over time. Second, a new young person's social worker and MDT survey was created to ensure that feedback was captured for those professionals in the Intensive fostering Delivery Team unable to attend a focus group. Third, in response to an additional request to understand the programme's impact on foster carers, the team sought feedback from the foster carers' supervising social workers (SSWs). A specific survey was designed to understand the SSWs perspectives on how well the intensive fostering programme supported the foster carers in their care. The survey focused on carer resilience, placement stability, outcome attribution, and service development.

Key Findings

- **Strong, Enabling Environment**: The Intensive Fostering Pilot provides a strong enabling environment for both foster carers and young people. Each young person is fully supported by the Intensive Fostering Team and MDT professionals with the aim of enabling the smooth transition of the young person to their new home. Likewise, the Pilot aims to support foster carers to develop and strengthen their resilience, enabling them to offer a high level of emotional availability for the young person in their care.

- **Extensive Range of Support:** The Intensive Fostering Pilot is providing foster carers with an extensive range of support from the Intensive Fostering Team and other MDT Professionals. The IF team offer a consistent and high level of support to foster carers, meeting the aims of the Pilot.

- **Positive feedback from stakeholders:** Carers, young people and professionals from the early placements consistently reported high levels of satisfaction with the support provided, though some challenges were encountered in later placements. Feedback suggested that team roles and responsibilities in the early stages of placements require greater clarification and more effective communication between professionals to support transition and longer-term placement success.

- **Placement Stability:** Careful matching, structured transitions and intensive wraparound support contributed to stable placements for all young people. This process of matching of foster carers and the young person before an initial placement is one of the main factors that contributes to the effectiveness of implementing the Intensive Fostering Pilot. Rushed forms of matching may risk foster carer resilience and undermine transitions.

- **Value for money:** The model demonstrates strong potential to achieve savings targets by avoiding or reducing higher cost placements while maintaining continuity and high-quality support.

- **Reduction in unregistered and residential placements:** The pilot reduced the number of children placed in unregistered settings as well as residential placements.

- **Improvement in levels of professional communication** – while the foster carers reported a high-level of support from the IF team, interdisciplinary communication between young people's social workers and the Intensive Fostering Team need to be improved.

This ECC provided monitoring data indicates that the Intensive Fostering Pilot successfully met the needs of most of the fostered young people during the pilot period. By the end of December 2025, the Intensive Fostering Pilot had underpinned foster placements for 3 young people for 3-6+ months. Each of these young people was engaged in education, health and wellbeing provision, and in the Pilot's activities and support. One of these initial three young people was moved from their intensive foster placement to semi-independent accommodation after more than 5 months in the Pilot. By the end of January 2026, an additional two young people had started their intensive foster placement. One of these placements continued for a period of three months after which the young person requested to return to residential care. Placement challenges were encountered for the second of these two more recent placements. At the end of the pilot period (31 March 2026), two of the

three young people enrolled in the Pilot before October 2025 remained in foster care under the Pilot, demonstrating continued placement stability.

By placing the young people in intensively supported fostering arrangement, the Pilot avoided the cost of residential care for these young people throughout this period. By 31 March 2026, the Intensive Fostering Pilot had achieved significant gross savings of £1.7m and net savings of £1.4m, according to the provided ECC Finance data.

Background

In the UK in March 2025, there were 81,770 children in care. Out of all children in care, 54,820 - or around two thirds of all children in care - were living in foster homes, supported by 42,190 fostering households. However, this system is under acute strain. The number of foster carers is falling. Since 2019, the number of approved mainstream foster carers has steadily declined from 64,295 to 56,345 in 2025 - a reduction of around 12%. The number of children in care has risen sharply, from 64,460 in 2010 to 81,770 in 2025, levels not seen since the 1980s. The makeup of children in care has changed too. On average, children now enter care at an older age and often experience multiple, overlapping difficulties which are not being addressed effectively (see MacAlister, 2026). Retaining carers is as important as recruiting new ones. Data last published in 2021 showed nearly 30% of carers leave fostering within their first two years in the role (GOV, UK, 2025a).

As fostering capacity has fallen, more children are living in residential care, with a 24% increase from 14,740 children in residential care in 2020 to 18,270 in 2025 (GOV, UK, 2025b) Between 2020-21 and 2024-25, local authority spending on residential care doubled, reaching £3.7 billion (GOV, UK, 2025c). The Competitions Market Authority found that the largest children residential care providers made profits of 22% on average (Competition and Markets Authority, 2022). Despite this, children in residential care continue to have worse outcomes than children in other forms of care. Analysis from the Competition and Markets Authority showed that the largest IFAs make average operating margins of 19.4%. This is much higher than the annual net rate of return for private non-financial corporations, which was 10.3% in 2024 (ONS, in MacAlister's Report (2026).

In MacAlister's Report (2026), he advocated for stronger peer networks around foster families that can improve placement stability, carer retention, (nearly 30% of carers leave fostering within their first two years in the role), and supportive networks that build lasting relationships around children – carers will be able to rely on trusted people in their own networks to balance care with everyday life. He recommends the following:

• stronger evidence-based therapeutic training

• peer support and reflective practice

• clear training on allegations processes

• access to a strong network where care can be shared for short periods.

Evaluation methods

This evaluation employed a mixed methods approach, drawing on quantitative and qualitative data sources to assess the impact of the ECC Intensive Fostering Pilot. The evaluation was designed to gather perspectives from the children involved, their foster carers, and the professional network supporting them.

Young person survey and outcomes

The young people enrolled in the programme were invited through their social workers to provide feedback using an online survey developed in conjunction with ECC. We planned to measure wellbeing, personal development, and perceptions of the fostering environment using a multi-dimensional survey incorporating elements from standardised measures and bespoke questions designed to be completed up to three times over four months to track changes in wellbeing over time.

Wellbeing and Determination: General emotional health and goal-directed effort were assessed through statements regarding optimism, usefulness, and determination. Each statement is rated on a 5-point scale from "None of the time" to "All of the time". An example statement is: “I've been feeling optimistic about the future”.

Emotional and Peer Dynamics: Feelings and social interactions were measured using items adapted from the Strengths and Difficulties Questionnaire (SDQ). Children rate statements such as “I worry a lot” or “I am usually on my own” on a 3-point scale of "Not true," "Somewhat true," or "Certainly true".

Behavioural Regulation: Behavioural difficulties and emotional expression were measured on a 3-point frequency scale from "Never" to "Always". An example statement is: “I hit out when I am angry”.

Fostering and Support Environment: Perceptions of the foster home and the specific support provided by the Personal Advisors were measured using 5-point Likert scales (ranging from "Disagree a lot" to "Agree a lot") and frequency scales. These sections focused on belonging, safety, and communication, with statements such as: “I feel safe and settled in my foster home” and the “Personal Advisors listen to me when I have something to say”.

Programme Activities: The impact of specific wrap-around activities was measured through agreement with statements like “I have been supported to try new things that might interest me”.

Finally, the survey included open-ended qualitative questions that invited children to provide feedback in their own words, asking what they liked about the support and what they think could be better or different.

In addition to the primary data collection methods, the monitoring of young person outcomes was enabled through ECC monthly monitoring data. This consisted of anonymised data provided throughout the project to track ongoing outcomes and long-term progress for each young person placed with foster carers through the pilot programme. This dataset allowed the evaluation to monitor specific indicators such as engagement with education and placement stability.

Young person social worker and multi-disciplinary team survey

The original consulting proposal intended to use focus groups to evaluate the perspectives of each young person's social workers and multi-disciplinary team (MDT) professionals. Two focus groups were conducted with eight Multi-Disciplinary Professionals involved in the planning and delivery of the Intensive Fostering Pilot. An additional request was made to create a survey to capture the perspectives of those professionals who were unable to attend the focus groups. The Young Person Social Workers and MDT survey was designed using thematic categories adapted from the foster parent interview guide, with bespoke questions designed specifically for service professionals.

The social worker's (or MDT's) perspectives on young person wellbeing and progress were assessed across six domains: emotional wellbeing, behaviour, ability to regulate emotions, social relationships, engagement with education, and daily routines. Each statement is rated on a 5-point Likert scale from "Strongly disagree" to "Strongly agree". An example statement is: "Since joining the intensive fostering support programme, the child(ren) I work with have shown improvements in their emotional wellbeing".

The attribution of the Intensive Fostering Pilot to observed outcomes each young person in an intensive fostering placement, including school attendance, placement stability, and behavioural incident frequency, was measured using a 5-point scale ranging from "Not at all" to "A great deal". Furthermore, the survey measured the need for service development across several operational areas, such as communication between professionals, support for carers, and staff training.

These quantitative measures were supplemented by qualitative open-ended questions that invited professionals to provide specific examples of changes noticed in the young people and suggestions for programme improvement.

Supervising social worker survey

In response to an additional request to understand the programme's impact on foster carers, the team sought feedback from the foster carers' supervising social workers. A specific survey was designed to understand the supervising social worker's perspectives on how well the intensive fostering programme supported the foster carers in their care. The survey focused on carer resilience, placement stability, outcome attribution, and service development.

Foster carer resilience was assessed using a series of statements where respondents rated their level of agreement on a 5-point Likert scale, ranging from "Strongly disagree" to "Strongly agree". An example statement is: "The foster carers I supervise appear more resilient as a result of the intensive support programme".

The pilot's contribution to placement stability, including the likelihood of long-term fostering and reduced risk of placement breakdown, was measured on a 5-point scale from "Not at all" to "A great deal". Furthermore, the survey measured the attribution of specific outcomes (such as reduced behavioural incidents and improved carer emotional health) to the pilot using a 5-point scale ranging from "Not at all" to "Completely".

Finally, supervising social workers could rate the need for service improvement across operational areas like professional communication and programme structure on a scale from "No need for further improvement" to "High priority for improvement".

These quantitative measures were supplemented by open-ended qualitative questions allowing participants to describe specific monitored changes and offer suggestions for future programme development.

Financial overview

As an addition to the original Consulting Proposal, the evaluation team was asked to provide an overview of the financial aspects of the project. This analysis is based on two primary data sources: the ECC Monthly Monitoring Data which contained some detail of the costs avoided due to placing the child in a foster care arrangement (see Appendix A), and budget vs. cost overview data provided by ECC finance to assess the project's fiscal performance against its initial allocations (see the Financial Evaluation section).

Ethics

Ethical approval for this evaluation was provided by the University of Essex Ethics Sub-Committee 1 (Ref: ETH2526-0091). All survey responses from professionals and foster children were provided voluntarily and anonymised to ensure participants could not be identified. Results are reported in a manner that does not inadvertently allow the responder to be identified from their feedback.

Survey data and findings

Of the three surveys created to provide feedback on the pilot, one response was received using the young person survey, three responses using the young person social worker and MDT professional survey and three through the supervising social workers survey. This response rate is in relation to the five young people placed during the pilot period, five young person social workers, four foster families, and four supervisory social workers. Throughout the evaluation period, monthly monitoring data were provided to the evaluation team, providing an overview of the young people placed with the pilot, their support needs, and their progress against monitored outcomes including placement stability, engagement with education, health and emotional wellbeing, engagement with intensive fostering activities, relationships with the young people's foster carers and their birth families. In addition, summary data about each young person was provided giving background and outcomes for each over the pilot period (see Appendix A).

Overview of monitoring data

Across the monitoring period, five young people in total were supported through the intensive fostering pilot. The earliest placement within the pilot programme commenced in late June 2025, and the most recent young person was placed in late January 2026. At any one time, between two and four young people were placed, with the majority entering the pilot either to prevent escalation into residential or unregistered provision or as a stepdown from residential care. The young people were aged between 12 and 16 and presented with a range of identified and emerging needs, including ADHD, autism, emotional and behavioural difficulties, mental health concerns and educational disengagement. Legal statuses varied and included Section 20, care orders, and special guardianship orders. Placement durations varied considerably across the cohort as young people were referred and placed as part of the pilot. As of 1 April 2026, the most recently placed child has been supported by the pilot for approximately 2 months, while the longest placement is continuing after 7.5 months of placement within this pilot. Two young people have exited the pilot, one after 5.8 months, moving to semi-independent accommodation, and a second after 2.8 months, moving to residential care. Across all five young people, the average length of time supported by the pilot during the evaluation period was approximately 4.9 months. Limited monitoring data was available were provided for two of the young people supported by the pilot, reflecting that these two were placed later in the pilot period and placement difficulties were encountered.

Placement stability

Placement stability was a central outcome and generally positive during periods of intensive fostering. Three young people achieved sustained stability beyond the three months, with two remaining within the pilot for six to seven months. However, stability was not uniform across all cases. One young person entered the pilot later in the monitoring period and had a relatively short placement, lasting under three months before returning to residential care, in line with their expressed wish. Despite their request, they were able to be supported within the IF cohort. Another placement was still in its early stages, but placement challenges were encountered. Overall, the monitoring data suggests that the pilot was effective at providing short to medium term stability during placement, but placement stability cannot be assumed for all young people placed during the pilot.

Young persons' needs being met

Initially four out of the five young people were disengaged with education, and one was on a significantly reduced timetable. All the young people re-engaged in education during their placements. Children attended pupil referral units, mainstream schools on parttime timetables, specialist provision, online education, or further education settings. Across monthly reports, education engagement was consistently recorded as positive or maintained.

Health and wellbeing needs were reported as largely addressed during placements. Several children completed initial health assessments, and others were engaged with ongoing health or wellbeing support. Children accessed a range of specialist services where appropriate, including CAMHS, youth offending services, and educational support. Three of the five children placed during the pilot period engagement with the Intensive Fostering Pilot activities.

Across most monthly reporting points, practitioners assessed that children's current needs were being met while placed in intensive fostering. However, for two of the five children – one who left the pilot placements after under three months, and one who was temporarily placed with respite foster carers due to placement challenges – information about health and wellbeing, engagement with pilot activities or specialist services, was not available within the monitoring data.

Young person survey feedback

One young person completed a full survey response during the pilot period. This response therefore represents an individual case insight only.

The young person reported consistently high levels of positive wellbeing across all items related to optimism, confidence, determination and coping. This pattern suggests a strong sense of emotional stability and self-efficacy since moving into their foster home, aligning with the pilot's aim of supporting emotional wellbeing and resilience.

Responses to the emotional and behavioural difficulty items indicated low levels of distress and dysregulation. This profile contrasts sharply with the profiles commonly presented in the summary data in Appendix A and suggests that at the time of survey completion this young person was experiencing a period of significantly reduced emotional and/or behavioural difficulty.

The young person reported strong peer support, they did not report social isolation or being picked on by others. Their responses suggest positive social functioning and a sense of belonging beyond the foster home, which is notable given that many children entering intensive fostering have experienced disrupted peer relationships.

The survey responses indicate an extremely positive experience of the foster home. The young person also indicated ongoing contact with family members where desired and felt supported by foster carers in maintaining these relationships. These responses collectively suggest a high level of relational safety and trust within the placement.

Feedback about the intensive fostering team was uniformly positive. The young person also reported positive experiences of activities and one-to-one sessions. One-to-one sessions were reported as helpful in understanding feelings, although the young person also acknowledged that these sessions

could sometimes feel hard, although given the overall positive tone of the feedback in this case, this suggests emotional challenge rather than disengagement.

Summary

This single response presents a picture of highly positive engagement across all outcome domains, including wellbeing, emotional regulation, safety, belonging, relationships, and support. In the context that all of the young people placed and supported by the IF Pilot had a complex presenting needs prior to being placed (see Appendix A) this single response likely demonstrates that the IP Pilot has been highly successful for this individual. However, the survey design was originally intended for multiple responses from each young person, over time, during the period they were supported by the pilot. As such, these findings should be interpreted as an illustrative example of a positive experience rather than representative evidence of impact across the whole cohort.

Young person social worker survey feedback

Feedback from the three fully completed surveys (compared with five young people supported during the pilot period) presents a highly mixed picture of the Intensive Fostering Pilot, with outcomes varying sharply depending on individual circumstances. One social worker described the pilot as having a profoundly positive impact on a young person's emotional wellbeing and placement stability, while the other two reported limited or negative outcomes. Across all responses, practitioners emphasised the complexity of the children's lives, the influence of family dynamics, and the difficulty of attributing change directly to the pilot in the absence of comparator cases. Overall, the feedback suggests that the pilot can be very effective in specific conditions but is not uniformly impactful across all placements.

Emotional wellbeing

One respondent reported clear and substantial improvements in emotional wellbeing, describing the child as feeling safe, content, and well understood by her foster carers. Trust was highlighted as a significant achievement, particularly considering the child's previous placement instability and difficulties forming secure relationships. The social worker reflected that the child was thriving emotionally and had developed a strong sense of security within the placement. In contrast, the other two respondents did not observe improvements in emotional wellbeing. In one case, the child's lack of settlement was linked to ongoing parental influence and uncertainty about the permanence of the placement, which appeared to undermine emotional progress. In the other, the social worker reported no observable positive change and expressed concern that the child's emotional wellbeing had deteriorated alongside increasing instability.

Behaviour and social functioning

Reported behavioural outcomes again diverged sharply. In the most positive case, the child demonstrated improved emotional regulation and growing independence, including increased time spent with trusted family members outside the placement. The foster carers' ability to understand and respond effectively to the child's needs was seen as central to these gains. Conversely, the other two respondents described worsening behavioural presentations. One social worker noted increasing boundary-pushing behaviours, school dysregulation, a suspension, and a missing episode, all of which were new since the placement began. Another described ongoing emotional

dysregulation and difficulties with peer relationships, indicating that the pilot had not yet supported improvements in behaviour or social functioning.

Engagement with education

Educational engagement followed a similar pattern of variability. In the positive case, the child showed strong engagement with education, alongside increasing independence. The social worker viewed this progress as part of a broader picture of stability and wellbeing within the placement. In contrast, the other two respondents reported no improvements in education or routines. Children in these placements continued to struggle with school engagement, and in one instance educational outcomes had worsened, with increased dysregulation in school and exclusion. These respondents emphasised that the children's complex needs and instability made improvements in education difficult to achieve within the timeframe of the pilot.

Attribution of outcomes to the Intensive Fostering Pilot

The three responses differed markedly in how far improvements could be attributed to the pilot. The respondent reporting positive outcomes largely attributed observed changes to the intensive fostering model, particularly the level of support provided to carers, which helped them feel confident and secure in meeting the child's needs. This practitioner viewed the pilot as contributing a great deal to improvements in emotional health, placement stability, and engagement with support services. In contrast, the other two respondents attributed little or none of the observed outcomes to the pilot itself. They emphasised that external factors, including parental involvement, legal status under Section 20, and the child's reluctance to engage, had a far greater influence on outcomes than the programme. Both expressed difficulty in judging impact without having comparable cases supported outside the pilot.

Placement stability and support for foster carers

Placement stability emerged as a key differentiating factor between experiences of the pilot. In the successful case, the placement was described as stable, nurturing, and well supported, with foster carers feeling reassured and empowered by the programme. The social worker viewed this support as critical in enabling foster carers to understand and respond appropriately to the child's emotional needs. In the less positive cases, placement stability was fragile. One respondent reported that instability was driven by parental interference and uncertainty about the child's future, while another highlighted the importance of carers being sufficiently resilient to manage high levels of behavioural and logistical demand. In this context, the pilot was seen as unable to compensate for broader systemic and relational challenges.

Improvement and future development

Views on the need for improvement reflected respondents' overall experiences. The social worker who reported positive outcomes did not identify any areas requiring further development and felt the pilot was working well as delivered. The other respondents identified moderate to significant needs for improvement, particularly in relation to carer selection and support. One suggested that greater emphasis should be placed on recruiting carers who are robust enough to manage complex behaviours and practical demands. Both also noted that the complexity of cases made it difficult to assess effectiveness and suggested that exposure to additional pilot cases would help them form a more balanced view.

Summary

Taken together, the three responses suggest that the Intensive Fostering Pilot can deliver meaningful improvements in emotional wellbeing, stability, and independence when placements are well matched and carers feel strongly supported. However, the feedback also indicates that in highly complex cases, particularly those involving ongoing parental destabilisation or limited child engagement, the pilot may have limited impact in the short term. Child social workers consistently highlighted the importance of context, carer resilience, and placement stability, suggesting that the pilot is most effective as part of a wider system of support rather than as a standalone solution. Given that these data represent only three of the five children supported within the intensive fostering pilot, the summaries below should be considered as indicative rather than a fully representative evaluation from the social workers' perspectives. The instability and dysregulation reported here by two of the social workers stands in marked contrast to the finding that three of the five children supported by the pilot maintained placement stability and engaged in education for five months or longer within the IF pilot.

Supervising social worker survey feedback

The Supervising Social Worker survey received three responses from four supervising social workers supporting the foster families enrolled in the Pilot. These responses provided perspectives on how the Intensive Fostering Pilot has affected foster carers' resilience, placement stability, and capacity to sustain complex placements

Impact on foster carer resilience

Across responses, supervising social workers generally agreed that the Intensive Fostering Pilot has enhanced foster carer resilience, although the strength of this view varied. Two respondents agreed that carers appeared more resilient and better able to manage stress and challenging behaviours associated with caring for highly complex children. These respondents highlighted access to early therapeutic input, trauma-informed training, and ongoing reflective support as key mechanisms underpinning these improvements. Practical examples included carers being better supported to understand "hidden need" behind behaviours and using therapeutic approaches such as the PACE model. The third respondent offered a more mixed assessment suggesting that resilience gains were less consistent when placements were not well matched.

Placement stability and support for foster carers

Supervising social workers broadly perceived the pilot as contributing positively to placement stability, particularly through early identification of emerging issues and proactive problem-solving. Two respondents reported that the intensive fostering model contributed "quite a lot" or "a great deal" to reducing the risk of placement breakdown and improving early identification and proactive management of issues that could destabilise placements. The availability of advice and guidance was seen as particularly important in situations involving parental complexity or safeguarding challenges, increasing carers' confidence and reducing feelings of isolation. The third respondent reported only "somewhat" agreement across several stability measures. This suggests that within a strong support model, placement stability can be undermined if new placements are not well aligned with carers' capacity or with the needs of other children already in the household.

Attribution of outcomes to the Intensive Fostering Pilot

There was variability in how strongly outcomes were attributed to the Intensive Fostering Pilot itself. Two supervising social workers largely attributed observed improvements directly to the Intensive Fostering Pilot rather than external factors. Improvements in carers' ability to interpret and respond to challenging behaviour were attributed "quite a lot" or "a great deal" to the programme. Reductions in behavioural incidents were attributed "mostly" or "completely" to the pilot, and improvements in foster carers' emotional and mental health were also largely attributed to the intensive support provided. In contrast, the third respondent rated attribution as "moderate" across outcomes suggesting that matching decisions could limit the pilot's impact regardless of support quality.

Qualitative responses highlighted the accessibility, responsiveness, and approachability of the intensive fostering team as key strengths. Foster carers were described as feeling confident to seek support without fear of judgement, and that a high level of support is available.

Improvement and future development

While two respondents reported little or no need for further improvement, emerging concerns relevant to foster carer retention were also highlighted. One supervising social worker explicitly recommended greater consideration of breaks between placements, particularly following demanding or poorly matched placements. This respondent also stressed the importance of ensuring that new children are matched not only to carers but also to existing children in placement, to avoid cumulative stress and household disruption.

Communication between the intensive fostering team and case-holding social workers was identified as an area requiring improvement by one respondent. While the other two respondents rated most areas as having "no need for further improvement."

Summary

Taken together, the Supervising Social Worker feedback suggests that the Intensive Fostering Pilot is highly effective in supporting foster carers when placements are well matched and appropriately paced. The pilot appears to strengthen foster carer resilience, confidence, and emotional stability, alongside reduced risk of placement breakdown and greater placement sustainability. However, resilience gains are not inexhaustible. When carers experience rushed, ill-matched, or back-to-back placements without sufficient recovery, the benefits of intensive support may be diminished.

Foster Caring and Professional Perspectives

Interviews were conducted with four foster carer families and two focus group with eight Multi-Disciplinary Professionals involved in the planning and delivery of the Intensive Fostering Pilot.

Themes generated from interviews with foster carers were:

- **Extensive Professional Networks**
- **Importance of Placement Matching**
- **Developing Early Bonds of Attachment**
- **Supporting the Individual Needs of Children**

Themes crafted from the focus group discussion with Multi-Disciplinary Professionals were:

- **Providing an Enabling Environment for Children and Foster Carers**
- **Strengthening Resilience**
- **Emotional Regulation**
- **Communicating with Social Workers**

Foster Care Interviews

Analysis of fours semi-structured interviews conducted with foster carer families generated four over-arching themes of their experiences and impact of the Intensive Fostering Pilot.

For the reason of anonymity, pseudonyms are used to present the data provided by interviewees.

The themes are:

- Extensive Professional Networks
- Importance of Placement Matching
- Developing Early Patterns of Attachment
- Supporting the Individual Needs of Children

Extensive Professional Networks

In the interviews, all the Foster Carers mentioned how important it was to be supported by the Multi-Disciplinary Professionals in the Intensive Fostering Pilot, something that did not happen in the usual kind of placements. One of the Foster Carers said:

> **I get a therapist from the start … And she rings me every week. And if we've got any concerns, we can go for it with her. She comes out to see us, which obviously normally you wouldn't access until you see behaviours that are challenging.**

This sentiment was echoed by another foster carer when asked about the experience of being part of this scheme, the support received:

> **The wraparound support has been fantastic. My support worker, she's always on the end of the phone. And even if it's just to moan to someone, I feel like there's always**

someone there. [...] I feel more listened to by, sort of the manager and social workers doing this scheme than in ordinary fostering.

In fact, this foster carer went on to suggest that being able to have this support would be one of the key aspects for them to remain within this scheme:

And it's actually the reason why I think that I would like to continue with this scheme is because I don't want to lose that support [...] because that's not available in general fostering.

In another interview, another foster carer pointed to some of the significant differences between 'normal' fostering and the Intensive Fostering Pilot:

So the consistency of them coming up and being there and the support being there is different too. There's a sort of maybe a six-week window between social worker visitors for a child in normal fostering and along there, of course you can phone them up and get their engagement and they will get on teams with you or they will turn up again in the middle of that six week process. But that is when that's fed by your need whereas here. Because there's, you know, some days, there's not a need, but most days for us there has been a need, which is I think, different than most other people's experience so far.

This foster carer also emphasised the high level of contact and extensive support that is readily available:

The support has been second to none literally like you know that everybody is literally a phone call away and then the phone calls come thick and fast. There's much more in place. … With the team like John particularly, but then other members as well two to three to four times a week and they would come for a couple of hours.

Importance of Placement Matching

The extensive supportive environment constructed by the intensive fostering team is designed to start before the initial placement, when the Foster Carers can choose from different children to foster, rather than having to accommodate at short notice a child on the emergency register. A foster carer identified one of the important benefits of the Intensive Fostering Pilot

This is one of the things that we like and the child likes is that we picked the referral based on our experience that we felt fitted with our family.

However, this did not match the experience shared by another foster family. This foster family expressed that they felt the placement rushed and going against the characteristics they had asked for:

Maybe we were kind of rushed into [it]. We had this placement forced upon us and it wasn't ideal for us because I'd said not really a girl, particularly so close in age to our boy. She also had eating issues and is being referred to CAMHS for an eating disorder

and that's something... that because of what we've had to deal with our own daughter is something that we didn't want to deal with.

This particular family expressed that these issues were exacerbated by other factors, one of them being the lack of communication with the child's social worker: 'I think that this placement didn't work because of the lack of communication with the child's social worker'. The mismatch in this placement resulted in this family feeling not as positive for this particular experience, and, more importantly, they expressed concern that it had negatively impacted their current ordinary placement:

I do think there has been a negative effect on our current placement. We had to be more lenient with the girl. So, she refused to hand her phone over at nighttime. So, she'd have her phone and be talking on her phone all night. Now, he [ordinary placement] was always really good at putting the phone in the kitchen by 9:00. But once he realised that she didn't, we couldn't then enforce that with him. I think she went missing a couple of times and he kind of realised that there's nothing we can do. And I mean, he's still really good, but he has pushed the boundaries a little bit more with coming back later.

This foster family acknowledged that this placement could have been particularly challenging for everyone involved and hence the speed at which the placement happened, but still were clear to say:

I do think it was they needed to place her quickly, but I can see that happening again, so it is something I think that may need to be looked at.

And, in fact, they were not the only family to speak on their placement being rushed. In this case this other foster family alluded to it being the care home where the child was giving notice without informing the programme, meaning everything had to unfold quickly and without the opportunity to bond with the child beforehand:

So suddenly the clock was ticking. We hadn't even met this young lady at that point. So, we had a limited time window, if you like, to be able to sort of, you know, build that relationship and understand how it was going to work.

These two different experiences underscore the importance of assuring that placement is done in a manner that takes into account of both of the needs for the child and for the foster family. When these aspects are taken into account, as in the first experience outlined in this theme, it gives a better chance for the success of the programme. However, even within the negative experiences, one of these families still emphasised the value of the programme's support network:

But that's where, again, the positive of this scheme is that I had the support workers or sessional workers available.

On other occasions some foster families also expressed some frustration when they found their placement impaired by the interference of the child's mother:

Mum is another reason why the placement broke down, was very forceful and wanted me to impose boundaries and controls on her that that kind of went against the idea of this scheme.

These issues, the family expressed were further exacerbated with the lack of communication with the child's social worker:

> **The social workers, they weren't dealing with issues that I was getting from mum.**

These experiences from some of the foster families thus signal to an area of opportunity for the programme. While the programme's network of support for foster families was highly praised by all families, going forward there could be improvements into how the rest of those involved (child's social workers and parents) can and will interact with the placement.

Developing Early Bonds of Attachment

In an interview with one of the foster carer couples, the development of early forms of attachment was established from early contact. The fostering carer said, 'She wants love. She called us mum and dad from Week 1'. The fostering carer said:

> **Yeah, yeah, almost have been a week, you know, it's dad, and now she's talking to me right in a public place. And she still does it now, so we would be in meetings so she'll be like, well, Dad helped me, didn't he?**

This can be understood by the fostering team's aim to develop early contact between Foster Carers and the new child in placement

> **We then met her again. We did a video tour of our house on a film. She came for a night sleep over. Then she came. She went back to her carers and then she came back for another night.**

In an interview with a fostering father, he said:

> **You know it was a good match, right? … He would eat dinner with us. He'd be very lovely. His words were I'm not picky about food, nice manners and helpful and cleaned his room every week and didn't have a phone at the time.**

This process of matching is crucial for the development of attachments within wider relations within the new family home. One of the foster carers mentioned this in the interview, 'This is one of the things that we like and the child's like is that we picked the referral based on our experience that we felt fitted with our family',

A supervising social worker has also commented,

> **Matching was also an important aspect and there was careful consideration of the young person's needs and the foster carers ability to meet this and any support needed. The carers had another young person in placement so this was also carefully considered with discussion with the Therapeutic Fostering team, from a trauma informed perspective. The young person is not currently in school so a youth worker has been allocated to support the young person and carers if required, which was reassuring for the foster carer as she would not be able to leave the young person at home on their own initially if she needed to pop out anywhere. A visit was arranged**

with the young person to the foster carers home and she visited with her social worker, the youth worker was also available to introduce herself and help to reassure the young person.

These experiences underscore, again, the importance of assuring that placement matches the expectations and needs of both the fostering family and the child. As seen in the shared experiences above, when the placement fits the family, this not only allows for the placement to evolve with ease, but it also means that the placement is given the opportunity to develop into emotional attachments from the first moments. However, for one of the families that expressed issues with their placement matching, they also shared the difficulty of being able to develop these attachments:

So, our girl, she just kept to herself. It was... Um... I'm not sure she should have been on this scheme. [...] She didn't want us, she called it a fake family. So, she didn't want anything to do with us or get involved with us. [...] I'm not sure she really knew she was in a programme as such.

This was something that this fostering family expressed with sadness and concern, because it had not been their experience with previous ordinary or respite placements:

And, you know, take our foster boy, he straight away became part of the family and we're very good at welcoming people into the family, as it were. Even with the respite carers in the past, you know, they've become part of the family as soon as they've stepped across the threshold. And she didn't really want to take part in that.

Supporting Individual Needs of Children

As well as the extensive support that is offered to Foster Carers by the Intensive Fostering Team, the team also offers support that meets the individual needs of the child. This was summarised by one of the Foster Carers in a relational way:

It seems like there's equal support for the child, and there's equal support to the carers.

This level of support, especially from Support Workers, enables Foster Carers to have a 'night off', to have some space and time from their ongoing commitments. A supervising Social Worker commented:

The support workers still come out to see the young person to try and encourage them even when they're more reluctant, to help give the carers some space. The therapeutic support has been amazing with regular sessions with the foster carer but I've also been kept updated.

One foster carer highlighted the available and consistent available for each child:

The current team like *John* particularly, but then other members as well, if he wasn't available, would be there like, you know, two to three to four times a week and they would come for a couple of hours. The consistency of there being someone there, both to support us when they're walking in the door. And at that moment he steps in and comes and takes him.

Another foster carer remarked:

> **I always say that any child, whether they're in care or not, you know, you've got to have to remember first and foremost that they're an individual in their own right.**

Focus Group Discussions

Two focus groups were carried out with the Team Manager of the Intensive Fostering Pilot, three colleagues from the Therapeutic Fostering Team, a Personal Advisor Fostering Support, a Youth Work Team Leader and a Senior Practitioner.

Analysis of the focus group with MDT Professionals involved in service provision delivery generated four related themes regarding their experiences and interpretations of the Intensive Fostering Pilot's planning, delivery and impact.

The themes are:

- Providing an Enabling Environment for Children and Foster Carers
- Strengthening Resilience for Foster Carers
- Emotional Regulation
- Communicating with Social Workers

Providing an Enabling Environment for Children and Foster Carers

One key theme that emerges from the focus group discussion with Multi-Disciplinary Professionals is the importance of providing an enabling environment, one where an individual child can feel fully supported and begin to transition to the new family of the Foster Carers. One of the Intensive Fostering Team Members mentioned how she had begun to establish relationships with a child through creative activities:

> **When she was in unregulated care, she was very much left in her bedroom to eat her own food.**
>
> **And then I sort of decided to bring some creative activities. She wasn't going to leave the house. I'm going to bring the activities to her and that's it. … So I have managed to talk to her and say, you know, this time that we have, we can do anything you know. Take you out. Speaking and bowling start, do stuff, go shopping around shops, go to whatever you like to do. … we've done a lot of creative things, making things, cooking things. She loves cooking.**

A supervising Social Worker also expressed the high level of support and care available to children and carers:

> **The level of support through the intensive fostering scheme has been fantastic for the carers and having a wider team around the child for additional support has been really**

helpful. My carers have also seen the benefit this has provided to support them with the intensive placement whilst also supporting other children in placement.

Strengthening Resilience

During the focus group discussion, a key issue that emerged was the importance of selecting Foster Carers with a high level of resilience to be part of the Intensive Fostering Pilot:

> **We have turned people down who we don't think have got the resilience or the experience or the understanding.**
>
> **…the foster carers they've got a high level of resilience, a high level of emotional availability, which I think made this kind of work … and all the support that they had … there's lots of people in the system, the social worker, we have regular meetings around the placement.**

Significantly, in this context the process of matching the child with a suitable carer was mentioned by one of the Multi-Disciplinary Professionals as one of the main factors that contribute to the effectiveness of implementing the Intensive Fostering Pilot:

> **I think it's working really well and I think it's a good match. I'm really into matching, you know when I was an adoption social worker, I had that, I was able to kind of do that. It's different in fostering. It's still as necessary, but it it's with the resources that we've got.**

She drew particular attention to one of the Foster Carers in the focus group discussion:

> **You know, the Foster Carer is very resilient. She's a very resilient foster carer. She's young. She's got a lot of energy … You know, all of that complexity and the toll it might take, not only on them, but also the quality of the reparenting, therapeutic reparenting they could offer to the young people in their care.**

Emotional Regulation

In discussion with MDT Professionals responding to the challenges of responding to emotions was the lack of access to previous child placements where 'young people with a lot of trauma, a lot of medical situations which we don't always know a lot about'. Significantly the Team Manager of the Intensive Fostering Pilot raised this important concern:

> **So one of the things I've been looking into is the chronology of each child who come, who gets put forward when we have a referral on the system.**

Therefore, the timing and placement history of each child needs to be considered – here is a good illustrative example from our focus group discussion:

> **He was going in and out of placements and they were looking for a 52 week placement for him, which is education and residential. They couldn't find one because they're very few and far between … Actually in and out in and out, in and out, he was within**

emergency carer for a few going way back for a while. He then went to a school where he would only come back at the weekend. That even failed with the first point … I worked out he had at least nine placements. And he's only 13. But some of those are repeat placements.

In the context of this placement history, being able to respond effectively to heightened emotions becomes crucial – one of the professionals from the Therapeutic Fostering Team said:

… it's the elevated dysregulation. They don't know what to do. Some lash out. Regulation was off the plane …. you know, this could get violent because she doesn't know how to cope with her emotions.

The distinctive role of Personal advisors is also key in establishing a relationship with the foster carers and the young people and their active involvement in trying to reduce these heightened emotions from previous placements. One Personal Advisor commented:

It's getting their feelings known as well because I think that what happens sometimes with looked after children … they're told what they're told.

Communicating with Social Workers

Another important theme that emerged from the focus groups discussions was on occasions the lack of communication and engagement with some social workers. When the foster child is experiencing emotional difficulties strong tensions can emerge within the key relationships between foster carers, young children and the MDT team:

Her social worker, who hadn't been present, which I think is little bit poor, really, because she needed her.

…. the social worker wasn't around and nobody else wanted to take responsibility and there was nobody else to do it.

I'm going to go back to the social worker side … that during all this time there was never really any understanding from the social worker.

Although it was recognised by members of the MDT team that social workers were under extreme pressure,

It's really difficult to hold social workers to account as well because you know what pressure they're under. You know how they're working, incredibly difficult.

Nevertheless, they still strongly felt that there needed to be greater understanding and recognition of the ECC Intensive Fostering Pilot, especially the key role of Personal Advisors:

They're not looking at us, being the intensive fostering. They're just looking at us being the same network as them. And we are completely different and change is difficult. That's what it is. We are changing the narrative.

Personal advisors you know… the validity of their role in actually establishing a relationship with the foster carers and the young people, it really is key.

Financial Evaluation

Two main data sources were provided from which the team could evaluate the financial aspects of the Intensive Fostering Pilot. These were the costs avoided for each child through step-down or avoidance of unregistered or residential placements, the original budget for the projects, and financial summary provided in May 2026. The financial summary data covers the period until the end of the financial year – 31st March 2026. From these data, the evaluation team makes the following observations.

Operating costs against the budget

Figure 1. [Redacted from public report]

The Intensive Fostering Pilot has operated well below its original expenditure assumptions for most budget headings. The original funding envelope for 2025/26 assumed significant delivery costs associated with staffing, activities, transport, and wraparound support. By the end of the financial year – and the pilot evaluation period – the pilot had operated at a substantial underspend. This variance is largely explained by lower-than-anticipated utilisation of several budget lines. For example, the original budget had assumed greater use of Essex Outdoors activities and the use of a minibus for transportation. Instead, staff or the foster carers have covered some of these transportation needs, for example, alternative plans were put in place, such as day trips to the beach. The Essex Outdoors options were not utilised as expected as the young people supported by the Intensive Fostering Pilot were successfully reengaged in education during their time. Also, not all young people chose to engage in the Intensive Fostering activities on offer while being supported by the project. There has also been lesser use of sessional workers than originally envisaged. The pilot has operated at around 90% of available foster carer placement capacity – assuming one placement per foster family and four foster carers enrolled throughout the pilot period. The budgetary underspend therefore mostly reflects successful reengagement with education and young person choice, both of which have resulted in lower than planned use of Essex Outdoors.

Cost effectiveness

The Intensive Fostering pilot supported young people for approximately 104 young person-weeks in total until the end of the pilot evaluation period. The actual spend during this period was £268,829. This amounts to a cost (including the fostering costs, which are budgeted elsewhere) of approximately £2570 per young person per week. Given even the lowest cost of residential care avoided by young people being placed in Intensive Fostering (see Appendix A), this represents a substantial weekly cost saving, even at the current rates of utilisation. Even short placements often generate substantial savings when the costs of the avoided residential alternative are particularly high.

Value for money

The financial evidence suggests that the Intensive Fostering Pilot offers good value for money, but with some qualifications. The pilot has delivered substantial net savings relative to its operating costs and has done so while underspending against its agreed budget, because planned scale and intensity of activity was not needed during implementation. The magnitude of avoided residential

and unregulated placement costs significantly exceeds the actual investment made in the service, even when fostering fees are included to show full economic cost.

Summary

Based on the financial data available, the financial success of the intensive fostering pilot is contingent on placement stability, and the ability to consistently divert children from residential or unregulated provision. It has operated well within budget and has generated significant net savings by reducing reliance on higher cost placements. Where placements have been achieved and sustained, the pilot is highly cost effective and represents strong value for money.

Integrated discussion

Opening up the lives of young people: broadening horizons and new opportunities

The objective of the Intensive Fostering Pilot was to improve outcomes for young people with complex support needs and reduce the number of them living in unregistered placements. The evaluation showed important indications that the programme has strong potential to meet a better range of outcomes for the children involved. From the surveys, practitioners assessed that the children's current health, wellbeing and emotional needs were being well met while placed in the programme. Moreover, through conversations with foster carers involved in the programme, it was also evident that they are keen that the children involved in the pilot took as much from it as possible, especially through educational opportunities.

A critical finding was that all the children in the pilot programme re-engaged in education during their placements. While the nature of the education varies, the opportunity for all young people to engage in some form of education is a critical step in how it can broaden their horizons and, thus, provide new opportunities and life chances. Therefore, by collectively taking these various aspects into account; promoting levels of education engagement, meeting the needs of children, commitment from foster families, this evaluation indicates that the intensive fostering scheme has the potential of opening-up the lives of young people.

System readiness: professional role strain

A crucial aspect that emerged during this evaluation is the extent to which the Intensive Fostering Pilot fits within the existing foster care system: how ready is this system to meet the challenges of this pilot, and how do each of the professionals within the existing system respond to and learn to regularly communicate with the Multi-Disciplinary Team. From the evaluation, it became clear that the effective functioning of the Intensive Fostering Pilot is highly dependent on many moving parts, each of which already have their established professional roles and norms within an existing system. How do we best develop and ensure that each of these parts within the existing system adapt to meet the specific needs of the Intensive Fostering Pilot? For example, it became clear from our findings that regular communication between the children's social workers and foster carers is key for the overall success of the pilot. Therefore, this evaluation highlighted that there needs to be a greater acknowledgement that the pilot is set within an established system of fostering where multiple, complex and overlapping roles may sometimes constrain the pilot in practice.

Matching processes: tensions and balances

The evaluation has also uncovered the vital role the matching process plays in the success of the placement. This is an issue which came across particularly strongly in the interviews with foster carers. Although half of the foster carers interviewed were content with the placement matching, the other half expressed some concerns: they felt that the placement was rushed with no or little time to meet the child beforehand, or that the child matched had 'characteristics' which the foster carers had explicitly said they did not want. While in both cases the carers felt that the extensive network of support that the pilot had developed made it possible to navigate the difficulties of

mismatched and/or rushed placements, they both indicated that this was something that the pilot needed to investigate in its further development and implementation.

The crucial importance of matching is further accentuated when considering the 'introductory' period. As it stands right now, the Intensive Fostering Pilot holds an 'introductory' period, in which the foster carer and child can begin to know each other and 'test out' the fit of their match. However, from the data collected and analysed during the evaluation, it was noted that this 'introductory' period needs to be more clearly defined in what it entails or even reframed - there seems to be little or no opportunity once the child is introduced to the foster carers to make some, if any, changes to the placement.

In this sense, it would be beneficial for the pilot to redefine the boundaries of the 'introduction' and delineate it as clearly as possible. If this initial period is set up to genuinely 'test' out the suitability of the match between carer and child, allowing the placement to be stopped if the match is not suitable, then this period should be defined more in terms of a 'trial' period that would give more opportunities for 'testing', after which the placement could be confirmed or stopped. If this period is considered more as an adjustment period to identify possible issues with the placement, then renaming this initial period could be beneficial in offering more clarity for both foster carers and children.

Financial success versus practice complexity

Another important tension lies between the strong financial case for the Intensive Fostering Pilot and the experiences of children in their placements. Financially, the pilot generated significant net savings even with small numbers of children. This raises an important issue: the pilot is financially successful largely because it is used with children whose previous placements were extremely expensive. This reinforces the importance of maintaining the pilot as a targeted intervention, ensuring that the placement is given the best chance of success. Nevertheless, what is best for the young person must remain the overriding priority, and everyone including the young person must believe that this option will be beneficial for them.

Rushed and volatile placements: implications for foster carer resilience and retention

Findings from this evaluation suggest that while the Intensive Fostering Pilot provides a highly supportive environment, the process and pace of placement matching remain an important element of risk for foster carer wellbeing and retention. Where placements were carefully matched and preparatory work was undertaken, foster carers consistently reported feeling confident, supported, and willing to continue fostering within the pilot. In contrast, rushed or ill-matched placements introduced significant strain, even when extensive wrap-around support was available.

Foster carers described rushed placements as undermining their sense of control and preparedness, particularly where placements proceeded despite carers having clearly outlined limits regarding a young person's age, needs, or presentation. In these cases, carers reported heightened stress, erosion of household routines, and difficulty maintaining consistency. Notably, one foster family expressed concern that an ill-matched intensive fostering placement had negative 'spill-over effects' on their existing placement. Such experiences are significant in the wider context of foster care, where

retention remains a persistent challenge and where negative placement experiences can influence carers' longer-term willingness to continue fostering.

While carers consistently emphasised that the intensive fostering support network mitigated the immediate risks of placement breakdown, there is a significant risk that repeated exposure to rushed or unsuitable placements could potentially undermine foster carer retention goals. This is particularly important given national evidence highlighting that carers are most likely to leave fostering following experiences of stress, lack of voice in decision-making, or placement disruption that affects family life.

Recommendations

- Increase the capacity of the Multi-Disciplinary Professionals Team to support new Foster Carers and Children who are at high risk of residential or unregistered care, increasing the placements and services they provide.

- As the Pilot continues and supports more young people, continue to track the progress of young people placed within the Intensive Fostering programme to examine longer-term outcomes. Aim to put in place proactive support for placements that might be at risk of (early) instability due to external factors.

- Develop and invest in the extensive range of services available from Social Workers and Multi-Disciplinary Professionals to support Foster Carers and Children. Gather direct feedback from supported young people, and analyse cases where placement difficulties have been encountered, to identify areas where support could be improved or broadened.

- To further embed the effectiveness of the Intensive Fostering Pilot, there should be improved levels of communication between children's Social Workers, Foster Carers, and the Intensive Fostering Team. Establish clear roles and responsibilities, setting out expectations for the involvement of social workers (the foster carer's and the young person's), information sharing, and escalation routes for periods of instability or parental destabilisation. This is particularly important for placements that do not follow the ideal matching process and introductory period due to contextual factors.

- Build on and further develop the matching process with new Foster Carers, after careful consideration of the young person's needs and the foster carer's ability to meet these needs. Placement matching should be recognised as being essential for optimising child experiences and working toward favourable outcomes, but also for long-term foster carer retention.

- The process of matching children with new Foster Carers should begin, as early as possible, before an initial placement. Matching should also consider an assessment of fit with any other children already in placement with the Foster Carers.

- Consider rest and recovery periods between placements for foster carers, particularly following demanding or disrupted placements to support long-term retention.

- Given the budgetary underspend, consider allocating budget to additional therapeutic input for higher-risk transitions e.g., rushed transitions particularly in the context of children and young people with SEND.

References

Competition and Markets Authority market study into Children's Social Care (2022): https://www.gov.uk/government/publications/childrens-social-care-market-study-final-report/final-report

Competition and Markets Authority market study into Children's Social Care (2022): https://www.gov.uk/government/publications/childrens-social-care-market-study-final-report/final-report

GOV.UK (2025a) Main findings: fostering in England 1 April 2024 to 31 March 2025 (underlying data): https://www.gov.uk/government/statistics/fostering-in-england-1-april-2024-to-31-march-2025/main-findings-fostering-in-england-1-april-2024-to-31-march-2025#mainstream-fostering

GOV.UK (2025b) Children looked after in England including adoptions, Reporting year 2025: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2025

GOV.UK (2025c) LA and school expenditure, Financial year 2024-25 - Explore education statistics: https://explore-education-statistics.service.gov.uk/find-statistics/la-and-school-expenditure/2024-25

MacAlister, J. (2026). *Renewing Fostering: homes for 10,000 more children*, Department for Education.

National Audit Office (2025) *Managing children's residential care*, Department for Education, https://www.nao.org.uk/wp-content/uploads/2025/09/Managing-childrens-residential-care.pdf

Appendix A. Children supported by the pilot

Young person	Presenting needs at time of referral to Intensive Fostering	Positive outcomes since Intensive Fostering placement	Placement cost pw avoided
Male, age 15	• YOT involvement • Missing episodes • Criminal exploitation • Active engagement in Criminal activity including knife crime. • Gang membership suspected • Not engaging in education • High-cost Unregistered Placement	• Reengaged with part-time education and sat an exam for the first time • Missing episodes reduced • Agreed to access support from CAMHS • Engaged with Restorative Justice Requirements • Supported to maintain positive family time • Placement stability of over 6 months • Moved on to Semi-Independent Accommodation in Jan 2026 (aged 16)	[Redacted from public report]
Female, age 16	• Mental health needs • Dyslexia • Active self harm • Not engaging with education	• Re engaged in education, attending College • No recent self-harm episodes • Has expressed that this is the only placement she has felt very safe and understood • Trusting relationship with IF Carer	[Redacted from public report]
Female, age 12	• Emotional dysregulation • Aggression • Self harm • ASD diagnosis • Currently being assessed for ADHD • Not in education – excluded from School • EHCP • In high-cost residential placement with need for 3:1 support identified	• Engaging with part education at School • Self-harm reduced • Well settled in IF placement. • Positive relationship with IF Carer and Foster family	[Redacted from public report]
Female, age 14	• ADHD • Mental Health needs • Adoption Breakdown • Missing episodes • Not in education	• Reengaged in full time education • Engaged positively with transition to IF Placement, settling in well. • No missing episodes since transition to IF placement	[Redacted from public report]

Male, Age 13	• ADHD • Emotional Dysregulation • History of placement breakdowns including 38-week SEND placement breakdown • 52-week residential search underway • EHCP • Engaging in part time education	• Engaged positively with transition to IF carers in Jan 2026 • Settling in well • Increased hours of education at SEN School	[Redacted from public report]