THE UNIVERSITY of York

Social Work Research and Development Unit

Supporting Foster Placements



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The Research

What has been done?

In 1997 York University began research into the support needed by foster carers. We worked with seven authorities and had excellent support from their foster carers, foster children, social workers and managers. With their help we are carrying out what is probably the largest ever study of foster care in England.

Participating authorities:

- Brent
- Derbyshire
- Hertfordshire
- City of Hull
- City of Leicester
- Tower Hamlets
- Wakefield

Aims of study:

- To describe a large sample of carers, foster children and placements
- To describe and explain the outcomes for carers and children
- To assess whether support improves the outcomes for carers and children

So far we have finished two pieces of work. The first study concentrated on the problems and satisfactions of fostering. What do foster carers like and dislike about fostering? What help do they need if they are to continue to find it fulfilling? The second study concentrated on placements. Why are some placements successful and others less so? What help do foster carers and foster children need for success? What can foster carers do to encourage it?

Some Core Themes

Foster care is impressive. On our evidence its carers are committed. Only a small proportion leave every year. Most are highly praised by their social workers. Most children are happy in their placements. Most placements are seen by the children's social workers as going very well.

Less encouragingly the children want longer placements than they can get. Most of those who answered our questionnaires wanted to stay in the same placement to 18 or beyond. Few did so.

There is a problem of pressure. There is rarely a choice between placements, matching child and placement is hard and children in short-stay placements often stay much longer than expected.

There is a problem over carer roles. Local authorities approve carers under a variety of different titles which attract varying allowances and support. There is unease about the fairness of these arrangements and disagreement about the kinds of foster care required.

There is a need to develop some aspects of practice. Current methods of training and support for carers and therapy for children do not seem to have a big impact on outcomes. Although children change when they first enter a placement, they may remain emotionally disturbed for a long time.

The study suggested a number of ways in which these problems might be overcome. We give them below as points for discussion. Recommendations will follow but only after we have had a chance to hear from foster carers, social workers, and others in the local authorities and the Department of Health about what they make of the findings.

Study 1: What Support do carers need?

Study 1: What we did

Foster carer census: we collected brief information on 1528* foster carers and followed them up around a year and a half later to see who was still fostering

General Questionnaire to foster carers: 944* of these carers answered a postal questionnaire about their work, satisfaction, and problems and the support they needed

We looked at what support the carers wanted and whether those who got it were more likely to go on fostering than those who did not.

* The numbers vary depending on the question asked

What are the rewards of fostering?

We just love the job we do and we have fostered all our married life.

We have two lovely little girls who need us and we are willing to look after them until they don't need us any more.

The most impressive and important feature of fostering is probably the commitment of the foster carers. Very few of the1528 carers stopped fostering – around one in ten in the course of a year. Nine out of ten of the 944 carers who returned a questionnaire said they found fostering very fulfilling.

Some carers were particularly committed to their individual foster children. They might plan to stop fostering because of changes in their family situation or because they thought it time to 'retire' but not before the children they were currently fostering had moved on.

This commitment reflects the rewards of caring. Carers found it satisfying that damaged and frightened children had grown healthier and more confident, that they had played a professional part in a successful adoption, or even that they had lasted through teenage storms that few could survive. Foster children could give something back. They might be infuriating but could also be funny, courageous, or sources of pride. Their trust might be hard won but it was valued. Carers' hearts went out to their foster children's distress. Some carers said they 'loved their foster child to bits', others felt liking or respect, some felt a fierce loyalty even against 'the powers that be'. So they gave of their best for the children they had.

Foster carers are committed to fostering. They have a good story to tell. *Could they be more involved in publicity, recruitment and training?*

Do carers whose main commitment is to particular children need to be recruited and supported in a slightly different way (e.g. to help them to continue caring when the child has reached 18)?

What are the problems?

Fostering has put a strain on our whole family relationship. I am much more easily stressed and the children are much more difficult individually as well.

Relationships and effects of fostering vary with the child placed. ...It can be a very stressful and unrewarding time for all the family. At other times it can be very different.

Unfortunately foster care can be difficult as well as rewarding. The carers explained that it is neither 'ordinary parenting' nor an 'ordinary job'. Unlike ordinary parents, foster carers may have to write reports on their children, discuss them with social workers, seek permission for them to spend a night away, calm down drunken or violent relatives, attend courts, training or review meetings, and face sadness when children they love move on. Unlike ordinary workers they are usually not 'paid', do not have a pension or much recognition for skills acquired, and may have no income from fostering during 'gaps'. Around three-quarters of foster carers agreed that fostering was a professional job and should be better rewarded than it was.

Would more foster carers be recruited if some fostering was seen as work and paid on this basis, and if support was available to make it easier for other carers to work (e.g. support in school holidays)?

Would there be more single carers in fostering if there were better official arrangements for supporting them?

What is the appropriate role for the 25% of carers who do <u>not</u> feel that fostering should be salaried?

A second problem was that fostering was sometimes difficult to fit in with other needs and commitments. Some carers wanted or needed to take outside paid work. Some (not all) found this difficult to combine with fostering, and registered carers who had outside work were less likely than others to have a foster child. Adults caring for foster children on their own could also find this difficult at times if they did not have active support from their families. Without this support they were more likely than others to give up fostering.

A third problem was that carers guite often provided kinds of foster care for which they felt unsuited. Around three in ten said they had experience of children in categories they preferred not to take (e.g. teenagers when they preferred young children). There were many different kinds of placement (relative, short, 'task-centred', long, relief, mixed etc). This variety, together with the need to match on other factors such as ethnicity and age, meant that the few vacancies available were often not the ones needed at the time. So careful matching was very difficult and short-term placements often lasted much longer than intended while suitable long-term ones were sought. Our study showed that unmatched placements could turn out well. If they lasted as long as a year they were as successful as others. However, they were more likely to break down in the first year.

Is there a need for 'flexible' placements able to take a wide variety of children and keep them for varying lengths of time while matched placements are sought?

A fourth problem was that many of the children could be difficult. A small minority were very disabled and required considerable care. Many more behaved in a disturbed way. They might steal, lie, break things, have tantrums, refuse to eat, smear walls, wet their beds, refuse to bath, continually defy their carers, set light to their bedding, take overdoses, make sexual advances to other children, expose themselves in public, make false allegations, attack others, truant, take drugs or get into trouble with the police.

Some children had 'teenage attitudes' – treating the house as a hotel, 'knowing it all' and causing their carers anxiety by staying out late at night. Others

were depressed or in emotional pain and this in turn could depress and upset their carers. Difficult behaviour could have an impact on other children in the foster home, upsetting them or leading them astray, on the adults, on relationships in the home and sometimes on neighbours. Carers with the more difficult children were more stressed.

A fifth problem was that some of the children's families were difficult. We got information on around 500 foster children and found that nearly half (44%) saw at least one of their relatives weekly. Only three in ten did not see any relative as often as once a month.

In four out of ten cases, carers were satisfied with these arrangements. However, in two out ten cases they were dissatisfied and some of these contacts were very stressful. Reasons included the drunken or threatening behaviour of parents but more commonly the effects of visiting on the child. Six out of ten children were said to have some distress over contact with their families. This could be because they missed them, because of their family's unreliability, because they felt unsafe with them, because the family tried to set them against the carer or because of the complete contrast between the way they were expected to behave at home and with the carer. Carers felt that they had to pick up the pieces.

Most carers were in favour of contacts between children and birth families. However, they found some of these contacts very stressful. Are they offered enough support over them?

Against this background foster carers were exposed to painful events which disrupted family life and challenged their view of themselves as effective, caring people. Two thirds of carers responding to the survey had experienced at least one of a series of six events: fostering breakdowns, allegations, severe difficulties with birth parents, severe family tensions because of difficult placements, removal of foster children against their strong advice or other strong disagreement with social services. Carers who had experienced these events had, on average, worse mental health and were less likely to continue fostering.

Fostering breakdowns prompted carers to think of leaving foster care at a moment when they might not have obligations to a current foster child. Would more good support at these times benefit carers and help them to continue?

Allegations against foster carers and disputes between carers and the local authority were quite common and certainly painful. Is enough done to ensure that support is available to carers at these times and that things are handled quickly and fairly?

How did local authorities help?

Turns up, talks and sorts – previous social worker never appeared at all so this is a novelty for us. Current social worker is more than helpful, understands the child and is always there to help

We had a troubled placement with two siblings who had been seriously abused. They were seriously disturbed and badly affected our own children. We were not warned of any history of abuse or of the children's behaviour.

The placement I have at the moment can be very difficult. Our hobby was going away on fishing trips before. We have tried to continue but have found it totally impossible and we have not been offered the respite we were promised.

What did the carers think of the support they got from the local authority? How far did good support help them to go on caring?

Very few carers criticised their family placement workers (link workers) and many praised them. There was more criticism of the children's social workers, although these too were more praised than criticised. Carers wanted workers who were available, visited or telephoned regularly, and were warm, efficient and did what they promised. They did not want social workers who were always in meetings, on leave, sick, on courses, or otherwise unavailable and who did not return calls. They wanted good advice on how to deal with difficulties but also wanted social workers to listen to their own views and advice. They wanted good information on the children before they were placed. When we asked about particular placements more than half the carers felt that there were important pieces of information which they had not been given about them at the beginning.

Carers wanted efficient and user friendly administrative arrangements. They wanted to be told their entitlements, to receive allowances promptly, to have meetings organised at times that took account of their schedules and needs for baby-sitters, and to have

efficient arrangements for transport for the child if this was necessary. At least in relation to the efficiency of payment arrangements there seemed to be large differences between local authorities.

Most carers were pleased they had had some training and many (not all) wanted more of it. Some found it difficult to get to training because of outside work or because they needed baby sitters or had foster children who could not safely be left. Some felt they were expected to go to training that was not relevant to their age group of child. Some felt that training could be improved. They wanted more use made of experienced carers. Carers particularly wanted training on issues that 'ordinary parents' may not face. The most popular requests were for training on how to deal with anxious or depressed children and (among carers dealing with teenagers) on how to deal with delinguency.

Other forms of support included foster carer groups, individual contacts with other carers, out of hours or emergency duty teams, and relief breaks. Not all areas had carers groups – away from the towns and cities they were difficult to organise. Even where they were available not all carers wanted to go to them. However, some did get a great deal of support from them, and they also helped carers to get to know each other and provide each other with support at other times. Emergency duty teams were often criticised, as knowing little about foster care and likely to put off dealing with a problem. Some had found relief breaks a great help. However, these were not easy to get and some carers did not want to use them in case it made the children feel more insecure.

Support seems patchy, varying by local authority and by the kind of support involved. Are these problems tackled with sufficient vigour?

Carers who got good support were more likely to continue fostering. Money on its own was not enough. Those who received more money from fostering than expected, given the ages and numbers of their children, were more satisfied with their income from fostering.

Proportion of carers reporting 'events' **% of Total** (Total = 944) Type of 'event': 13% Removal of foster child against their strong advice 16% Allegation by child (e.g. of abuse) Other strong disagreements with social services over plans for child 19% Severe difficulties with birth parents 24% Severe family tensions because of difficult foster placement 31% Breakdown or disruption of placement 47% At least one of the above 65% Note: As some foster carers had experienced more than one 'event', the total is greater than 100%.

However, they were also more stressed – presumably they cared for more difficult children. Those who had a package of relatively high allowances, higher than average amounts of training, and higher than average support from other foster carers were less likely to leave fostering. So too were those who felt they had good support from their family placement social worker.

A combination of allowances, training, support from other carers and from family placement workers seems to provide the key to support. Is enough done to ensure that practice in these respects is equally good throughout authorities?

Foster carers' views of family placement workers		
The family placement worker:	Number of replies:	% of carers who strongly agreed or agreed with each statement
Visits often enough	885	87%
Listens carefully	886	94%
Does what they say they will do	880	91%
Responds promptly when asked	884	89%
Appreciates our work	874	96%
Offers good advice	877	91%
Sorts out practical problems	880	90%
Keeps in touch with us enough	887	86%

Study 2: What helps placements succeed?

In this study we were able to look at what foster children, carers and social workers thought about the placements and about why they were more or less successful.

Study 2: What we did:

Placement survey – we surveyed 600 placements and succeeded in gaining detailed information on 476* of them at two points in time roughly a year apart. The information came from postal questionnaires to carers, social workers and family placement social workers

Foster child survey – 151* older children in these placements responded to a brief questionnaire asking about their experience of fostering and what they wanted from it

Case studies – we carried out 24 detailed case studies which were intended to both check and deepen our conclusions.

* Numbers vary depending on the question asked

We could then see how what they told us fitted with our statistical information. This covered what happened to the children, which placements broke down, which were seen as successful, and how far children who remained in the placements changed.

As far as we can tell the sample is typical of the foster children one would find in England as a whole, if one got information on those in placement on a given date. For example, the ages of the foster children in our sample, the proportions of them on care orders, and the lengths of time they have been fostered almost exactly match the proportions for England as a whole.

What the children told us

Everyone here loves me.

I like it [here] but I don't really want to be here. I want to be with my parents, but I like everyone here

I am of mixed parentage and the family are white. [What do you feel about it?] Nothing. It does not matter but sometimes my uncle goes against black people.

Social workers have not done anything I liked. Up to now they have moved me around a lot, specially from different schools with change of addresses. And its hard to keep making new friends and fitting in. The social worker should not call so much at my home and stop asking me the same things over and over again, specially about my past. I want to forget all that. I would like my foster carer to adopt me. No one asks me about that!

The foster children who answered our questionnaire did not all want the same things. Nevertheless, they had some common needs.

Some of these related to a need for a *normal family life*. Foster care is family care. Some children and young people wanted to be part of the family more than others. Some, for example, wanted to take their foster family name but others did not. However, typical 'wants' were for:

- the care, concern and encouragement others get from their families
- to feel they belonged and were not the 'odd one out'
- fair treatment not to be picked on or treated too strictly
- to get on with all in the placement including other children
- not to have their family or school turned into a branch office of social services
- as much pocket money etc as other children
- to be able to ask their foster carers for permission to stay with friends.

Foster children do not always see things as the foster family do. They wanted respect for their individuality.

This meant that:

- their different values and culture were recognised
- adults listened to their particular concerns.

Another key issue related to *contact with their own families*. Most (not always all) wanted:

- contact with their families
- the kind of contact they wanted (e.g. some wanted telephone contact)
- with the family members they selected (not necessarily everyone)
- the amount of support they wanted when contact occurred (from none to a lot)
- as few conflicts of loyalty between carers and family as possible.

Foster children are placed and moved by others. This can lead to feelings of insecurity and of being powerless. So most wanted a say in their careers in care. This involved:

- respect for their wishes over their status (e.g. to be adopted, fostered, or return home)
- a say in who fostered them
- less frequent moves
- moves when placements were not working out
- ability to stay after 18 if they wanted this
- efficient planning and review
- good information on plans for their future and on their own past
- regular contact with social workers on their own (not all wanted this).

Most of the children who replied to our questionnaire were committed to their placements. More than two thirds wanted to stay until they were eighteen and nearly half (44%) wanted to stay longer than this. The great majority said they were happy in their placement. It could be argued that children who were not happy would be less likely to answer our questions. However, this does not seem to be the explanation. Only children over five were given the opportunity to fill in the questionnaire and in this group those who replied were no less likely to have a placement breakdown than children who did not.

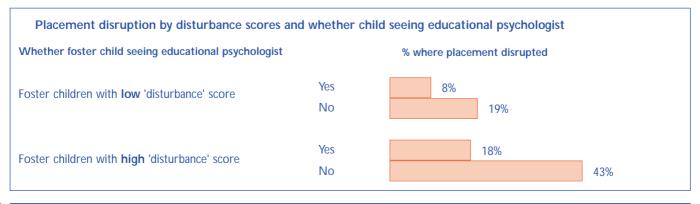
What happened to the children?

Although the children wanted stability they did not often get it. Very long stays in placements were uncommon. Fewer than one in eight had been in the same placement for longer than four years. Many experienced a kind of 'serial parenting' with different families. This was because of:

- policies of community care every effort had usually been made to try the children at home – on average those aged 16 or over had had at least four episodes 'in care' punctuated by returns home
- adoption breakdowns one in nine of the children had been living with adoptive parents but the arrangements had broken down
- placement breakdowns when we first got information on them six out of ten of the children were said by their social workers to have had placements which had ended earlier than intended
- authority policy one authority for example was very reluctant to keep children over 16 with foster carers.

A year after we first got information on them, four out of ten of the children were no longer fostered. Their destinations depended on age. The main ones were their family (all ages), adoption (for younger children), residential care (for teenagers) and independent living (for older teenagers). Many of these moves were intended. However, between a fifth and a quarter of the placements had 'broken down' (as we defined it) over the 14 months. Just under half (46%) of our sample of foster children were in the same placement. A minority of these (about one in twenty) had been adopted by their foster carers – a step that was sometimes resisted by the authorities.

The foster children seem to want more permanent placements than they get. More carers seem to want to adopt their foster children than actually do so. *Do local authorities take a sufficiently flexible attitude to adoptions by carers?*



Many children say they want to stay in their placements beyond 18. Rather few do so. Is sufficient financial and other support available to allow this to happen or to encourage ongoing contact when children do move on?

What made for effective placements?

This placement was a success because it accomplished the desired outcome with minimal upset and damage to the children. James and John came straight to me. We bonded well straight away. They stayed with me until their mother had undergone therapy and then had a gradual planned return home. They came as weak sick children and left as fit strong, healthy boys and have remained so back with birth parents.

When Karen joined us both our children had left home and married. We gave Karen all the attention she required. We helped her develop into a young adult, being strong when required and treated her as a daughter. As we socialised we took her with us and took her around on holidays. We gave her a stable lifestyle when she was with us and will continue to support her and always will.....She was given support and encouragement in all her activities both at home and at college.

The young person knew we liked her and she felt comfortable and safe. She made contact with birth family for first time in five years. Never stayed out late (always on time) and never ran off (She had been running away since the age of twelve). I believe she felt safe and secure with us. We gave her back control over her life and allowed her to make choices. She said she felt free here but didn't need to run off as she did two weeks into her next placement.

In our study we looked at 'success' in different ways. We looked at breakdowns. Avoidance of breakdown is essential if children are to have more stability in their lives.

We looked at whether carer, social worker and family placement social worker felt that the placement had gone well. Each of these groups said that seven out ten placements had gone very well from the point of view of the child. Less than one in ten said that they had not gone too well. In the remaining cases they said things had gone as well as could be expected.

We also looked at whether children who remained in the same placement had improved on certain psychological measures. However, we found that psychological change was difficult to bring about. Disturbed behaviour did seem to improve at the beginning of a placement but was afterwards very persistent, changing little over the year the children were followed up. The same was true of problems over giving and receiving affection. The children might be contained and loved in their placements. They remained vulnerable nonetheless.

As might be expected we found that the child and the foster carer(s) both influenced the success of the placement. The 'chemistry' or 'fit' between them was also important. The best of carers could fail with some children. The most difficult children could succeed in some families. Shortage of placements and the difficulty of predicting 'who would get on' made this 'matching' difficult to arrange.

So breakdown, success, and change, if it occurred, all depended on:

- the children children who wanted to be fostered, who had attractive or appealing personalities, and who did not display very difficult behaviour were more likely to succeed
- the carers carers were more likely to succeed with current and previous children if they were seen by their social workers as warm and encouraging, as having clear expectations and a family committed to fostering, and as not being 'thrown' by difficult behaviour (most carers were rated very highly on these characteristics)
- the relationship between carer and child success was more likely where the carer was fond of the child and saw her or him in a good light
- the influence of the birth family when a child had been abused, outcomes were better when at least one person was forbidden contact with the child. This was not so when a child had not been abused.

Children who want to be in their placements are more likely to succeed in them. Is sufficient account taken of children's choices (e.g. their wish to be fostered with a friend of their short-term carer or with the carer herself)

Children who behave in a difficult way are less likely to succeed in placements. Some difficult behaviour (e.g. violence) may improve if a behavioural approach is taken. Could more use be made of behavioural methods?

Some carers are more successful than others. They can also give a detailed picture of good practice. Is it possible to use this practice wisdom as the basis for training other carers and test the results?

Some of what we found was not what we had expected. We did not find that outcomes were on average better or worse in placements with relatives, where the child was placed with brothers or sisters, where there were other unrelated foster children or where the carer had resident children of her own. If foster children did not get on with other children in the placement this was obviously difficult. On average, however, these situations were balanced by others where they did get on with other children. Similarly we did not find that children became more disturbed because they changed placements. It was rather that children who were already disturbed were more likely to have many placements.

The research did not support 'rules of thumb' for making placements (e.g. children should always be placed with their brothers and sisters). Is there enough scope for professional discretion over such matters and enough attention given to the wishes and rights of those involved?

What skills do carers need?

The success of foster care depends heavily on the qualities of the foster carers. Some of these qualities – their commitment, 'stickability', and capacity to care for children, but be willing to give them up when needs be – are not normally called skills. However, our case studies did give a picture of some skills and approaches which were needed. Carers had to be comfortable with the way children expressed needs to be safe and loved – some children wanted closeness and warmth from their carer, others wanted something more distant. They had to encourage the children and help them to feel worthwhile. They had to handle difficult behaviour but not in a way that made the child feel insecure, unloved or worthless. They had to be able to deal with the child's birth family, avoiding as far as possible a conflict of loyalties. They had to elicit help from those from whom they needed it – their own family, social workers, the school and so on.

Placements quite often break down because of a downward spiral in which one thing going wrong leads to another. Is it possible to develop ways of providing help at the beginning of this process so that it can be halted?

Contact with a particular member of a child's family may sometimes make failure more likely (and not all children want contact with this person in the first place). Is enough distinction made between those family contacts which are desired and helpful and those which are neither?

Finally, they had to be able to 'ride out' difficulties – not reacting to them in such a way as to make matters worse. Difficulties in one of these areas – for example, in handling behaviour – could lead to problems in others and hence to a downward spiral and breakdown.

Could other professionals help?

To our disappointment we could not show that support from social workers, family placement social workers, other foster carers or social services made successful placements more likely. Special help (psychotherapy, contact with psychiatrists etc) was linked to poor outcomes, probably because it was triggered by a worsening situation rather than because it caused it.

There were two exceptions to this rule. Aggressive children who had had special help using a 'behavioural approach' were said by carers to become less aggressive. Children who had contact with an

educational psychologist were less likely to have a placement breakdown. This may reflect the impact of the psychologist on school attendance and the fact that referrals to educational psychologists were more likely if everyone was determined to keep the child in the placement.

Contacts with educational psychologists went with success. *Is enough use made of them?*

What next?

This research provides a snapshot of foster care, its success and the problems it faces. Some of these problems call for money and determination. A lot is now known about the kind of support that carers need. The question is whether there is the will to provide it.

Other problems call for clear thinking and careful debate. What kinds of fostering should there be? How far should carers be allowed to adopt? How far should they be encouraged to care after the child is 18? We hope that our current research will contribute to these debates.

Yet other problems call for experiment. Current practice does not seem very successful in dealing with difficulties in placements once they have taken hold. This research can provide ideas on the kinds of training, support and outside help that might help. Many of these ideas come from carers and social workers. They need to be tried out, tested and refined.

The next step is to discuss our full report with the Department of Health and with the local authorities taking part in the research. Our hope is that this will lead to practical recommendations. Any foster carer or social worker who wants to contribute to this process is welcome to contact us. Once we have 'cleared' our reports with the Department of Health we will put the final chapters on our website (www.york.ac.uk/inst/swrdu). Comments on this leaflet and the chapters can be sent to the following e-mail address (acs5@york.ac.uk) or by letter to any of the research team (see front page).

We have also been funded to undertake a further stage in the research. This will allow us to follow the children up to see what has happened to them 30 months after we first learnt about them. Our last follow-up was for a year and only dealt in detail with those who stayed with the same carers. It is vital to follow up the whole group over a longer period. This will allow us to explore why children go to different kinds of placement, how far this fits the wishes of those involved, and which children do best where. So far we have excellent support in our research from the social workers, foster carers and foster children involved. We are confident that this will continue.