

Executive summary

Care Planning for Permanence in Foster Care

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Research team

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Context

There have been ongoing concerns among policy makers, service providers, practitioners and in the family justice system about the best way to achieve stability and permanence for children who come into care from high risk backgrounds and grow up in foster care. Research is very mixed as to the success of long-term foster care, with the most recent major study by Biehal et al (2010) raising concerns about placement stability, but also suggesting that developmental outcomes in *stable* long-term foster care may be similar to adoption. This current study was designed to investigate the role of care planning for permanence in foster care, given that local authorities have developed a range of different systems and approaches (Schofield and Ward et al, 2008).

Aims of the study

- To compare how different local authority care planning models currently define and apply the concept of permanence in 'long-term' and 'permanent' foster care,
- To investigate social work practice in assessing, planning and matching for long-term and permanent foster care – both those children who are matched with new families and those matched with existing carers.
- To investigate the views and experiences of children, foster carers and social workers of different care planning and matching models.
- To contribute to the development of care planning and social work practice in permanent family placement in foster care

Methods

- An analysis of care planning profiles and documentation from the files of all 230 children in six local authorities who had new care plans for long-term or permanent foster care between April 1st 2006 and March 31st 2007.
- Interviews with 40 foster carers (from local authorities and Independent Fostering Providers) and interviews with 20 children and young people, who were cared for by these foster carers, to establish their views of permanence, planning procedures and foster family life
- Interviews with commissioners from the six local authorities and six of the independent fostering providers who provided long-term or permanent foster families for children looked after in the six local authorities.
- Focus groups in each of the six authorities, with social work practitioners, managers, panel chairs and independent reviewing officers, to explore their perceptions of planning for permanence in their local authority and discuss ideas for practice emerging from the study.

Findings

Child characteristics

- This sample of 230 children who were subject to care plans for permanence were primarily under the *age* of 11 *when they first came into care* (Under 5, 35%; 5-10, 53%; 11+, 13%). There were differences in the profile of *ethnicity* between authorities (the range of black and minority ethnic children was 0-62%) reflecting differences in local populations. The *legal status* of the sample: 86% were on care orders and 12% accommodated under the Children Act 1989 s20.
- *A history of abuse and neglect* was almost universal across the sample, with over 90% of the children across the local authorities described as having experienced neglect and emotional abuse. There was also a high rate of *emotional and behavioural difficulty* recorded, with around 90% having some level of difficulty that had affected their lives at home or school.
- Most *birth parents* of children in the sample experienced a range of difficulties (e.g. 60 % of *mothers* had mental health problems, 33% alcohol misuse, 33% abuse in childhood, 31% drug misuse.) However there were *major gaps in information* on files about the parents, especially *fathers*, making future planning and reviewing more difficult.

Permanence pathways

- The *age* of children at the time of the *plan for permanence* (under 5, 9 %; 5-10, 52%; 11+, 39%). suggested that the six local authorities were actively pursuing permanence plans for a wide age range of children, including teenagers.
- The use of the terms '*long-term*' or '*permanent*' was less significant than the differences in matching and planning practice, since long-term foster care was generally described as a permanence plan. But where both terms are used in an authority it is important for '*long-term*' not to be seen as second best.
- *Adoption* was a previous plan for 58 children (25%). For some of these children the adoption plan had been part of a parallel planning process, with adoption being considered alongside a foster care plan. Of these 58 children, ten had been adopted and the adoption had subsequently broken down.
- The majority (68%) of the sample children were *matched* with existing carers, with 32% being matched prior to placement. This percentage did not vary significantly between the local authorities. Whether matching was in existing or new placements, attempts were made to achieve a match between the needs of the children and the parenting capacity of the carers.
- The *documentation for the match* varied, however, from discussions in informal meetings or minuted in a LAC review through to a formal matrix of needs and parenting capacity used for matching at a fostering panel, or the use of a child's permanence report, carer report and matching report, as in adoption and usually for adoption or permanence panels.
- *Confirmation* of the placement as long-term or permanent was marked by different levels of decision making, ranging from the LAC review to the fostering or adoption panel. There were also some non-statutory and locally devised panels e.g. permanency fostering referral meetings or a children's panel which monitored permanence for all looked after children.
- Each *planning system* was found to have *potential benefits and risks*. The potential benefit of taking the confirmation of the permanence match to a fostering or adoption panel rather than just the LAC review was that it provided external scrutiny and usually led to more detailed matching documentation. However, the confirmation process could therefore be lengthy in some cases and create anxiety and delays before the children and the carers could feel that the planning stage was over and an agreed permanent placement had been achieved.
- By 2009, 22 % of the sample (51) had experienced the *ending* of a foster placement planned for permanence in 2006-7. There were no statistically significant differences between local

authorities, in spite of variations in procedures, suggesting that other factors (e.g. in the child the carers, the match and the support) continue to be very important for success.

- The frequency of face to face *contact* between children and their *mothers* ranged from no contact at all to contact every week, with a mean of 8 times a year and a median of 4 times a year; 31% of children were not recorded as having contact with their mothers. The frequency of contact between children and *fathers* also ranged from no contact to weekly contact, with a mean of 4 times a year (median 3.7). However, there were nearly double the number of children (60%) having no contact with their fathers compared to those having no contact with mothers. For some children, contact arrangements with multiple family members led to excessively high levels across the year – and young people also needed help from carers to manage potentially difficult *mobile phone* and *e mail* contact.

Children's experiences and perspectives

- *Meaning of permanence:* Almost all children in the interview sample said they were in placements where they expected to remain until they were aged 18. This 'official' message came from their social workers, however carers also gave additional messages of family membership into adulthood, which helped the children to feel fully part of the family. Where children had not received or understood messages about permanence from carers or social workers, they felt confused and uncertain about their place in the foster home.
- *Information and choice:* Having information about a new foster family before moving in was important for the children, reduced anxiety and helped them feel more in control. Perception of participation and choice was significant and most children felt they had 'chosen' their long-term families, either before they moved in or as a decision to stay in a short-term placement once the plan had changed. However, there were some children who did not feel they had made the decision to stay with their carers and remained unsure of their future.
- *Family membership:* Children's sense of family membership in the foster family interacted with their feelings towards their birth family. Four family membership groups emerged; dual (foster and birth) family membership; exclusive (foster family) membership; mixed (secure foster family membership/uncertain birth family membership); limited/uncertain membership (limited foster family/preoccupied with the birth family).
- *Social workers:* Children who were broadly accepting of social workers described them as either actively helpful and a key support or as in the background but there when needed. Those who were rejecting either did not trust social workers as a result of being let down in the past or they simply felt their carer met all their needs. The most positive attribute of social workers, as described by children, was that they should try and get to know the child on a personal level, be reliable and make their interactions fun and focused around an activity.
- *LAC Reviews:* The children who liked attending their LAC review said it gave them an opportunity to express themselves and hear about their progress. Some children found reviews boring and intrusive and were confused by the language, the 'shouting', their parents' expectations and unknown people who attended. Most disliked reviews being held in school.
- *Absence of delegated parental authority:* Most children had examples of not being able to stay over with friends or do an activity because approval from social services needed to be gained first.
- *Contact:* Most children valued contact with their siblings, parents and significant others, but often had some anxiety. Where children were managing their parent's emotions, or worried that their parents might be ill or felt a sense of threat, they sometimes preferred supervision.
- *Children's advice:* Children's advice to other children growing up in foster families centred on themes of positive attitudes and behaviour, openness and honesty, and acceptance and trust in the placement. Children's advice to foster carers can be summed up as 'love and accept foster children as your own'.

Foster carers' experiences and perspectives

- *Routes to permanence:* The 40 carers interviewed comprised experienced short-term or long-term carers; new carers, approved as short-term carers or for permanence; family and friends carers. There were examples of highly skilled, committed and successful carers in each group. However, agency processes for approving and preparing each kind of carer, the matching of carers and children, and the provision of appropriate support packages needed to be flexible and responsive to very different sets of attitudes, skills and motivations.
- *Views of permanence:* Most carers suggested that what permanence meant to them was an expectation that since the child would be part of their family, he or she would stay with them through childhood and remain a family member in adulthood. In less satisfactory placements, the commitment to permanence into adulthood was not so clear.
- *Experience of planning for permanence:* Matching and clarity about the plan was said to be very important. Carers' views of subsequent confirmation by panels (e.g. fostering panel) varied. For some the process was reassuring for the child or themselves, but many had felt that the panel process was rather intrusive and unhelpful, either because the child found the process / attendance difficult or because the child had been in placement / part of the family for some time and the plan had been previously agreed at LAC reviews. Carers did not always feel that agencies saw their role as different after permanence had been agreed.
- *Support for the placement:* Carers valued support for themselves from their supervising social workers and from psychological services. Support for education was generally intensive, including home tutoring. Support for children's mental health was more variable, but in some areas was excellent.
- *Role identity as carers and parents:* Permanent foster placements can be successful where carers have different but *flexible* primary role identities i.e. primary identity as foster carers, but also accepting the role of parent or primary identity as parents, but also accepting the role of carer.
- *Providing a secure base:* The project was able to build on our previous research by using the secure base model of caregiving (uea.ac.uk/providingasecurebase) as a framework for analysis, using the five dimensions: availability-helping the child to trust; sensitivity-helping the child to manage feelings and behaviour; acceptance- building the child's self-esteem; co-operation-helping the child to feel effective and be co-operative; family membership-helping the child to belong. Some carers talked of a special and enduring *commitment* to the child, rather like *bonding* in biological families, which went beyond procedure and planning.
- *Doing and displaying family:* Displays of foster family connectedness and membership are important to the child through to adulthood, while managing birth family ties and contact positively is part of enabling children to manage multiple family memberships.

Commissioning placements from the independent fostering sector

- The local authority (LA) commissioners had developed a range of *contractual arrangements* with independent fostering providers (IFPs), including regional consortia. The IFPs reported providing long term and permanent placements, up to and occasionally in excess of 50% of their overall provision.
- IFPs *defined permanence* in both *psychological and organisational* terms, much in the same ways as the LA commissioners, and were keen to work flexibly but in a planned and coherent way in the best interests of children and carers.
- The two key policy objectives of commissioning, to seek *best value and good quality*, were highlighted. Despite financial pressures, the commissioners in all six LAs attempted to manage the tensions in their dual roles as procurers of costly external placements and as professional social workers wishing to promote good child outcomes. Most of these

commissioners complimented IFPs for their services, their responsiveness and in how they supported their own foster carers.

- However, LAs were often criticised by their partner providers who contended that LAs did not always strike the right balance between achieving value for money and promoting improved child outcomes e.g. risking placement stability through *delayed decision making*.
- The *reduction in the number of preferred providers* in at least five of these LAs was consistent with practice elsewhere and it was clear that a few, very large, IFPs were taking the major share of external placement provision.

Summary messages for practice

- There are a series of *turning points* in each foster child's life, from coming into care to best interests and matching decisions, to placement and support plans, to leaving care, when good assessments, clear plans, careful decision making and proper resources are needed.
- Practitioners must understand what each child needs from foster care in order to *assess, plan and match them* with appropriate carers. Practitioners also need to understand the *motivation and varied caregiving capacities* of foster carers in order to train and support them. A range of theoretical frameworks and research evidence must be considered in order to meet the individual child's needs.
- Every child's *family history* and *match* with their foster carers should be subject to professional scrutiny, appropriately *documented on file*, and a *support plan* agreed at the point of the permanence plan, as in adoption. The support plan, including *the plan for contact*, needs to be reviewed over time.
- The care planning system for permanence in foster care needs to be *transparent* and *rigorous*, but also *timely* and *sensitive* to individual children and (foster and birth) families' needs and wishes. What is reassuring for one child at a certain stage in placement may be unsettling for another.
- As different local systems for permanence planning in foster care will interact with nationally regulated systems for care planning and the LAC review system, the role of the Independent Reviewing Officer will be important in supporting planning for permanence in foster care but also in recognising the differences once a permanence plan in a foster family has been agreed.
- Social workers need to be working alongside children, foster and birth families, but other professionals (e.g. in education and health) also need to accept and support the special nature of these foster families.
- The independent fostering sector plays a significant role as providers of permanent placements and commissioning arrangements need to ensure both value and quality for children.
- The most important factors for good outcomes are likely to be the quality of the foster family experience and the match between the needs of the child and the skills, hopes and expectations of the foster carers. But care planning, the quality of social work practice with children, foster carers and birth relatives, and appropriate multi-agency packages of support can make a difference in maximising the potential of each placement to succeed.

References

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