



Research Briefing

Care Planning for Permanence in Foster Care

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Gillian Schofield, Mary Beek, Emma Ward and Clive Sellick

Centre for Research on the Child and Family,
University of East Anglia

Background

This study of care planning for permanence in foster care was funded by the Nuffield Foundation and based in the Centre for Research on the Child and Family in the School of Social Work and Psychology, at the University of East Anglia (UEA), 2008 – 2010

Research team

Professor Gillian Schofield, Co-Director of the Centre for Research on the Child and Family, University of East Anglia

Mary Beek, Senior Research Associate / Adoption Team Manager, Norfolk Children's Services / Professional Adviser to the Adoption Team, Department for Education.

Dr Emma Ward, Senior Research Associate, University of East Anglia

Dr Clive Sellick, Reader in Social Work, University of East Anglia

Advisory group members

Dr John Simmonds, BAAF (Chair)

Professor Nina Biehal, University of York

Professor Elaine Farmer, University of Bristol

Helen Jones, Department for Education

Rosie Sauvage, Child Placement Consultant

Robert Tapsfield, The Fostering Network

Caroline Thomas, University of Stirling, and Department for Education

Elizabeth Webb, TACT (The Adolescent and Children's Trust)

Introduction

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 remain in care. Although there are now a range of permanence options available, including reunification, kinship care, adoption and special guardianship, there will continue to be long-stay children in the care system for whom foster care needs to be a positive, planned permanence option, providing security, promoting well-being and enabling children to feel accepted as members of new families (Schofield 2009). Research is very mixed as to the success of long-term foster care (Sinclair 2005, Sinclair et al 2007), 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. When courts approve care plans for long-term foster care as a permanence option they need to be confident that local authorities will have procedures and practice in place to plan, make and support placements that will have the very best chance of meeting the child's needs through to adulthood.

In spite of the importance of planning and supporting permanence in foster care, there are no national systems or guidance on how this important permanence option should be managed. But since local authorities are required to make permanence plans for looked after children, across England and Wales they have developed their own individual systems of planning for permanence in foster care. Until the *Permanence in Foster Care* study (2006-7 funded by the Big Lottery) was conducted in the Centre for Research on the Child and Family at UEA, in partnership with BAAF and the Fostering Network, there had been no national data available on systems across the country. That research study showed that a great deal of energy and significant local authority resources were going into developing, reviewing, organising and reorganising these local care planning systems with the aim of achieving better outcomes for children. However, this

activity was in the absence of any research evidence on the relative merits of different care planning systems in terms of processes or outcomes (Schofield and Ward et al 2008).

The *Care Planning for Permanence in Foster Care* study, funded by the Nuffield Foundation, was designed to address these issues and was a partnership between the Centre for Research on the Child and Family at (UEA) and six local authorities. They were identified from the *Permanence in Foster Care* project because of their distinctive planning systems i.e. they described themselves either as having *both* long-term and permanent foster care (dual route authorities) OR as having *either* long-term *or* permanent foster care (single route authorities). We had originally chosen three of each, but after starting to work with one authority it appeared to fit more appropriately as a single authority, so we had two dual and four single route authorities.

The authorities differed from each other in other ways too, for example having different assessment and matching processes, documentation and decision making forums (e.g. LAC reviews; fostering panels; adoption and permanence panels) for making permanence in foster care decisions. What all six local authorities had in common, however, was a firm commitment to recognising and valuing foster care as a permanence option.

Aims

- To compare how different local authority care planning models currently define and apply the concept of permanence in 'long-term' and 'permanent' foster care, in particular when planning for children of different ages.
- 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, both in local authorities and the independent fostering sector, and to offer comparisons with some of the permanence planning and matching practice that has developed in adoption.

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) for a sub-sample of children in the main sample, to establish carers' views of the concept of permanence in foster care, planning and practice, the nature of their relationship with the child and their life as a foster family.
- Interviews with 20 children and young people, who were cared for by these foster carers, to establish their views of permanence in their foster family, of planning procedures, of birth family contact and of their relationships with social workers.
- Interviews with commissioners from the six local authorities and six of the independent fostering providers who provided long-term/permanent foster families for children looked after in the six local authorities.
- Focus groups in each authority 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.

Analysis was undertaken as follows:

- Quantitative data from the care planning profiles was analysed using SPSS. The focus of the analysis was to identify a) child characteristics and b) care planning and placement pathways
- Qualitative data from interviews and focus groups was analysed by coding using NVivo, a computer software package, and by thematic and case analysis.

The project went according to plan, assisted by the fact that the six local authorities were active partners in the research process and facilitated our access to files, to interviews with foster carers and with children – and also helped to arrange the focus groups. Local authority commissioners and Independent Fostering Providers were also extremely helpful and supported this important aspect of the project through sharing their views and experiences.

Both the quantitative and qualitative data were very complex; the care and care planning pathways were not always easy to track through files and analyse, and the wide ranging views expressed in interviews and focus groups also required a significant amount of careful thought to analyse. However, putting all the information sources together we hope to have captured something of the interaction of systems and psychology that will dictate the quality of the experience of children with a plan for permanence in foster care, their carers and social workers. [A separate study, funded by the ESRC (Schofield et al 2010, Schofield and Ward 2011) has provided a complementary picture of the experience of parents of children in long-term foster care that also informs our view of good practice.]

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 (range of black and minority ethnic children was 0-62%) reflecting differences in local populations.

The *legal status* of the children (86% were on care orders, 12% accommodated under the Children Act 1989 s20) suggested that voluntary arrangements were not common in cases where permanence was the plan. Some children had been accommodated in the early weeks, months and even years of being in care, but it appeared that care proceedings were initiated as it became clear that children would not be returning home.

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 some variation in particular forms of maltreatment between local authorities (e.g. physical abuse 36-86%; sexual abuse 17-55%). It was unclear whether these variations reflected an actual difference in the care population in these areas, or variations in how and what information is recorded in different local authorities' files.

There was also a high rate of *emotional and behavioural difficulty* recorded, with nearly 90% of children in the sample having some level of difficulty. The factor most strongly related to the severity of emotional and behavioural difficulty was having a learning difficulty recorded, although evidence of physical abuse, being male and having a higher number of placements were

also shown to be significantly linked. In most cases these factors interact, and a learning difficulty may be exacerbated by abuse or may add to difficulties in managing and recovering from both abuse and separation.

Most *birth parents* of children in the sample experienced a range of difficulties found in other studies to be characteristic of parents of children in foster care. For example, 60 % of *mothers* had mental health problems, 33% had problems with alcohol misuse, 33% had experienced abuse in childhood and 31% misused drugs. However there were *gaps in information* about the parents, especially *fathers*, on a number of files. This lack of information on parents would have implications for children in long-term care across a range of situations e.g. decisions about contact arrangements, applications to court by parents, leaving care. But it would also affect a child's ability to follow up their history through reading the files as they got older. The need to track and record in some detail parental history and characteristics at the point of permanent placement, as seen in adoption practice, was recognised and acted on for some but not all children. It seems possible that assumptions are made that this information is on the file, when often it is not, or that ongoing contact with birth parents would make it seem less essential to record family history at that specific point. But ensuring that information about the child and the child's' family of origin is as complete as possible at the point of the permanent placement in foster care needs to become part of a model of good practice for all children.

Many of the children had *complex sibling and family networks*. Prior to care children had often been cared for by caregivers other than their mother or father. Almost all children had siblings, and sometimes a range of half, step and full siblings, with nine siblings being identified for one child. Siblings of the children in the sample were of all ages from infant to adult, and with most sample children living apart from at least some of their siblings in a variety of locations, there are important implications in terms of how these children manage their birth family relationships in their minds, as well as in the context of face to face contact.

Care planning

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. This was encouraging, especially in the context of policy and practice concerns about the need for permanence to provide stability in foster care that could last through to and beyond 18. This picture of a pursuit of permanence in adolescence had not been expected, as in our previous research (Schofield and Ward et al 2008) discussions about permanence planning with LAs had tended to suggest that the focus was very much on younger children.

One of the aims of the study was to understand from practice how the definitions of '*long-term*' and '*permanent*' foster care would look in practice. In defining the *current placement* it was possible to discriminate (though with some difficulty) which kind of placement was being described. Of the sample placements 35% were said to be 'long-term' and 31% 'permanent' - but in this study, local authorities who used the term 'long-term' most commonly also referred to it as a 'permanence option'. Only a small number (8%) were in long-term or permanent *kinship* placements, but it seemed that kinship care placements were mainly going through different procedures and pathways and so may not have been referred to the sample.

One group of children (13%) were in placements where it was planned they would stay but the placements could be deemed *temporary* as they were waiting for a *final confirmation* of the match in this placement at a fostering, adoption or permanence panel (discussed further below). Only a

small number (8%) were in *temporary placements* where there was no plan to stay and where further long-term or permanent placements were being sought, which was encouraging.

It was difficult to distinguish between 'long-term' and 'permanent' *current plans* from the language on file. This is in part because at this stage the LAC review documentation was the most common statement of the plan in all local authorities and here the box to tick was 'long-term foster care'. So for analysis these plans were grouped, with 78% of the sample still having a plan for long-term or permanent foster placements in 2008/9. One important new factor was the opportunity for special guardianship (SGO), and 8% (17 children) had a plan for an SGO. Two further children had a plan to be adopted by their carers.

Placement patterns and pathways

In addition to certain characteristics from their *family histories*, children had *planning and placement histories* in care that needed to be taken into account in relation to our understanding of the current plan. Some of the children who had permanence plans had come into care relatively recently, but it was not unusual for local authorities to be making new permanence plans for children who had come into care at an early age but for whom other plans had not worked out.

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. For the ten children who had been through an unsuccessful adoption placement, there was often not only a sense of loss, but also an impact on how they might view permanence in the current foster placement. However, children reacted very differently to a previous adoption breakdown, ranging from a reluctance to trust and get close to new carers to a need to cling to carers for constant reassurance that they would be looked after till they were grown up.

The impact on children of an adoption plan that had not led to an adoption placement and order would depend on the extent to which the child had been actively prepared for adoption (often including reduction in contact), and perhaps waited for a family to be identified before permanence in fostering became the firm plan. But for all children, whatever the previous history, it was the quality of the caregiving and the match in the final placement that was affecting their ability to resolve their feelings about the past and move on with their lives.

The question of *continuity* in planned placements was not straight forward, but is crucial in terms of how we think about permanence and care planning. There were different ways of thinking about continuity in relation to this sample. One question was simply to ask how many children had *stayed in their first placement*. The average across authorities on this question was 20 %, with a range from 5 - 31%. Most first placements are with emergency or short-term carers who may not wish to become permanent carers, or may not be able to meet the child's needs in the long-term, but it was a possible route to permanence in some cases.

A further source of continuity was where children were *matched for permanence in their existing short-term placement*, whether or not it was the first placement. This turned out to be the majority pathway, with 68% of the sample children planned to stay with / matched with existing carers. The study found that this percentage did not vary much between the local authorities. It might have been thought that dual system local authorities who were setting out separate expectations for permanent placements would be more likely to follow practice closer to adoption and match *prior* to placement. But this was not the case, and in fact one small dual authority matched all the children in their sample for permanence in their existing placement. Although there may be

some local authority fostering teams who are reluctant to lose a good short-term carer, on the whole it seemed that where good relationships developed in short-term placements, children were helped to stay.

There was evidence from the files, whether *matching* was in existing or new placements, that attempts were being made to achieve a good fit, a *match between the needs of the children and the parenting capacity of the carers*. The *documentation for the match* varied, however, from what appeared to be discussions 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. So although having a choice of placement was important, so also was the matching practice.

One question for the study was the extent to which local authorities were placing children for permanence in placements provided by the independent fostering sector and whether this might affect the degree of choice. The study found that 48 children, 22% of the sample, were placed in the independent sector, but the range across local authorities was very wide - from 0-51%. Although the number of possible placements to choose between did seem to increase when it was possible to approach the IFP sector, most LAs would still insist that for cost reasons suitable in-house placement possibilities must be exhausted first. Although not an unreasonable principle, this did mean that right up to the meeting at which a permanent placement was finally confirmed, often when the child had been successfully placed for months or even years, a final trawl of available LA foster carers might be made in case it was possible to move the child or children to an in-house resource. This was not universal practice and we did not find examples in this sample of cases where stable IFP placements were disrupted at this point. However, there may obviously be some tensions around how much confidence IFP carers, the children and the social workers will have that funding for permanent placements will be guaranteed.

Decision making

One important distinction between local authorities identified in the national survey 2007/2008 was the *different levels and panels* for decision making regarding the child's best interests, matching and, what we have described as, *confirmation* of the placement as long-term or permanent. The different levels of decision making ranged from the LAC review to the fostering or adoption panel, and included some non-statutory and locally devised panels at different stages, such as permanency referral meetings or a children's panel to monitor planning for all looked after children. These different levels and patterns of decision making involved different types of documentation, a different range and seniority of people involved in the decision, different expectations of attendance by the young person and the carer and potentially different lengths of time to complete the permanence procedures. Where cases were taken to an adoption or permanence panel for confirmation, the timing was more like the making of an adoption order rather than a matching stage in adoption i.e. it was the final stage and occurred after the placement had been tried and tested over a period of time.

Each planning system was found to have certain benefits and risks that link to these different factors (see summary diagram Appendix 1). The potential benefit of taking the confirmation of the permanence match to a foster or adoption panel rather than just the LAC review was that it usually provided more independent scrutiny and led to more detailed matching documentation, which informed decisions about permanence. However, the confirmation process could be lengthy in some cases and lead to possible anxiety and delay before the child and the carers could feel that the planning stage was over and an agreed permanent placement had been achieved.

Completing the fuller documentation required by these further panels, such as a child's permanence report or a permanence matching matrix, obviously had the potential to generate valuable information and analysis. But in some cases the process and the extra time required from social workers seemed to contribute to if not cause delays, with it proving difficult to keep to panel dates. There were also many references on files to changes of social worker that added to delays, as cases might be unallocated or new or temporary social workers may not know the child well enough to complete the forms without a great deal of extra work. Perhaps it was also hard to give this work priority, as these children were by definition in settled placements. But there was a risk that the missed deadlines and delays reflected in some files would build in uncertainty for children and carers. For some carers and children, the final panel was then experienced as irrelevant or intrusive - although other carers and children valued the official confirmation whenever it happened and felt that the recognition was important.

Placement stability

The study tracked placements of children for whom the plan in 2006/7 was permanence in foster care. For some of these children, the study in 2008/9 captured their story relatively early in their time in care. But other children had been in this or previous placements for some years. However, a focus of the study was whether children in the sample had experienced the ending of a placement intended to be permanent. This ending could be initiated by the carer, the child - or the social worker where it was clear that the placement could not meet the child's needs.

The analysis of care pathways showed that 22 % of the sample (51) had experienced the ending of a long-term or permanent placement planned in 2006-7. There were no statistically significant differences between local authorities, in spite of variations in procedures. This does not mean that the nature and quality of procedures and practice are irrelevant in individual cases, but, given what we know from the qualitative data in this study and other research (Sinclair, 2005; Sinclair et al 2007, Biehal et al, 2010), there will be many factors in the child and the placement that will also contribute to placement endings.

Contact

Contact with birth family members is always an important but often challenging part of any care plan, especially a permanence plan where there is an expectation that relationships in the foster family will be close and last through into adulthood. Contact remains a very difficult area to plan for in the long-term, as children and family relationships develop and change.

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 and 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.

The absence of contact with mothers and fathers was rarely the result of court orders. However, there were big differences between authorities regarding the numbers of cases where there was no contact (18% - 52% of children in different authorities had no contact with mothers, and 35% - 72% had no contact with fathers).

In some cases, apparently infrequent contact with individual family members could add up to a considerable amount across the year when all contacts were taken into account – with some children maybe having contact fortnightly with siblings, monthly with their mothers, four times a

year with their fathers and grandparents. When considering the impact on the child's life in the foster family, contact could therefore be a major factor in organising family life. In some cases, school age children were in a position where contact at week-ends and in school holidays would not only restrict certain family activities, but also restrict their opportunities simply to spend time with their friends.

For children and families, the experience of contact is likely to be affected by the need for supervision. Where contact is no longer for assessment, because the firm plan is for permanence in this foster family, it is not straightforward to judge at what point supervision can be relaxed - or indeed when it might need to be tightened up.

Contact with mothers was *unsupervised* in on average only 19% of cases, but this ranged across the six authorities from none to 40% unsupervised. However, it was important to take into account the whole picture. For example, the local authority which had the highest rate of unsupervised contact also had the highest rate of children with no contact with their mothers. This could suggest that contact was promoted by this local authority with mothers who were perceived as not threatening the placement. A rather different picture emerged in a local authority where all contact with mothers was supervised, but this was the only local authority with a significant amount of contact supervised by carers (44%). This perhaps suggested that rather as in adoption with contact, the foster carers in this authority through their presence may play a role in supporting the child and working with the parents to facilitate contact.

In this study 40% of the sample children had contact with someone who was not a parent or sibling. This contact was sometimes more frequent than contact with parents and was more likely to be unsupervised. Although some of this contact was with wider family members, such as grandparents, there were children who spoke warmly of a family friend from the past who had been important in their lives and continued to offer a supportive relationship. These relationships could fill the need for children to have safe sources of contact with the past, people who would support and not disrupt the placement.

Children's perspectives

Children's views on permanence and planning

The 20 children interviewed were all in relatively stable placements. The placements were selected because they were not perceived to be at risk of breakdown, but there was nevertheless a range in children's views and experiences.

Almost all of the children were very *clear and positive* about the fact that they were in *a family where they belonged and which was meant to last through to 18*. Children had generally had this message from the social worker, who they saw as being an authoritative source of information. Some children talked explicitly of being part of the foster family into adult life (e.g. when home from university) and of how they had received reassuring messages about this from their foster carers.

Where children were *uncertain* about their future in the foster family this seemed to be associated with some *lack of commitment and uncertainty* in their carers, as reflected in the carer interviews (discussed below). This is a complex and *interactive* picture, with it being likely that in some cases children's inability to commit to the foster family had made it difficult for the carers to commit to the child - but also a carer's lack of explicit long-term commitment to the child might have made it less likely that the children could feel confident in their future in the family.

The importance of children feeling involved in the permanence plan was reflected most strongly in their sense of having *chosen* to be in this foster family. This *perception of participation* was aided by memories of discussions with social workers. Those who had moved into new families in a planned fashion had often seen a photograph of the family first and had a series of introductory meetings, as in adoption. Those who had stayed in their existing placement could recall being asked if they would like to stay and feeling positive that this had therefore been their choice.

For the minority of children who did not feel involved in the choice, it was more likely that they felt that they had moved to the current placement because of behaviour problems in a previous placement, or had stayed because the carer wanted them to.

It is clear that choice, or perception of choice, is associated with children's feelings about and acceptance of their placement. But it is not clear whether preoccupied, anxious children, who felt uncertain of their place in the new family, perceived that they did not have a choice OR whether not having or perceiving that they had a choice contributed to children feeling preoccupied and anxious. Perception of participation in decision making and its consequences is not straight forward among children, any more than it is for adults

The *more formal processes* for approving and confirming a placement as permanent were viewed very differently by children, as reported by the children themselves, but also as reported by their carers. Although five of the six authorities expected to take some or most cases to a further panel, only four of the 20 children, from different local authorities with different panels, could remember this stage or this event. This may be in part because not all LAs expected children to attend..

One of the four children who knew about the panel did not attend it, but still found the process very reassuring in confirming that she would not move again. Of the three who attended, there were very different experiences. One 13 year old whose younger sisters had been adopted felt that the experience was important in being somehow equivalent to adoption, and another child also found the panel experience to be a positive one. But for one teenager attending the panel had been a very negative experience and led to a destructive outburst in his foster home and running away. Where there is a negative response it seems to be linked to the child's feeling that the panel confirms not only the foster placement, but also that the child no longer has a place in the birth family or even that the birth family no longer wants or loves the child.

The message here must be that whatever the local authority procedure for final approval of the match, there needs to be some flexibility in thinking and practice around what each child experiences and can benefit from, and what the process means to them. Taking cases to a panel has two very different functions - on the one hand, to mark the official, corporate parenting recognition of this as a permanent placement and, on the other hand, as an event in place and time which children and carers may or may not value and wish to participate in. Because these are older children with very varied histories, the question of which process will be right for which child must be addressed on a case by case basis in relation to both functions.

Children's experience of belonging to two families

It was possible to see different patterns of family membership emerging from the children's interviews.

- *Dual membership* (with the foster family and birth family)
- *Exclusive membership* (with the foster family)

- *Mixed membership* (secure with the foster family and anxious / uncertain with the birth family)
- *Limited/uncertain membership* (limited with the foster family/preoccupied with the birth family)

For children where there is a relatively comfortable *dual membership*, there was more likely to be contact between the foster and birth families, an acceptance that it was possible for children to be part of two families and a belief that this could be managed by a process of negotiation e.g. around contact. This did not mean that these children's feelings for their birth parents were uncomplicated, but that their feelings about both families were manageable with help.

Exclusive membership with the foster family and rejection of the birth family could mean a firm commitment to the foster family and a realistic degree of acceptance, more common in older children, that the birth family was not able to offer any reliable support. But for some it might also be protective, to manage feelings of anger and sadness about the birth family and avoid further disappointment and hurt.

It was not unusual for children, including those in relatively stable placements, to feel concerned about their parents and uncertain or preoccupied about their role in their birth families. Those children with *mixed memberships* were helped to manage their *anxieties* about the birth family to a degree by their sense of security in the foster family and their ability to talk about their concerns.

For children who felt *limited / uncertain membership* in both families, the absence of a secure base in foster care and the burden of resolving their feelings was greater, as they were often anxiously preoccupied with the birth family, held idealised views of them and /or felt responsible for them.

Contact and relationships with the birth family remained a particularly difficult area for these last two groups - but even for some children who were apparently well settled, their concerns about their birth family were often underestimated by their carers. This is an area in which social workers, who should be familiar with both foster and birth families and can be a bridge between them, need to focus their work with children in long-term placements. It is very hard for children to be left to manage these family relationships unaided, especially if birth family contact arrangements include travel by taxi and supervision by workers who do not know both families and are not in a position to help children manage feelings about their dual family memberships.

Being in care: what children value in social workers

Children had very clear ideas about what they wanted from their social workers. They valued workers who did not change, were available when needed and offered a more personal relationship. Within their descriptions of relationships with social workers it was possible to see at least four positions: *accepting* - social workers seen as *actively helpful* or seen as *there when needed*; *rejecting* - social workers seen as *not needed* or as *not to be trusted*.

An important question was the extent to which social workers were helpful but not intrusive into what children saw as their private (foster) family life. In this respect leaving care social workers could be very valuable for some children, but could also be seen as intrusive when children felt that they were able to and preferred to rely on carers for support and guidance. What seemed clear was that there was little room for negotiation about the role of leaving care teams – which can be a problem for workers and children. Where there are set expectations or even targets for pathway planning, it can be difficult for children, workers, carers or IROs to feel confident to negotiate roles that may be more appropriate for some long-term foster family situations.

Children also expressed very varied attitudes to LAC reviews. They wanted to be involved but often worried about who might be there and disliked reviews being held in schools. This is a challenge for social workers and IROs, who are both expected to promote participation but also need to facilitate the ‘normalisation’ of family life that long-term fostered children want and need.

Foster carer’s perspectives

The analysis of the foster carer interviews was structured around two broad areas. The first was carers’ routes to permanence, experience of care planning and support for permanence from the agency. The second was a detailed analysis of aspects of their roles and family relationships as permanent carers.

Foster carers’ routes to permanence

Foster carers had very different motivations and routes into their role as permanent carers.

- Experienced short-term carers, who decided they would like to move towards caring for children long-term and as part of their families into adulthood *or* who decided they would like to offer permanence to a particular child or children in their short-term care.
- New carers, approved as short-term carers, who kept the first child or children placed with them when a permanence plan was agreed
- New carers, approved for permanence, who wanted to build or extend a family
- Family and friends carers, who were approached by or who approached children’s services to take on a particular child or children related or known to them.

There were examples in each group of highly skilled and committed carers and no indications that carers from any one of these groups were necessarily more or less successful than other groups. However, the agency processes for approving and preparing each kind of carer, the process of matching carers and children and the provision of an appropriate support package needed to be flexible and responsive to some very different sets of attitudes, experiences, skills and motivations.

Foster carers’ view of the meaning of permanence

One key question for the study was the extent to which carers’ descriptions of permanence would include a commitment to the children beyond 18. Most carers suggested that what permanence meant to them was an expectation that since the child was part of the family, he or she would continue to be a family member in adulthood.

However, as reflected in the children’s interviews, there were carers for whom the permanence commitment was not so clear. Some were rather fatalistic, suggesting without much apparent sense of concern that the child would probably choose to leave and maybe go home during the teenage years.

For some children the carers’ expressed commitment to keep them as long as they needed or wanted to be in the family (i.e. rather than ‘forever’ or into adulthood), may appear to reduce the pressure on the child to make a long-term commitment away from their birth family. But for other children that message might be experienced as suggesting some lack of foster family commitment and family membership. These are very subtle processes and communications as children and carers negotiate roles and relationships over time. Carers need to be flexible and sensitive to the needs and wishes of each child, but be aware of children’s need to be loved and belong and their concerns for their future in the family.

Foster carers' experience of planning for permanence.

Foster carers' experience and views of planning procedures depended very much on an interaction of a number of factors. Most obvious would be the route to the role of permanent carer. Foster carers who were choosing to become approved as long-term or permanent carers for a child known to them would take a rather different route through matching, in which an emphasis on the future of the child within the family and marking the change in the plans and expectations for the placement would be the focus. In contrast carers who were being proposed as new carers for a child with a permanence plan would experience a process more similar to adoption, with careful consideration being given to the match before placement, and a gradual process of introductions.

Where subsequent panel meetings to approve the match were concerned, carers' views depended on how efficiently the process was managed and whether it felt, in the end, that any additional assessment documentation and delay had been worth it, because they felt more secure in the placement. Some carers had felt this sense of reassurance, but others had felt that the panel process and attendance was intrusive and unhelpful, particularly where the child had been in placement as part of the family for some time and had been receiving this message at LAC reviews for several years.

For most carers, their view of these procedures was strongly affected by their perception of how the child experienced them. For example, whether the child had valued the experience of attending the panel or, in contrast, had found it deeply upsetting, would determine the carer's evaluation of the process.

Underlying the discussion about permanence procedures for most carers was the question, does a confirmation of the placement as permanent make a difference to the placement afterwards? Although carers valued the idea of permanence, there was generally some doubt expressed as to whether there was adequate recognition of their new role and the child's changed role in the family. In essence, were they to be treated more like parents or not?

Foster carers' views of support for the placement

Although some carers reported very positive support from both their supervising social worker and the child's social worker, many expressed concerns about the impact of changes of social workers on the children and on themselves as carers. Some lack of continuity in the social worker over time is always going to be a problem in very long-term placements, but the frequency of changes reported by carers, and reflected on some files, suggested a significant problem that could affect the child's and the carer's ability to build a trusting relationship with social workers.

But in addition to staff turnover, there was often a feeling that the system did not always support their special role as permanent carers. There was, for example, considerable variation in the extent to which they felt able to make decisions about children's daily life or to contribute to decisions about contact or leaving care planning. The question of delegated responsibility is currently being considered by a project led by Fostering Network and funded by the Department for Education. But parental roles clearly need to be part of the placement plan, including having a new placement plan when a placement is defined as permanent and delegated responsibility may increase. The messages to children, to carers, to parents and to other professionals need to be clear.

What was also important to carers was support from other agencies, and in particular education and health. The picture regarding education from the carers' interviews (confirming what was on

most case files) was that children were being actively supported with a range of special educational needs, both in school and within the foster home, with some use of home tutors.

However, the availability of mental health support for children was more variable across the range of agencies. Some agencies with specialist LAC services within the Child and Adolescent Mental Health Services were offering a great deal of support to children and carers. Geography can affect this type of support service, however, as CAMHS LAC teams in small unitaries and London Boroughs can serve their foster care population from a single office - for large shire counties, making the service accessible is much more difficult. However some shire county services were excellent.

Foster carers: role identity as carers and parents

One key issue that emerged from this study was the significance of carers' identities as carers and as parents. This is not a new question in the field of permanence in foster care, where the role of carers as professionals as well as parents has always caused some debate. However, the 40 detailed interviews in this study, combined with other data, seemed to clarify this question in a way that can be useful for practice:

- 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
 - primary identity as parents, but also accepting the role of carer
- Problems can occur where
 - foster carers who identify *exclusively* as carers do not take on a parenting role / commitment
 - foster carers who identify *exclusively* as parents do not accept carer role/responsibilities

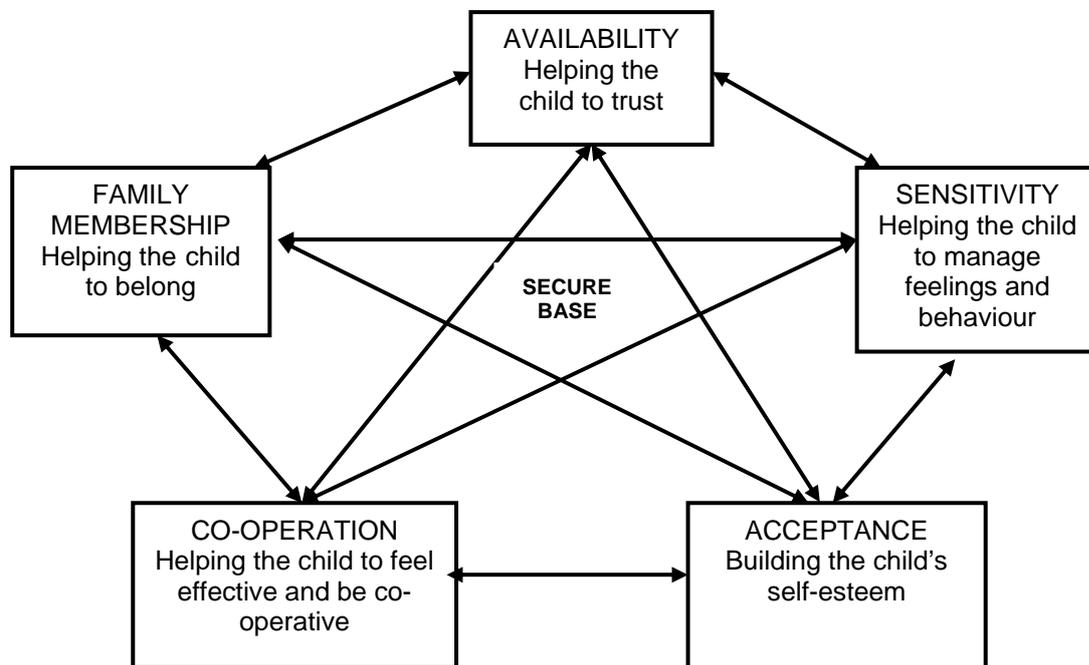
The differences between the four groups were relatively clear in the sample. The two groups characterised by flexibility were often very impressive. Some carers with many years experience and with a firm commitment to a carer identity were nevertheless very clear of the child's need to be parented and their own role as parents in situations where the child needed to have a mother or father to speak for them. Similarly, some carers who came into foster care to be parents and build a family and who were passionate about making sure the child felt part of a 'real' family, could nevertheless value social work support and training, and were able to support the child's care identity.

This last point was very important. Children in care are at the centre of numerous bureaucratic processes. Given that this is to some extent unavoidable, carers need to help children accept and manage the processes and the care identity. Where carers who define themselves exclusively as parents, resist the carer identity and draw the child into an alliance against the local authority, the child can be put in a very difficult position. But similarly, children in permanent placements need carers who are willing to be committed parents.

Foster carers: attachment and 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, Schofield and Beek 2006 and 2008) as a framework for analysis. It was possible to find evidence of a range of high and low secure base caregiving using the five interacting 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.



What was most striking in this study was the extent to which more successful foster carers were very actively promoting children's well-being across the range of development, including health and education, based on sensitivity to the child's needs. In this sense, promoting security and resilience become firmly linked. It was also perhaps not surprising, that thoughtful active carers who were rated as high on the secure base dimensions, were also more likely to be thoughtful and flexible in their carer/parent role identities.

Foster carers: bonding and commitment

Foster carers have often talked in previous studies, at UEA and elsewhere (Beek and Schofield 2004, Dozier and Lindheim, 2006), of the special feeling they have for individual children. In this study that feeling, regardless of the age of the child, often seems very much like the bonding experience that biological parents describe with their infants. The importance of carer bonding or 'commitment' to an enduring relationship, as Mary Dozier at the University of Delaware describes, has been found to be highly protective of the development of fostered infants. It is not clear how significant carer bonding is for the development of older children, but foster carers in this study certainly talked of special feelings for older children, that for some carers developed from a first meeting with a child and for others developed over time. But in both cases this could lead to an enduring commitment, consistent with the aims of permanence.

Although it is impossible to predict whether or when or with which children this bonding feeling will occur, the concept may be helpful in thinking about why some carers will stick with even the most challenging older children through difficult times. The concept can therefore be helpful in thinking about the extent to which therapeutic approaches are likely to work with particular carers and children over time and also why a sense of permanence may be offered by some carers to certain children as part of the family, but not others.

Foster carers: different ways of 'doing family' - family membership and kinship networks across foster and birth families

Although developmental psychology supplies much of our understanding of foster carer-child relationships, through concepts such as attachment, the concept of permanence is actually more closely related to ideas about family membership and belonging that come from sociological and anthropological literature. 'Kinship' in this literature is not just about biological ties, it is also very much about how people think about and show their connectedness to each other. This leads to a consequent shift from understanding what the family 'is' to observing what it 'does' (Finch 2007). Thus from this study we focussed on the principle that it is the lived experience of the foster family that negotiates and shapes not only its relationships but its identity as a family.

In this context the study has been able to draw out from both carers' and children's accounts the extent to which certain displays of family connectedness and identity are important: in the first instance in welcoming the child into the family; then helping the child to feel part of the family; then very publicly including the child in the way the family presents itself to the community and the world outside the family. Where this progresses smoothly and both child and family are able to work through this process in a growing spirit of mutual trust, foster children and their foster families are able to legitimise themselves as 'real' family. But where there is a sense of distance or of exclusion or of forcing a family identity before the child is ready, placements can rapidly get into difficulties.

More sensitive carers can often cope with the child needing to take their time to negotiate a place in their family - often when the ties to the birth family are complex and need to be taken into account. But some foster carers need help to manage over time the gap in expectation that may arise between themselves and the children. In many cases the role of the birth family and the quantity and /or quality of contact were additional factors in affecting how foster families formed and for this a more active social work service was often needed.

In summary, we can see that these four aspects of foster caregiving are all important – role identity; providing a secure base; bonding and commitment; and 'doing family'/showing family membership. Each of them is also likely to include elements of helping the child with their care identity and with their ongoing membership of the birth family. As with the secure base caregiving model, these four aspects of caregiving interact and carers will be stronger and more flexible on some and need more support with others.

Commissioning placements from the independent fostering sector

The commissioning component of the study comprised two sets of face to face interviews: firstly with 11 commissioning staff of the six study local authorities (LAs) between September 2008 and February 2009 and secondly with 16 staff of six independent fostering providers (IFPs) between October and December 2009. The six IFPs were selected purposively on two main grounds. Firstly, taken together, these IFPs had provided placements during the study period to the six LAs. Secondly, they represented a mix of ownership type. Three were registered as private owner managed companies, two as owned by private equity companies and the remaining IFP was a registered charity.

The local authority commissioners had developed a range of contractual arrangements, 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 with practice examples by commissioners and providers throughout the interviews in respect of long term, including permanent, fostering placements. The core task they identified and shared was how to achieve a balance between value and quality. 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. They were managing the IFP market through selecting small numbers of preferred providers of local placements for children with particular needs, specified in framework categories.

Imperatives from the DCSF's Commissioning Support Programme, particularly for the establishment of large regional commissioning groupings of LAs, had at the time of the interviews had little effect. Three of the five English LAs were acting alone and the other two were part of small sub-regional areas of three and five LAs respectively. Only the Welsh LA was part of a large commissioning group of ten LAs. Most of these commissioners complimented IFPs for their services, their responsiveness and in how they supported their own foster carers. However, the methods commissioners adopted on behalf of their LAs were often criticised by their partner providers who contended that LAs did not strike a balance between achieving value for money and promoting improved child outcomes. One provider spoke about the risks to placement stability through delayed decision making and what she considered to be the underlying reason for this: 'a child has finally found stability in their life yet is left hanging on for a year or so whilst financial decisions are being taken. This can undermine their stability. Often the time is being used for the LA to find an alternative in house placement.' Some IFP managers felt that it was the assumption that internal services were cheaper which led LAs to commission external provision as a last resort. It was clear that LAs cannot afford to under-use their own provision.

The reduction in the number of preferred providers in at least five of these LAs is consistent with practice elsewhere and it is clear that a few, very large, IFPs are taking the lion's share of external placement provision. One IFP manager in this study estimated that the foster carers of 75 per cent of all children in England and Wales, whose placements are externally provided, are registered with 'the big six' IFPs. The use of fewer, larger, external agencies via formal LA tendering processes as preferred fostering providers was noted in each of the six LAs. The size and scale of their operation meant they are best placed to provide economies of scale to cash-strapped LAs. The consequences of this are unclear but may include acceleration towards greater outsourcing of fostering, including permanent, placements to these IFPs.

Conclusion

As each part of this study has shown, there are many areas of practice that contribute to planning and supporting permanence in foster care. These will include both the *legal and administrative systems* that we need for care planning, matching and supporting placements and the *psychology* of children's development and foster/birth family relationships.

Thus practitioners must understand what different children need from foster care in order to assess, plan and match them with appropriate carers. Equally practitioners need to understand

the motivation and varied caregiving capacities of foster carers in order to train and support them. Both psychology and systems need to draw on a range of theoretical frameworks and research evidence.

One key message that has emerged from this study is that systems and practice for care planning, matching and support need to be transparent and rigorous, but they also need to be timely and responsive to the different needs and circumstances of individual children and carers. There are a series of turning points in each foster child's life, from coming in to care to best interests and matching decisions, to placement and support plans, when good assessments, close consultation, careful decision making and proper resources are needed.

The most important factor for good outcomes is 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 and the quality of social work practice with children, foster carers and birth relatives can make a difference in maximising the potential of each placement to succeed.

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Appendix 1 LOCAL AUTHORITY MEETINGS AND PANELS WHICH PLAN FOR PERMANENCE IN FOSTER CARE

	Type of meeting/ panel	Decisions/ recommendations	Participants	Documentation	Potential Benefits	Potential challenges
Meetings between professionals	May be formal and minuted e.g. 'planning meeting' or ad hoc/ informal	Best interests Care plan Match	LAC / FC managers/ workers / others Foster carers	Ranges from verbal reports to matching matrix	Brings together those with expertise / closest to the child and the carers May avoid delay.	If meetings are informal, they still need to be fully minuted Appropriate assessment documentation /evidence is needed Is there a need for an 'independent' view?
LAC reviews	Statutory meeting	Best interests Care plan	Independent Reviewing Officer, social workers, carers. Maybe child / parents / teachers	LAC review documentation Additional reports e.g. psychiatric	Statutory/regular Use of LAC dimensions Participation is often wide – IRO role	Are plans 'reviewed' or made? When does 'planning' stop and reviewing begin? Documentation is very varied. Reviews may have limited seniority/range
Permanency fostering team referral meeting	Permanency referral meetings	Clarify plan Facilitate match	Specialist practitioners, FC and LAC workers, carers	Referral form- history, needs and matching matrix	Specialist workers Monitor all foster children who need permanence May be good process for plan / matching at this stage	Meetings may need to be linked into LAC review system
Children's panel	Area based panel monitors plans for looked after children	Care plan Match	Service manager (chair), LAC/FC practitioners	Reports- matching matrix in some cases	Senior and independent Efficient -may avoid delay in making/confirming placements	Panel has wide agenda, may only ask for/consider limited documentation Evidence needed of appropriate practice/ consultation with children, carers, birth relatives
Fostering panel	Statutory panel - but given some specific roles re permanence by some local authorities	Change carer approval to LT/P for a named child and /or confirm the match/placement	Statutory e.g. independent chair, professionals / lay members. Carer /child may be present	Updated Form F. Possible use of Form E or Child's Permanence Report and matching report	External scrutiny of match and documentation Official recognition –valued by some carers/children Detailed documentation likely Participation by carer/child	May be used for some carers for change of approval / others for the match – or for both Risk of delay related to documentation / panel dates Expertise in child development/matching? Some carers find panel intrusive / irrelevant if placement is already settled May require too much commitment /appear to cut some children off from birth family
Adoption/ permanence panel	Statutory panel -- but given some specific roles re foster care by some local authorities	Best interests and/or confirmation of the match/placement	Statutory e.g. independent chair, medical adviser, lay member. Carer/child may be present	Updated Form F. Form E or Child's Permanence Report and matching report	External scrutiny of match and documentation Official recognition –valued by some carers/children Detailed documentation likely Participation by carer/child	Risk of delay related to documentation / panel dates Expertise in fostering? Some carers find panel intrusive / irrelevant if placement is already settled May require too much commitment /appear to cut some children off from birth family

