University of East Anglia

Care Planning for Permanence in Foster Care

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Acknowledgements

Contents

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1. Background
1.1. 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 et al 2000, Schofield 2009, Biehal et al 2010). Research is very mixed as to how successful long-term foster care is (Sinclair et al 2007), with the most recent major study by Biehal et al (2010) raising some 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 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 best chance of meeting the child's needs for stability, security and well-being in the long-term. Yet there are no government guidelines on how this important permanence option in foster care should be managed.

In spite of the absence of national systems or guidance, local authorities are required to make permanence plans for children, and so across England and Wales they have developed their own 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 the University of East Anglia, (in partnership with BAAF and the Fostering Network), there had been no national data available on systems across the country. That 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 in order to achieve better outcomes for children in foster care, but this was in the absence of any research evidence of 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* project, funded (2008 –2010) by the Nuffield Foundation, was designed to address these issues. Based in the Centre for Research on the Child and Family at the University of East Anglia, this project was a partnership with six local authorities. The local authorities 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 pathways (dual) OR as having *either* long-term *or* permanent foster care pathways (single). 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 authorities. The authorities also differed from each other in their definitions, assessment, documentation and matching processes and in the decision making forums (e.g. LAC reviews / fostering / adoption / permanence panels) that they used to make permanence in foster care decisions. All of these differences were included in the examination of practice and how practice was experienced by children, foster carers and social workers.

1.2. Project 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.

2. Methods

2.1 A mixed methods approach

- An analysis of family histories, care planning profiles and documentation for 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. This allowed for histories to be tracked from birth through to 2009, the time of the data collection, with the point of the plan forming the focus.
- Interviews with 40 foster carers (local authority and independent fostering providers) for a sub-sample of children from the main sample, to establish carers' views of planning, practice and the concept of permanence in foster care, including the nature of their relationship with the child.
- Interviews with 20 children and young people who were in long-term or permanent placements and who were cared for by foster carers from the interview sample.
- Interviews with commissioners from the six local authorities and six independent fostering providers who provided long-term/permanent foster families for children looked after by the six local authorities.
- Focus groups in each local authority with social work practitioners, managers, panel chairs and independent reviewing officers to explore ideas for practice emerging from the study.

2.2 Analysis

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 and by thematic and case analysis.

2.3 Conduct of the research

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 foster carers and to children – and also arranged the focus groups. Local authority commissioners and Independent Fostering Providers were also extremely helpful and interested in sharing their ideas and experiences.

Both the detailed quantitative data and the rich and also detailed qualitative data were very complex to analyse, but provided very valuable insights into the processes and the experiences of those involved. 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 growing up in foster care. All material reported here has been anonymised.

This report provides an account of all aspects of the project. There is also an executive summary and a research briefing document available on the UEA website.

3. Child characteristics

3.1 Care planning profile sample

The sample was defined as all children in each authority who had a new care plan for long-term or permanent foster care between April 2006 and March 2007. The 'care planning profile' was a data collection instrument used to record and organise information about children in our sample from the children's files. Care planning profiles were completed for 230 children (the total sample identified by the six local authorities).

The local authorities identified the sample, through a combination of reviewing the relevant panel and other records and discussion with colleagues. Although we had expected to include family and friends placements (it had been suggested that we would need to do this in order to achieve the sample) most of our agencies did not use the same planning procedures for family and friends placements and these therefore consisted of only 7.5% of those identified for the sample.

Key to this project were the differences between local authority planning systems. But inevitably this meant there were also some differences between samples. For example, local authorities who take all foster care cases in need of permanence (whether defined as long-term or permanent) through the same referral, matching and confirmation processes referred all cases referred into this system for whom there was a plan for permanence in the relevant period. Dual (permanent and long-term) authorities had clear records of cases identified as permanent which went through their panel system and these became the majority of sample. But other cases in dual authorities which would perhaps have been referred to as 'long-term' or had not met their criteria for permanent foster care would not have come into the sample.

It was also the case that at least two local authorities had set up their system for more extensive matching processes and documentation just before the period to which our sample relates, 2006-7, which meant that there were a number of unconfirmed placements who were included in the new procedures. These cases appear to have taken longer from Care Order to match/confirmation of the placement, but in some cases this resulted from a positive attempt to include those children and their placements in the new procedure rather than a delay in decision making.

For similar reasons i.e. different definitions and organisational changes, it was often difficult for some agencies to identify for all cases the key planning stages that we were interested in e.g. exactly the point in time when the best interests' decision was made or when the care plan first changed to long-term or permanent. But for many children there were key meetings / panels which marked the timescales of the plan. Where there is some uncertainty we will take this into account in the analysis and discussion.

It was therefore possible in most cases to track the timing from first referral to children's services, move into care or accommodation, court orders and the subsequent evolution of placements to permanence plan / placement in foster care. Confirmation of placements at fostering or adoption panels – sometimes referred to as matching or linking - was the culmination of this pathway, where local authorities had

adopted this system. In all cases we have noted if placements were being described as 'long-term' or 'permanent' – but also where a 'long-term' placement was then also described as a 'permanence' or 'permanency' plan. However, it was so common for a long-term fostering plan to be referred to as a plan for permanence that some of the analysis and discussion of plans has had to group rather than separate them. It is often the procedure i.e. whether they go to certain panels and require certain documentation that affects the timing rather than the terminology of long-term or permanent.

Although care planning was the focus of the study, we noted the full range of relevant detail, such as age, ethnicity, histories of abuse and neglect, services offered to placements and so on. As this data is reported we will offer a range of possible explanations accompanied by caveats - some relating to the quality of the data on file and some in relation to the size of sub-samples and the impact on statistical findings. One local authority (F), for example, was a dual authority with a particularly small sample which provided permanent foster care cases only. We have left this LA in the analysis, and the systems and practice issues raised there (e.g. by the files and the focus group) are certainly of value to the project. But statistical comparisons for this LA are less useful. All data is anonymised here, but LAs A, B and C were single long term, D was single permanent and E and F were dual authorities i.e. they had both permanent and long-term foster care.

This data has been analysed statistically using SPSS. Inferential statistical analysis included tests of association, difference and correlation. Where the data was not normally distributed non-parametric alternative tests were used (Mann-Whitney, Kruskal-Wallis) which rank data rather than compare means, therefore the median score (middle value) is reported rather than the mean. Logistic and multiple regression analysis was used to investigate predictive factors for timely planning and matching in foster placements planned to be permanent, both for those children in new placements planned for permanence and in temporary placements which changed status. The method used for the regression mirrored that used in other research in this area (Dance and Rushton, 2005) and involved analysing predictor variables which had been shown to be statistically significant when analysed individually with the dependent variable (using Chi-square, t-test, Mann-Whitney, correlation).

3.2 Gender

The Care Planning Profile sample comprised 52.6% boys and 47.4% girls (Table 3.1). The local authorities did differ, but this difference was not statistically significant.

Table 3.1 Gender by local authority

	A (n=58)	B (n=22)	C (n=44)	D (n=43)	E (n=52)	F (n=11)	Total n=230
Male	48.3% (28)	54.5% (12)	61.4% (27)	62.8% (27)	44.2% (23)	36.4% (4)	**52.6% (121)**
Female	51.7% (30)	45.5% (10)	38.6% (17)	37.2% (16)	55.8% (29)	63.6% (7)	**47.4% (109)**
Total	100%	100%	100%	100%	100%	100%	**100%**

NB In some tables there will be variations in sample sizes arising from missing data.

3.3 Ethnicity

Of the sample, 20% (46) were from a black or minority ethnicity (BME) (Table 3.2), which is somewhat lower than the figure for all children looked after (27% DCSF 2009).

Table 3.2 Ethnicity by local authority

	A (n=58)	B (n=22)	C (n=44)	D (n=43)	E (n=52)	F (n=11)	**Total n=230**
White British	96.6% (56)	100% (22)	38.6% (17)	90.7% (39)	75% (39)	100% (11)	**80% (184)**
BME	3.4% (2)	(0)	61.4% (27)	9.3% (4)	25% (13)	(0)	**20% (46)**

There was a significant association between authority and ethnicity[1], with local authority C having a majority of BME children (61.4%, 27), local authority E having a quarter of BME children (25%, 13) and the other authorities having no or very few children of BME. There were no significant differences between ethnicity and gender, age, or age at becoming looked after.

Ethnicity was strongly associated with recording of a religion, with BME children more than five times more likely to be recorded as having a religion[2] – in this sample, predominantly Christian. (Data on religion on file was generally uncertain, but there was an association between children of black African and Caribbean ethnicity and Christianity in this sample).

3.4 Age

The current ages reported here (Table 3.3) relate to the age of the children on 31st March 2009. The mean age for children in our sample at this point in time was 12 years and the median was 11.8 years with a range from 4.2 years to 18.1 years. Sixty seven % (154) of the sample were aged over 11, as shown on Table 3.2. There were no significant differences associated with authority, gender or ethnicity.

Table 3.3 Current age by authority

	A (n=58)	B (n=22)	C (n=44)	D (n=43)	E (n=52)	F (n=11)	**Total N=230**
Under 5	0	0	2.3% (1)	2.3% (1)	0	0	**0.8% (2)**
5-10	22.4% (13)	40.9% (9)	40.9% (18)	37.2% (16)	30.8% (16)	18.2% (2)	**32.2% (74)**
11+	77.6% (45)	59.1% (13)	56.8% (25)	60.5% (26)	69.2% (36)	81.8% (9)	**67% (154)**
	100%	100%	100%	100%	100%	100%	**100%**

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[1] χ^2=69.120, df=5, $p<0.00$
[2] χ^2=15.799, df=1, $p<0.00$

3.4.1 Age at first becoming looked after

The age of the children when they first became looked after ranged from birth to 15 years. The mean age was 7.9 and the median age was 8.1. Again, there were no significant differences between authorities or by gender.

Table 3.4 Age at first becoming looked after by authority

	A (n=55)	B (n=21)	C (n=43)	D (n=43)	E (n=51)	F (n=11)	Total 224
Under 5	27.3% (15)	28.6% (6)	41.9% (18)	44.2% (19)	35.3% (18)	18.2% (2)	**34.8% (78)**
5-10	63.6% (35)	47.6% (10)	53.5% (23)	44.2% (19)	47.1% (24)	63.6% (7)	**52.7% (118)**
11+	9.1% (5)	23.8% (5)	4.6% (2)	11.6% (5)	17.6% (9)	18.2% (2)	**12.5% (28)**
	100%	100%	100%	100%	100%	100%	**100%**

In this sample, as shown in Table 3.4, 12.5% (28) had entered care after their eleventh birthday, with the majority aged between 6 and 10 years at entry (52.7%, 118). However a sizable group were under five when they first became looked after (34.8%, 78).

3.4.2 Age at long-term /permanent plan

All the children in the sample had a new plan for long-term or permanent foster care between April 2006 and March 2007. This 'new plan' may be a first plan for permanence or may have followed the failure of other plans (e.g. adoption) or the failure of previous permanent placements (e.g. long-term foster care or adoption). The criteria were that the LA needed at that point to identify a new placement or make a decision to confirm an existing placement as permanent for that child. Although we have recorded information about the exact date of a best interests decision for some of the children, this is incomplete for around a third and as many as two thirds in certain authorities. Such differences are a feature of planning in this area, and probably reflect differences in systems e.g. panels and minutes, recording practices and quality and consistency of practice. Therefore, to provide an approximate age for comparison at the time of the plan (Table 3.5 below) for all children it was decided to use the children's age at March 2007 – the upper date of our target year.

Whether a looked after child is in middle childhood or in adolescence appeared from previous research to be an important factor for planning and for differentiated expectations of the use of long-term and permanent foster placements i.e. permanence as a language and a concept being more likely to be used for children in middle childhood (Schofield and Ward et al 2008). However, for this sample there were clearly plans being made for adolescents in foster care that were plans for permanence.

The age of the children at March 2007 (sample was identified as having new plan in 2006/7) ranged from 2.3 to 16.1 years. The mean age was 10 and the median age was 9.8. There were no differences in relation to authority or gender. As discussed above, there were too many plans on file that used a combination of long-term and permanent language to be able to separate them.

Table 3.5 Age at long-term/permanent foster care plan March 2007 by authority

	A (n=57)	B (n=22)	C (n=44)	D (n=43)	E (n=52)	F (n=11)	**Total 229**
Under 5	1.8% (1)	4.6% (1)	13.6% (6)	16.3% (7)	11.5% (6)	0	**9.2% (21)**
5-10	56.1% (32)	63.6% (14)	47.7% (21)	53.5% (23)	40.4% (21)	63.6% (7)	**51.5% (118)**
11+	42.1% (24)	31.8% (7)	38.7% (17)	30.2% (13)	48.1% (25)	36.4% (4)	**39.3% (90)**
	100%	100%	100%	100%	100%	100%	**100%**

Although there were no statistically significant differences between authorities (Table 3.5), there were some variations between authorities and age groups as at March 2007.

Although numbers for those under 5 with long-term /permanent foster care plans were small, this is a possible plan for this age group, especially where children are in sibling groups, adoption is not seen as appropriate or a kinship placement is available. The possibility of special guardianship arising later was often mentioned on files and was discussed in focus groups (see below), so the hoped for ultimate outcome / type of placement may depend on attitudes and policies towards further legal orders (SGO or adoption) in different LAs that are not explicit in the initial foster care plan. Foster care is seen as a positive option in itself and carers may not be able or expected at the outset to commit themselves to taking further legal steps.

3.5 Moves and placements

Most of the children had entered care and remained, with only a small proportion 13.5% (31) having returned to the birth family after they first entered care, typically for a few months, before becoming looked after again. This low figure suggested that the vast majority of this sample had not moved back and forth from home to care – and the files confirmed that the history of agency involvement was more likely to show that first entry to care was preceded by numerous referrals, a series of attempts to support and keep the family together, often in the face of serious concerns. A small group (4.3%, 10) had been adopted, but then returned to care when their adoptive placement broke down.

The number of placements children had lived in since becoming looked after, excluding respite placements, was tracked as far as possible from the files. The range was 1 to 23 placements, with a mean of 3 and median of 3. It is possible that some children may have had other short /emergency placements that may not have been recorded clearly in the files. There was a significant difference between authorities (Table 3.6), with children in local authorities A and B having a median score of 3 placements, compared to a median score of 2 for the other authorities.

Table 3.6 Kruskal-Wallis test and medians for number of placements by authority (n=230)

	A	B	C	D	E	F	Total	*H*	*DF*	*Sig*
Median number of placements	3	3	2	2	2	2	3	19.583	5	***

***p<0.001

There were no significant differences between the number of placements and gender or ethnicity. Current age was significantly positively correlated with number of placements ($r=.19$, $p<0.01$), indicating that the older the child the more placements they had had. A Kruskal-Wallis test was used to investigate differences in number of placements between the three age at entry groups, under 5, 5-10 and 11+[3]. The results indicated that those aged in middle childhood when they entered care were likely to have a placement history with fewer moves ($mdn=2$) than those who entered care under 5 or in adolescence ($mdn=3$).

There were also no significant associations between numbers of placements and physical disability, health problems, or learning difficulties. However, there was a positive relationship between emotional/behavioural score and number of placements ($r=.31$, $p<0.01$), suggesting that children who had more severe emotional/behavioural difficulties had lived in more foster placements, with a likely explanation being that difficulties can increase the likelihood of moves as well as being exacerbated by moves.

3.6 Abuse and neglect

Researchers examined the files for evidence of abuse and neglect and recorded whether children were described as having suffered from neglect, domestic violence, and emotional, physical and sexual abuse. The evidence available was variable (e.g. ranging from a criminal conviction of a parent for physical or sexual abuse through to allegations that were accepted as concerns by a Child Protection Conference or court). The figures in Table 3.7 should be seen as indicative, but the data is broadly consistent with other studies (Schofield et al 2000), with the exception of higher levels of recorded concerns about sexual abuse in two authorities.

Table 3.7 Evidence of abuse and neglect by authority

	A (n=58)	B (n=22)	C (n=44)	D (n=43)	E (n=52)	F (n=11)	**Total 230**
Neglect	94.8% (55)	90.9% (20)	93.2% (41)	88.4% (38)	94.2% (49)	100% (11)	**93% (214)**
Emotion-al abuse	91.4% (53)	100% (22)	97.7% (43)	95.3% (41)	82.7% (43)	100% (11)	**93% (213)**
Physical abuse	57% (33)	86.4% (19)	69.8% (30)	62.8% (27)	54.9% (28)	36.4% (4)	**62.7% (141)**
Domestic violence	62.1% (36)	59.1% (13)	65.9% (29)	58.1% (25)	51.9% (27)	63.6% (7)	**59.6% (137)**
Sexual abuse	53.5% (31)	54.5% (12)	31.8% (14)	16.7% (7)	26.9% (14)	45.5% (5)	**36.1% (83)**

Table 3.7 shows the proportion of children by local authority who had some evidence in their file of different types of abuse and neglect. There was file evidence that nearly all children in every authority had at least some evidence of neglect (93.4%, 214) and emotional abuse (93%, 213) and just under two thirds of children (60.4%, 137) had some evidence in their file that they had experienced domestic violence.

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[3] $H=15.858$, $DF=2$, $p<0.01$

There was a significant association between authority and recorded sexual abuse[4] with over half of the children from local authority A (53.5%, 31) and local authority B (54.5%, 12) having some evidence/concerns about sexual abuse recorded in their file compared to less than a fifth in local authority D (16.7%, 7). Once siblings were controlled for this difference was still evident.

3.7 Disability and health

We looked first at the proportion of children who were described as having learning difficulties, physical health problems and physical disabilities (Table 3.8). Although again the data is variable in quality, certain issues, especially learning difficulties, were making demands on matching and support for placements.

Table 3.8 Disability and physical health problems by authority

	A (n=58)	B (n=20)	C (n=37)	D (n=42)	E (n=51)	F (n=11)	Total 219
Learning difficulty	48.3% (28)	25% (5)	29.7% (11)	23.8% (10)	25.5% (13)	9.1% (1)	**31.1% (68)**

	A (n=55)	B (n=21)	C (n=37)	D (n=42)	E (n=50)	F (n=11)	Total 216
Physical health problems	16.4% (9)	19% (4)	29.7% (37)	16.7% (7)	8% (4)	27.3% (3)	**17.6% (38)**

	A (n=57)	B (n=21)	C (n=38)	D (n=41)	E (n=50)	F (n=11)	Total 218
Physical disability	10.5% (6)	(0)	10.5% (4)	7.3% (3)	4% (2)	9.1% (1)	**7.3% (16)**

Just less than a third of the sample children had some degree of learning difficulty (31.1%, 68), with significant differences between authorities[5] (although recording of disability may have varied). Local authority A had a significantly higher proportion of children recorded as having learning difficulties at just under half (48.3%, 28), compared to local authority F, which had less than 10% (9.1%, 1) (although low numbers may be affecting this result). The other authorities had around a quarter of children recorded as having learning difficulties. Just under a fifth of all children (17.6%, 38) had significant physical health problems recorded (this was defined by the researchers as a condition which impacted on the children's life to some extent and needed treatment). Physical disability was recorded for 7.3% (16) of all children.

There were no significant associations between local authority and physical health problems or disability. There were also no significant associations between these difficulties and gender, ethnicity, and religion, and between learning difficulties and physical disabilities and age, age at entry and number of placements. However, on average children with physical health problems were significantly younger (m=11.1)

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[4] χ^2=20.804, df=5, $p<0.01$
[5] χ^2=12.653, df=5, $p<0.05$

than children without (m=12.3)[6]. There was also a significant difference between children with health problems and the age at which they entered care; those with physical health problem entered care on average at younger ages (m=5.7) than those without (m=7.5)[7].

3.8 Emotional and behavioural difficulties

Emotional and behavioural problems are common among looked after children (Meltzer *et al* 2003), so this difficulty was rated by the researchers on a four point scale (tested for inter-rater reliability), taking into account persistent difficulties and their impact on daily life as reported in documents such as assessment reports and at LAC reviews. Again the data is not exact, but indicates a high rate of problem behaviours.

Table 3.9 Emotional and behavioural difficulties by authority

	A (n=56)	B (n=21)	C (n=37)	D (n=41)	E (n=50)	F (n=11)	Total (n=216
None	7.1% (4)	4.8% (1)	10.8% (4)	7.3% (3)	14% (7)	27.3% (3)	**10.2% (22)**
Mild	23.2% (13)	19% (4)	35.1% (13)	31.7% (13)	18% (9)	27.3% (3)	**25.5% (55)**
Moderate	42.9% (24)	33.3% (7)	35.1% (13)	34.1% (14)	32% (16)	36.4% (4)	**36.1% (78)**
Severe	26.8% (15)	42.9% (9)	18.9% (7)	26.8% (11)	36% (18)	9.1% (1)	**28.2% (61)**

Table 3.9 suggests that the majority of the children had considerable needs in relation to their psychological wellbeing, with over half being rated at moderate to severe. There were no significant differences between authorities in this respect. It is important to remember that these children had not been recently admitted to care, but in many cases had been in care for some time. Although many were described as having made good progress in placement, for many children this was from a low base in that they entered care in middle childhood or early adolescence after being exposed to years of poor parenting and abuse or neglect.

Factors that were found to be individually significantly associated or correlated with emotional and behavioural difficulties were; being male, younger at entry, having a higher number of placements, evidence of physical abuse, evidence of emotional abuse and child recorded as having learning difficulties. These variables were entered into a regression model, shown on Table 3.10, and explained 27% of the variance.

Age at entry and evidence of emotional abuse were not significant predictors of emotional/behavioural difficulties. Having learning difficulties made the biggest significant contribution, this was followed by number of placements, suggesting, as mentioned above, that children who had more severe emotional/behavioural difficulties were likely to have lived in more foster placements, with difficulties likely to have increased the risk of moves as well as being exacerbated by them. Evidence of physical abuse and gender were also significant predictors of moves.

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[6] *t*=2.085, *df*=48.6, *p*<0.05, *r*=.28
[7] *t*=2.7, *df*=46.1, *p*<0.05, *r*=.37

Table 3.10 Standard multiple regression results predicting factors contributing to emotional /behavioural difficulties (n=205)

	B	SE B	β	
(Constant)	2.07	.27		
Child's gender (male=0, female=1)	-0.33	.11	-.17	**
Age at entry (years)	-0.02	.02	-.06	NS
Number of placements	0.09	.02	.25	***
Evidence of physical abuse (no=0, yes=1)	0.43	.12	.22	**
Evidence of emotional abuse (no=0, yes=1)	0.32	.23	.09	NS
Child recorded learning difficulties (no=0, yes=1)	0.6	.12	.29	***

R^2=.27, *p<0.05, **p<0.01, ***p<0.001

Non-significant findings do not suggest that factors such as emotional abuse are irrelevant, but that there are likely to be complex interactions between factors within the child, the family history, the foster family and care pathway.

3.9 The children's parents

Many of the findings reported here are tentative due to information about the birth parents being surprisingly unclear or lacking in some files, especially information about fathers. Information about other significant caregivers was also not always available. However, so far as information on the birth parents was recorded, they had many of the difficulties shown in previous studies of foster care (e.g. Sinclair 2005) and of birth parents of children in long-term foster care in particular (Schofield et al 2000, Schofield and Ward 2011). These parent characteristics included alcohol and drug misuse, mental health problems, learning difficulties and abuse in their own childhoods (Table 3.11), often in combination.

Table 3.11 Difficulties recorded for birth parents and significant other caregivers

	Mother (n=230)	Father (n=230)	Other (n=88)
Mental health problems	59.1% (136)	12.1% (28)	12.5% (11)
Alcohol misuse	33.5% (77)	19.6% (45)	14.7% (13)
Abuse in childhood	32.6% (75)	7.9% (18)	9.1% (8)
Drug misuse	31.3% (72)	20.9% (48)	14.7% (13)
Learning difficulties	22.6% (52)	7.4% (17)	2.3% (2)
Criminal convictions	16.5% (38)	23.5% (54)	13.6% (12)
Experienced care in childhood	14.3% (33)	0% (0)	3.4% (3)
Domestic violence in childhood	9.1% (21)	3% (7)	1.1% (1)
Serious physical health problems	7% (16)	6.1% (14)	2.3% (2)
Physical disabilities	3.5% (8)	1.3% (3)	2.3% (2)
HIV/Aids	1.3% (3)	0% (0)	0% (0)

Because of the lack of available information about parents on many files, we had two ratings, 'Yes' or 'No/not known' for these categories. The figures reported in Table 3.11 reflect a large number of not known and so a substantial under-reporting of parents' difficulties.

3.10 Siblings

The decision was taken that all children referred by each authority who met the criteria would be included in the sample, including members of sibling groups. The reason for this was that it was considered important to investigate the pathways sibling groups had taken and the planning decisions made regarding them, together and separately (see more in later chapter). Also siblings (full, half and step) will often have different needs, different birth family relationships, live in different placements, and have different histories. Therefore we decided that each child with a plan for long-term or permanent foster care in 2006/2007 should be included. However, in some instances in the analysis, having all siblings included might have produced double counting which could skew results. In these instances the oldest child was used as an index child and this will be stated.

Over half of the children in the sample (57.8%, 133) had a sibling also included in the sample, with 97 (42.2%) children having no siblings in the sample 30.4% (70) had one other sibling in the sample, 22.2% (51) of children had two other siblings included in the sample and 5.2% (12) had three other siblings in the sample. One hundred and fifty-two families were represented in the sample between the 230 children (97 families had one child in the sample, 35 families had two children in the sample, 17 had three children, and 3 families had four children in the sample). It was clear from the files that social workers were frequently having to make difficult planning decisions about sibling groups, in which their ability to trust foster care as a permanence option was at times affecting the separation of older from younger siblings, who might be placed for adoption.

There was better information about siblings in the files than other birth family members, although this was still incomplete for some, especially regarding contact (see Chapter 5). The vast majority of children (96.1%, 221) had at least one sibling. The number of siblings a child in the sample had ranged from none to nine, with a mean and median of 3. There were no significant differences between the number of siblings and authority, gender, ethnicity, and religion, and no significant relationship between number of siblings and age, age at entry and number of placements.

The ages of the siblings ranged from infants through to adult siblings with the majority of siblings aged under 18 (77.3% 504). The majority of children in the sample also had at least one sibling living in foster care (68.7%, 158) and a sizable proportion had a sibling living in the same placement (39.1%, 90). However a wide range of living arrangements was represented among other siblings, including living with family and friends (not in care) and residential care. There were as many children with half siblings as full siblings, showing the variety in family ties. From the evidence on the files, this diversity of sibling relationships impacted on planning, contact arrangements and family dynamics for children in placement. Interviews with carers, discussed below, confirmed the multiplicity of issues that emerged when carers chose to care for sibling pairs and groups with different strengths, difficulties and personalities.

3.11 Child characteristics: summary

- Of this sample of children who had a plan for long-term/permanent foster care in 2006/2007, half were in middle childhood when they entered care and were now in adolescence. Over a third of children were aged five or under when they entered care. Children in adolescence were still considered in need of a permanence plan and an agreed placement to fulfil that plan, with assessment and matching processes in operation for some children up to the age of 15.

- The sample children in the different authorities were similar to each other in most characteristics, background and needs. However, there were some differences in ethnicity between authorities reflecting local populations.

- Local authority A and local authority B seemed to have evidence of sexual abuse for more children than other authorities and local authority A had more children who had a learning difficulty recorded. It is unclear whether these findings reflect a true difference or are representative of variations in how and what information is recorded in different local authorities' files.

- There was a high rate of emotional/behavioural difficulty recorded, with nearly nine out of ten children in the sample having some level of difficulty. The factor most strongly associated with severity of emotional/behavioural difficulty was having a learning difficulty recorded, although the number of placements was also linked. It seemed likely that children's severe emotional/behavioural difficulties increased the risk of moves as well as being exacerbated by moves, though evidence of physical abuse and gender were also significant predictors of moves.

- Most birth parents of the sample children experienced a range of difficulties found in other studies to be characteristic of parents of children in foster care, and which are important factors in understanding children's histories and in planning for placements and future contact.

- However there were gaps in information about the parents, especially fathers. This incomplete information about parents could have implications for children in long-term care across a range of situations e.g. contact arrangements, applications to court by parents, leaving care. The need to track and record parent characteristics at the point of permanent placement, as seen in adoption practice, was not being taken for all of the 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 perhaps less significant to record at that point, when there is evidence that social workers often have infrequent contact with birth parents in long-term foster care (Schofield et al 2010, Schofield and Ward 2011).

- Many of the children had complex family relationships. They had often been cared for by a caregiver other than their mother or father and many children had half, step and full siblings. Siblings of the children in the sample were of all ages and with most living apart in a variety of locations. This has important implications for how these children manage their family relationships in their mind, as well as practically at contact.

4. Pathways to permanence

All children in the sample had a plan for long-term or permanent foster care in 2006/2007. This section will review the extent to which the children's plans were achieved and other relevant information, such as how many placements they had, the type of current placement and the timescales involved. There are significant events in a child's planning history, including first referral to children's services, entry to care, care order, best interests decision, placement, and matching. This section will look at when these care events happen and whether the timing differs in different local authorities with different systems. For this section it is particularly important to bear in mind that for some tables that compare different aspects of planning outcomes by local authorities, differences in the sample characteristics as well as procedures for each LA will affect timing and these interim outcomes. This will be discussed where relevant.

4.1 Legal status in 2009

Legal status was one piece of information that was recorded in the files for all children (Table 4.1), although not always as immediately apparent on paper or electronic files as might be expected. The majority of children (86.1%, 198) were on a care order (s31), while 12.2% (28) were accommodated under section 20 (Children Act 1989). This is a much lower proportion of accommodated children than our previous study of planned long-term foster care, where it was a third (Schofield et al 2000).

A small number of children were subject to other orders (Freeing/Placement) relating to previous adoption plans. There were variations between authorities, but these were not statistically significant, although it was interesting that local authority E which had a dual system and rather stringent definitions of permanent foster care seemed to have slightly more children on section 20.

Table 4.1 Legal status in 2009 by authority

	A (n=58)	B (n=22)	C (n=44)	D n=43	E n=52	F n=11	Total n=230
Care Order	94.8% (55)	81.8% (18)	90.9% (40)	83.7% (36)	76.9% (40)	81.8% (9)	**86.1% (198)**
S20	5.2% (3)	18.2% (4)	4.5% (2)	14% (6)	21.2% (11)	18.2% (2)	**12.2% (28)**
Adoption Order	0	0	0	2.3% (1)	0	0	**0.4% (1)**
Placement Order	0	0	4.5% (2)	0	0	0	**0.9% (2)**
Freeing Order	0	0	0	0	1.9% (1)	0	**0.4% (1)**
Total	100%	100%	100%	100%	100%	100%	**100%**

There were no significant associations between legal status and gender, ethnicity, religion, number of placements, physical disabilities, physical health problems, learning difficulties or emotional/behavioural difficulties.

However there was a significant association between legal status and the abuse evidenced in children's files. As shown in Table 4.2, proportionately fewer children under section 20 had suffered from physical abuse, sexual abuse and domestic violence than children under a care order..

Table 4.2 Abuse and legal status

	Care Order	S20	χ^2	DF	Sig
Physical abuse	63.6% (126)	42.9% (12)	4.455	1	*
Sexual abuse	39.9% (79)	14.3% (4)	6.925	1	**
Domestic violence	63.1% (125)	42.9% (12)	4.224	1	*

*$p<0.05$, **$p<0.01$

4.2 Type of placements

One of the questions to be asked during this study was how policies identified in the previous study regarding dual and single authorities and the use of permanent or long term foster care as distinct categories worked in practice. As with plans, there was some overlap between labelling of placements, but it was possible to identify groups. (For further discussion of permanence labels and concepts see Chapter 8 below on the LA focus groups)

4.2.1 Current placements

Children's current placement at time of collecting data is shown in Table 4.3. The largest single group of children (34.6%, 78) were living in placements defined as 'long-term' foster placement with unrelated carers, which is expected given that both single long-term and dual long-term/permanent systems offer long-term foster care, therefore cases were included from all the local authorities. Over 30% (70) of children were in a placement defined as permanent foster care and this included cases from local authority D (single) and local authority E and F (dual).

Some children were still living in temporary placements (8%, 18), although for other children their temporary placement was planned to become long-term or permanent (12.8%, 29). The meaning of this category is that the local authority had subsequent procedures to go through (e.g. the case /match to go to a fostering panel or to a Children's Panel) before it could formally be designated long-term or permanent. Very few children referred to the study were living with kinship carers (7.5%, 17), but it seems likely (from focus group discussions) that these placements are going through different systems and are not necessarily being considered as having a long-term foster care plan or needing approval from a fostering panel, for example, as permanent.

A small number of children were in other placements, such as with their birth family (0.9%, 2), in residential care (4%, 9) or living in supported lodgings (0.4%, 1). One child (0.4%) had been adopted by their carers and 1 (0.4%) child was living with the carers under special guardianship (but as discussed in the next section, a further sixteen children were in long-term/permanent placements which had plans to become special guardianship arrangements).

Table 4.3 Current placements

	Frequency	Percent
Temporary placement with unrelated carers	18	8.0
Temporary placement with unrelated carers planned to be long-term/permanent (i.e. awaiting confirmation)	29	12.8
Long-term placement with unrelated carers	78	34.6
Permanent placement with unrelated carers	70	30.9
Kinship care	17	7.5
Temporary placement with kinship carers planned to be long-term/permanent	(7)	(3.1)
Long-term placement with kinship carers	(2)	(0.9)
Permanent placement with kinship carers	(8)	(3.5)
In residential care	9	4.0
With birth family	2	0.9
Special guardianship order to foster carers	1	0.4
Adopted by foster carers	1	0.4
Supported lodgings	1	0.4
Total	226	100.0
Missing	4	
Total	230	

There were two authorities, local authority E and F, which were considered from the previous study to have a dual system i.e. both long-term and permanent foster care, with different definitions and procedures (Schofield and Ward et al 2008). For both these authorities, the majority of children referred were in permanent placements with either kinship or unrelated carers (62%, 39), with very few in placements considered long-term (19%, 12)[8]. It is uncertain whether there were other cases which would be considered long-term but had not been included in the sample by these authorities, but this seemed likely from the focus group discussions (see section 8). Very often cases that were identified for the sample generally were those which had gone through certain procedures, which might tend to exclude long-term cases in dual authorities.

Children in permanent placements were on average significantly younger ($m=11.68$) than children in long-term placements ($m=14.58$) within the dual system[9]. Children in permanent placements within the dual system were also on average younger ($m=7.21$) when they entered care than children in long-term placements ($m=9.82$)[10], and were younger (m=8.1) when they were placed in their current placement than

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[8] Nineteen percent (12) were in a different type of placement or in a placement planned to become long-term/permanent.
[9] $t=2.737$, $df=44$, $p<0.01$, $r=.4$
[10] $t=2.113$, $df=44$, $p<0.05$, $r=.3$

children in long-term placements (m=11.37)[11]. This confirmed our expectations, as one of the main differences described by dual authorities between the two types of placement was age (see Schofield and Ward et al 2008).

4.3 Care plans in 2006/7 and 2009

All 230 children in the sample were said to have had a plan for long-term or permanent foster care with an unrelated carer or kinship carer in 2006/2007. But for a new reader of each file it was rarely possible to see immediately when opening either paper or electronic files that a child was (still) subject to a long-term or permanent foster care plan – and, if so, whether that plan had been achieved in the current placement or was a plan still to be achieved. (This is a more general issue for the LAC review documentation, where the long-term foster care plan box may be ticked, but it is not clear whether this is a goal or the planned placement has been achieved).

Although it had been possible to distinguish between long-term and permanent *placements,* it proved impossible to separate out long-term from permanent current *plans,* as social workers in most authorities often used the terms interchangeably when recording plans at all stages and there is no permanent foster care box in the LAC review, so LAC review minutes did not help - therefore long-term and permanent plans are reported together in Table 4.4.

One way of approaching the care planning was from a wider reading of the files to see first whether plans were the same or had changed over time. Table 4.4 shows that for the majority of children the plan in 2009 was still long-term or permanent foster care with an unrelated carer (77.8%, 172) or kinship carer (7.7%, 17). The plan had changed to a plan for a special guardianship order with their long-term/permanent carers for 17 (7.7%) children, and adoption for 2 children by their current carers (0.9%). A small number of children had a significant change in their care plan, such as reunification with birth family (2.7%, 6), residential care (1.8%, 4) or independence (1.4%, 3).

Table 4.4 Children's care plans in 2009

	Frequency	Percent
Long-term/permanent foster care with unrelated carers	172	77.8
Kinship care	17	7.7
SGO	17	7.7
Reunification	6	2.7
Residential care	4	1.8
Independence	3	1.4
Adoption	2	0.9
Total	221	100.0
Missing	9	
Total	230	

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[11] t=2.4, df=42, p<0.05, r=.4

Four fifths of children were in a placement that reflected their care plan (81.7%, 178). A further 7.8% (17) were currently placed in a long-term/permanent placement and were waiting for special guardianship or adoption with their current carer and 3.2% (7) were undergoing a planned move towards reunification or independence.

However sixteen children (7.3%) were in temporary placements or residential care waiting for a long-term/permanent placement. For some children this was because a previous long-term/permanent placement had broken down since 2006/2007, whereas others had been searching for a long-term placement since 2006/2007. This latter was a small group and social workers were still trying to identify placements, but it raised some concerns about whether the plan was right or possible for these children.

4.4 Two routes to permanence: matching in a current placement or prior to a new placement

Long-term/permanent placements can emerge via two routes. The first route is closer to adoption in that following a best interests decision a suitable new foster family is identified and a child in a short-term placement is matched with these carers prior to placement; the second route is where a child is placed initially as a short-term placement which then evolves into a long-term/permanent placement following a process of assessment and matching. There are though a number of variations within each route e.g. within route one, the foster carer may be newly recruited to fostering, may previously have been a short-term carer, may already be an adopter or long-term foster carer of other children or may already know the child; for route two, the placement may have been made after a best interest decisions and the plan was initially for it to be a bridging placement to another family, or it could have been a short-term placement made with no long-term plan and the best interests decision emerged later (e.g. in court proceedings) followed by assessments leading to a decision that the most appropriate and available match was with the current carers.

Of all the children in the sample who were currently living in a planned long-term/permanent placement (including kinship placements and temporary placements planned to be long-term/permanent), 32% (62) were living in a placement planned / matched prior to placement, and 68% (132) were living in a placement which had previously been a temporary or short-term placement.

Table 4.5 Planned / matched prior to placement and planned / matched subsequently by authority

	A n=42	B n=15	C n=41	D n=40	E n=47	F n=9	Total n=194
Prior match	33.3% (14)	53.3% (8)	24.4% (10)	45% (18)	25.5% (12)	0	**32% (62)**
Subs match	66.7% (28)	46.7% (7)	75.6% (31)	55% (22)	74.5% (35)	100% (9)	**68% (132)**

χ^2=12.517, *df*=5, *p*<0.05

There was a significant association between route and authority, as shown in Table 15. The majority of children in all authorities, apart from in local authority B (46.7%, 7) were in a placement that had evolved out of a temporary placement. The pattern of

placements in local authority B was perhaps explained by the fact that they had a more informal process (manager discussion/LAC review) of determining when a placement was deemed long-term and so a child coming into care, perhaps after a prolonged period of difficulties at home, could it seemed quite rapidly be defined as in a new long-term placement. All the children in local authority F and around three quarters of children in local authority C (75.6%, 31) and local authority E (74.5%, 35) were matched in an existing placement. This did not mean less attention to procedural confirmation – all three authorities took cases during that period to panel beyond the LAC review, though local authority C described them as long-term and local authorities E and F described them as permanent. This suggests again that the language is less important in practice than their approaches to having rigorous procedures for permanence.

The oldest child of siblings placed together was used in the analysis of type of placement, because having a sibling in the sample may skew the results. Whether or not a child's placement was planned / matched prior to placement or subsequently did not seem to have any significant association with children's characteristics, needs, background or legal status. There was a significant difference in the age at current placement[12]; children who were matched prior to placement were on average a year older (m=10.8) when they started living in their long-term/permanent placement than children who were in subsequently matched placement (m=9.8). This was probably to be expected as temporary placements start out before the best interest decision has been made in some instances. Linked to this, the time between best interest decision and being placed in their long-term placement was significantly less for children matched in existing placements (mdn=0) than children matched prior to placement (mdn=0.3)[13], which was to be expected, given the need for time to search for a new family. Similarly the time from becoming looked after to being placed in their long-term/permanent placement was significantly longer for children matched prior to placement (mdn=1.8) than children in an evolved placement (mdn=1.6)[14].

Whether or not a placement was confirmed as long-term/permanent was not significantly associated with whether it was matched prior to placement or subsequently, however the *time taken* to have the placement confirmed was significantly different[15]. Children matched prior to placement had a median score of 0.5 years for time taken to confirmation, whereas children matched subsequently had a median score of 1.2 years, indicating that children matched prior to placement waited less time from being placed to being confirmed, which is to be expected given that they are placed after best interest decisions and a match with the intention of it becoming long-term/permanent.

These findings suggest that children and carers will be experiencing the placement and planning process very differently depending on whether the decision for permanence in this family is made before placement or during an existing placement – and then in both cases whether there is a subsequent procedure / potential delay before the child becomes confirmed as officially at the end of the planning process and the permanent placement is deemed to be achieved.

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[12] *t*=-2.191, *df*=118, *p*<0.05, *r*=.2
[13] *U*=385, *p*<0.01, *r*=-.32
[14] *U*=1353, *p*<0.01, *r*=-.18
[15] *U*=362, *p*<0.001, *r*=-.39

This does not mean that one route is necessarily better than the other - but it does raise questions about how each are managed. This is not only because of the different child pathways, but also because of the interaction between these and the different carer approval pathways. In some local authorities if the carer was already approved as a long-term carer there may not be further formal procedures for either route. But if the carer needed a change of approval, then this could involve a process of re-assessment and documentation for approval by a fostering panel as a long-term or permanent carer for a named child – not quite matching as in adoption but with some similarities.

4.5 Care events and planning stages

For children who become looked after there is a sequence of significant events in their care planning history. The first of these events is when the child was first referred to children's social services, typically by the police, school, health or people who knew the family and was recorded for half of the sample (48.3%, 111). In some offices there were gaps in early files or in what had been scanned onto the electronic files. Many offices were in transition.   The age of first referral ranged from birth to 13.2 years (mean 3.5 years); there were no statistically significant differences between LAs.

A number of the children had previously been placed on the Child Protection Register (CPR), still in use in this period. Just over a third (37%, 85) of the children had a full date recorded for when their names were first put on the CPR. Of course not every child would have been placed on the register before entering care, but it is possible that for some children this information was missing.

The next significant event for our purposes was entry into the care system, which is shown by authority in Table 4.9 (below). The date of care order was documented in most files, although for 58 children this information was missing. Age at care order ranged from less than 1 year to 15.4 years, with a mean of 7.9, there were no significant differences between authorities.

The date of the best interests decision for long-term or permanent foster to be the plan for the child is the next significant event, although often the plan is made before a care order has been granted and forms part of the court care plan. All sample children had been identified by the authorities as having a plan for long-term or permanent foster care as described above. However information was lacking in the files about exactly when the best interests' decision was made for 38.3% (88) children. However, there is no national requirement (unlike in adoption) for this stage to be noted and differences are likely to be at least in part due to different procedures and recording practice. Where, for example, there were centralised or area systems for recording a referral for a long-term or permanent foster care placement, then these referrals would mark the opening of a special file and the date noted.

The current placement in 2009 was seen as significant because it was likely to be where the child was hoped to remain (as reported above, there were only 16 children in the sample who were still searching for a long-term or permanent foster placement and only seven for whom the plan had changed to reunification or independence). The age at current placement ranged from 0 (two children entered care on or shortly

after birth and had significant disabilities) to 16.4 years, with a mean of 9.4. There was a significant difference between authorities, as shown on Table 4.9 with children in local authority A (*m*=10.3), local authority B (*m*=10.3) and local authority F (10.2) all being aged over ten when they were placed in their current placement, compared to children in local authority C (*m*=8.4) being aged 8 years on average.

The next significant planning event was when the placement was 'confirmed' as being a long-term/permanent placement where the child would remain while they are looked after. Different authorities treated this stage very differently depending on whether the planning was deemed to be completed at the LAC review or went on for further scrutiny to an area Children's Panel or a LA Fostering, Adoption or Permanence panel. We used the term 'confirmation' rather than match as in adoption, because often the matching process had been ongoing over a number of meetings and assessments some time previously and the child may have been settled in the placement for some time. Most authorities were using this final stage at a panel to confirm the placement as permanent (where the child would remain through childhood). Questions about the suitability of the match were often incorporated into this stage, including in some areas asking the child in person for their view about staying with these carers, which if the stage was delayed or children had been in placement for several years could risk unsettling settled children and carers (see later chapters for the views of children and carers).

To some degree this confirmation stage is rather more like the making of an adoption order than making a match i.e. the child has been in placement for a period of time, the evidence available suggests that the child was thriving, the carers were committed and there was a good enough match for the panel to approve it formally. There are similar parallels to the adoption court hearing process, in that although in both situations it is theoretically possible to say no to the application, placement or the plan, in practice, saying no and moving the child was probably unlikely.

Table 4.8 shows the proportion of children who had a plan for long-term or permanent foster care in 2006/2007 and had a placement confirmed as long-term or permanent by 2009. Around two thirds of the sample (68.7%, 156) had reached this final stage, but a third had not (31.3%, 71), and authority appeared to be significantly associated with this. Local authority D and E had the majority of children's placements confirmed as long-term/permanent compared to local authority A, which had a minority of children's placements confirmed by 2009, in spite of specialist permanency workers who were following up cases diligently. In authority A there were often delays because matching paperwork was not forthcoming in time for panels. However, this was also an authority in which efforts were being made to bring into the new system for confirmation long-settled placements, where there might have been some uncertainty among practitioners about the benefits of this extra stage.

The age at confirmation ranged between 1.9 and 15.6, with a mean age of 9.9 as shown on Table 4.9. There were no significant statistical associations between whether or not a placement had been confirmed and any of the child characteristics. This suggests that even the most difficult children can find a planned permanent placement that is confirmed, which is encouraging. But perhaps that differences in procedure and practice in implementing procedure are likely to be more important in affecting timing. For example, we picked up from files (although could not pursue in

detail) that there were a number of differences between LAs in the level of staff shortages and use of agency staff, the impact of which could be seen on records when paperwork was chased and the second or perhaps third social worker to be involved in bringing the case to panel had left.

So what does predict having a placement confirmed? As shown in Table 4.8 the authority that a child comes from has an effect.

Table 4.8 Whether or not the child had had a placement confirmed as long-term or permanent

	A n=57	B n=22	C n=43	D n=43	E n=51	F n=11	**Total n=227**
No confirmation	59.6% (34)	36.4% (8)	39.5% (17)	11.6% (5)	7.8% (4)	27.3% (3)	**31.3% (71)**
Confirmation	40.4% (23)	63.6% (14)	60.5% (26)	88.4% (38)	92.2% (47)	72.7% (8)	**68.7% (156)**

χ^2=43.811, *df*=5, *p*<0.01

Length of placement also does appear to be associated[16]; children whose placement had been confirmed as long-term/permanent had been in their current placement (as of 31/03/09) on average 2.8 years (with a median of 2.7) compared to children whose placement had not been confirmed as long-term/permanent being in their placement on average 1.8 years (with a median of 1.8). Of course length of time in placement is not the only factor; the quality of the relationship between the child and foster family and the views of children and carers (as well as local practice) may be affecting whether a placement is taken through a final procedure and confirmed.

This process is investigated in further detail in the chapters on foster carers and children, but it was certainly the case that a decision not to take a child and placement to a final panel or to delay it might not indicate poor practice but might be for good practice reasons (e.g. the timing was not right because the placement had been settled for so long the procedure was inappropriate or, in contrast, the placement was a little unsettled and extra pressure might lead to disruption).

Table 4.9 ANOVAs and means for age in years at care events by authority

Age (years) at:	A	B	C	D	E	F	Total Mean	*F*	*DF*	*Sig*
First referral ^ (n=113)	4.3	3.0	2.7	3.5	3.8	8.8	3.5	1.879	5	NS
Entry into care ^ (n=224)	7.3	8.1	6.4	6.2	7.6	8.1	7.1	1.95	5	NS
Care Order ^ (n=172)	8.2	8.3	7.7	7.1	8.3	8.8	7.9	1.07	5	NS
Best interests ^ (n=142)	9.4	9.4	8.6	9.7	8.5	10	9.2	1.03	5	NS
Current placement ^ (n=225)	10.3	10.3	8.4	8.6	9.2	10.2	9.4	2.78	5	*
Confirmation~ (n=151)	11.1	10.5	9.5	9	10.1	10.3	9.9	1.7	5	NS

*p<0.05, ^n=230, ~n=156

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[16] *U*=3000.5, *p*<0.001, *r*=-.36

All the ages shown on Table 4.9 were positively correlated with each other, meaning that the older the child at one care event the older they were likely to be at the next. It is important to note here the sample size figure for each stage as this could affect the reliability of the data. Caution should be taken in interpreting those variables with large numbers of missing data, as findings could be due to systematic differences between the sample used in the analysis and the sample which has missing data.

As well as investigating the age children were at significant care events, it was also important to investigate the time taken between each care event. This information is summarised in Table 4.10 (below) by authority. Because the majority of the time differences were not normally distributed, Kruskal-Wallis was deemed the most appropriate test to use and therefore medians are reported rather than means. Again it is important to note different sample sizes /data available for each entry.

Table 4.10 Kruskal-Wallis test and medians for time in years between care events

Median time (years) between:	A	B	C	D	E	F	Total	*H*	*DF*	*Sig*
First referral and entry (n=108) ^	4.1	7.3	4.3	3.5	3.0	1	3.8	12.26	5	*
Entry and CO (n=170)^	0.8	0.9	1.3	1.1	1.3	0.8	1.2	7.59	5	NS
Entry and BI (n=140) ^	1.4	0.9	1.6	1	0.8	1.1	1.3	11.255	5	*
Entry and current placement (n=221)^	2.2	1.7	1.6	2	0.7	1.2	1.7	12.172	5	*
Entry and ~ confirmation (n=146)	3.3	2.7	2.9	2.1	2.5	2	2.6	10.626	5	NS
CO and BI (n=105) ^	0	0	-0.1	-0.1	0	0.5	0	5.441	5	NS
CO and current placement (n=170) ^	1.3	1	0	-0.1	-0.3	-0.6	0.3	13.545	5	*
CO and confirmation (n=119)~	2.6	1	0.8	0.6	0.5	1.7	0.8	15.095	5	**
BI and current placement (n=141)^	0.3	0.7	0.1	0.3	-0.3	0.1	0.2	16.296	5	**
BI and confirmation (n=86)~	1.7	0.9	0.8	0.7	0.3	0.7	0.8	20.693	5	***
Current placement $ and current confirmation (n=128)	1.6	0.5	1.2	0.8	1	1.6	1.1	16.437	5	**

p<0.05 **p*<0.01 ***p*<0.001, ^n=230, ~n=156 $=136

The time between first referral and entry into care ranged between being at the same time and 11.3 years, with a mean of 4.3 and a median of 3.8. As shown on Table 4.10 there was a significant difference between authorities with local authority B having a longer period compared to other authorities, but caution should be taken due to low numbers.

The time between entry into a care placement and a care order being made ranged from 9.3 years before entering care (this was usually due to the child living at home under a care order or the child being adopted and then the adoption breaking down resulting into admittance into care) to 7.7 years after entering care. On average, however, the time taken was 1.4 years and the median was 1.2 years. There were no significant differences between authorities and median scores.

The time between entry into care and best interests decision ranged between the decision being made on entry and 12.2 years (usually as a result of previous plans changing), with a mean of 1.9 years and a median of 1.3. There was a significant difference between authorities with local authority A and local authority C having higher median scores of well over a year, compared to local authority B and local authority E having lower median scores of well under a year. This may be related to different planning systems, the introduction of a new system in A and C, levels of paper work – and the more frequent checking done by area children's panels in local authority E.

The time between entry into care and current placement ranged between being placed upon entry and 12.1 years, with a mean of 2.3 years and a median of 1.7, again there was also a significant difference between authorities. Local authority A and local authority D had a median score of 2 years or more, compared to local authority E which had a median score of 9 months. The time between entry into care and confirmation of placement being confirmed as where the child will remain ranged from confirmation at entry into care and 14 years, with a mean score of 3 years and a median score 2.6 years. There were no significant differences between authorities, however confirmation for 146 out of the 230 suggested varied practice between LAs.

There were some negative correlations between age at entry into care and the time between entry and care order ($r=-.33$, $p<0.01$), entry and best interests ($r=-.48$, $p<0.01$), entry and current placement ($r=-.27$, $p<0.01$), entry and confirmation ($r=-.53$, $p<0.01$), indicating that the older a child was when they entered care the less time it took to gain a care order, best interest decision, placement and confirmation. This may be related to younger children having adoption as a plan or other options being considered. The time between care order and best interest decision ranged between best interest occurring 2 years before care order to 10.2 years after, with a mean of 0.6 years and a median of 0 (best interests at the same time as care order). There were no significant differences between authorities.

The time between care order and current placement ranged between being placed between 3.7 years before a care order was granted and 11.3 years after the care order, with a mean of 0.8 years and a median of 0.3. There was a significant difference between authorities, with local authority A having a median of over a year compared to the children in local authority D and local authority E authorities having a minus median score indicating placement before the care order was granted.

The time between care order and this placement being confirmed as long-term/permanent ranged between 1.8 years before care order to 8.4 years after, with a mean of 1.4 years and a median of 0.8. (The lengthier time periods again reflected cases where previous placements had been unsuccessful). There was also a significant difference between authorities, with local authority A having a median of more than 2 and half years compared to most of the other authorities having a median of a year or less. Age at entry into care was negatively correlated to time between care order and best interests ($r=0.2$, $p<0.05$) indicating that the older the child the less time it took from care order to best interests for permanence in foster care. For older children it may not be as important to wait for the court decision before making a plan as the plan is likely to be foster care if the child cannot return home.

The time between best interests and current placement ranged between 6 years before a best interests decision and 3.3 years after, with a mean of 0.2 and a median of 0.2. There was also a significant difference between authorities with local authority B having a median of 0.7 compared to local authority E having a median -0.3. The time between best interests and placement being confirmed as long-term/permanent ranged from the same time as best interests to 4.3 years, with a mean of 1 and a median of 0.8. There was a significant difference between authorities with local authority A having a median of over a year compared to local authority E having a median of a few months.

The age at confirmation was given above, however it is important to be aware that for 20 of the children in the sample the placement that had been confirmed as a long-term/permanent had broken down and they were now living elsewhere. Therefore, because with these cases the confirmation would not have been referring to their current placement, these cases were omitted to avoid giving false results. The time between current placement and current confirmation ranged between 0.8 months before being placed (i.e. a confirmed match prior to placement with no further procedure) to 6 years after being placed (i.e. likely to be cases where the new procedure drew in all existing placements), with a mean of 1.3 and a median of 1.1. There was a significant difference between authorities, with (unsurprisingly) those where cases were requiring confirmation by a fostering or adoption panel taking longer.

4.6 Children who had been subject to a plan for adoption

A quarter of the children in the sample had, at some point, been subject to a plan for adoption (25.2%, 58). Ten children (4.3%) had been adopted and the adoption had subsequently broken down, whereas for 48 (20.9%) children there had been a plan for adoption (sometimes as part of a parallel plan), but adopters could not been found. Although there were variations between authorities in the proportion of children who had previously had a plan for adoption (Table 4.11), these were not significant.

Table 4.11 Children previously subject to a plan for adoption by authority

	A n=58	B n=22	C n=44	D n=43	E n=52	F n=11	Total n=230
No previous adoption plan	84.5% (49)	72.7% (16)	68.2% (30)	74.4% (32)	71.2% (37)	72.7% (8)	**74.8%** **(172)**
Previous adoption plan	15.5% (9)	27.3% (6)	31.8% (14)	25.6% (11)	28.8% (15)	27.3% (3)	**25.2%** **(58)**

All the child characteristic variables outlined in the previous chapter were explored individually in relation to whether or not the child had previously been subject to a plan for adoption. Factors which were significantly associated were: a higher emotional/behavioural difficulties score; having evidence of physical abuse; and age at entry to care. A logistic regression was conducted with these variables. When all the factors were considered together, age at entry was the only variable which had a significant effect; children were 33% less likely to have a plan for adoption with every year increase in age, meaning that a child aged six years on entry into care was 33% less likely to have had a plan for adoption than a five year old. The overarching factor

in planning for adoption for this sample appears to have been age at entry to care, which is not surprising and is supported by other studies.

There was some expected delay for children who had previously had a plan for adoption that had not been successful, in that it took longer for them to go on to have a best interests decision made for long-term/permanent foster care[17]; children who had had a plan for adoption had a median score of 1.8 years between entry and best interests, compared to a median score of 1.1 years for children who had not been subject to a plan for adoption. However there was no significant difference in time periods between care events and current placement, indicating that having previously had a plan for adoption did not necessarily result in delay in placement after the formulation of the foster care plan.

But there was a significant difference between entry into care and the time taken to have a placement confirmed as long-term/permanent[18]. Children who had a plan for adoption had a median score of 3.4 years between entry and confirmation, compared to a median score of 2.1 years for children who had not had a plan for adoption. The fact that there had been a previous plan for adoption might perhaps have added a degree of caution to the timing of the decision to confirm the foster care placement as permanent.

What could not be ascertained from the data with any confidence were the reasons why the adoption plans had not been achieved in individual cases. But given the mean age of the children at entry to care was seven and taking account of the high levels of abuse and neglect in their history, it is perhaps not surprising that the adoption plan was not achieved. Indeed, for children of this age it is likely that there would have been some form of parallel planning for adoption and foster care. This study of course only includes those children for whom an adoption plan was not achieved and so their plan became permanence in foster care. There will have been other children in these LAs, including perhaps some children of seven years old or more, for whom adoption was achieved.

4.7 Stability and long-term or permanent placements

Children in this study had a plan for long-term or permanent foster in 2006/2007. Just over a fifth of the sample had experienced a breakdown of their planned long-term/permanent placement (22.2%, 51) since that period.

Table 4.12   Children who had not / had experienced a long-term or permanent placement breakdown since the planning period 2006/2007

	A n=58	B n=22	C n=44	D n=43	E n=52	F n=11	Total n=230
No BD	75.9% (44)	68.2% (15)	86.4% (38)	81.4% (35)	76.9% (40)	63.6% (7)	**77.8% (179)**
BD	24.1% (14)	31.8% (7)	13.6% (6)	18.6% (8)	23.1% (12)	36.4% (4)	**22.2% (51)**

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[17] *U*=1107.5, *p*<0.01, *r*=-.27
[18] *U*=-3.505, *p*<0.01, *r*=-.29

Although there were variations between authorities, as shown in Table 4.12, there were no statistically significant differences, in spite of the procedural differences between authorities. This does not mean that procedures are irrelevant in individual cases, but, given what we know from the qualitative data and from 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.

Most of these children who had experienced placement breakdown had since been given a new placement for permanence, with 33 currently placed in long-term or permanent placements. But five were in residential care, two had returned home and 11 were in temporary care.

4.8 Children whose first placement became long-term or permanent

Changes of placement will often be necessary to meet a child's long-term needs, however the goal will always be to reduce unnecessary moves. A fifth of children in the sample (19.6%, 45) had only lived in one main placement (respite not included) since becoming looked after. Local authority was significantly associated with whether or not a child had only lived in one placement (Table 4.15).

Table 4.15 Children whose first placement became long-term/permanent

	A n=58	B n=22	C n=44	D n=43	E n=52	F n=11	Total n=230
No	94.8% (55)	86.4% (19)	81.8% (36)	76.7% (33)	69.2% (36)	54.5% (6)	80.4% (185)
Yes	5.2% (3)	13.6% (3)	18.2% (8)	23.3% (10)	30.8% (16)	45.5% (5)	19.6% (45)

χ^2=17.358, *df*=5, *p*<0.01

Local authority A had few children remaining in their first placement (5.2%, 3), compared to higher proportions in a similar sized local authority E (30.8%, 16). The authority the child was from was the only significant factor. Children's characteristics, needs, background, and legal status were not significantly associated with remaining in a first placement. Age at entry was not significantly different between those who remained in their first placement and those that did not.

Remaining or not remaining in a first placement could not in itself be judged to be a good outcome and differences between local authorities could be for a number of reasons that were discussed in focus groups. It seemed, for example, that some local authorities might be less flexible than others, with some short-term fostering teams being protective of their carers and reluctant for them to keep children long-term – although when it seemed possible that children might go to an Independent Fostering Provider, all LA placements would usually be checked first. But, perhaps surprisingly, the two LAs with the highest number of continuous placements were dual authorities with apparently demanding criteria for permanent carers.

4.9 Children who were placed with an Independent Fostering Provider

Just over a fifth of the children in the sample were placed with an IFP carer in a long-term/permanent placement (21.5%, 48). There was a significant association with authority (Table 4.16). Local authority C was the major user of the independent sector, with over half of their children placed with an IFP carer. This is in contrast to local authorities F, D and E who used IFPs for very few cases.

Table 4.16: Fostering placement provider

	A n=54	B n=22	C n=43	D n=43	E n=50	F n=11	Total n=223
LA	77.8% (42)	77.3% (17)	48.8% (21)	95.3% (41)	86% (43)	100% (11)	**78.5% (175)**
IFP	22.2% (12)	22.7% (5)	51.2% (22)	4.7% (2)	14% (7)	0	**21.5% (48)**

$\chi^2=34.337$, *df*=5, *p*<0.01

It is important to see whether children placed long-term or permanently with IFPs differed significantly in their characteristics, needs, and background from children placed long-term or permanently with unrelated authority carers. Statistical tests were undertaken which suggested that age, gender, and legal status were not significantly associated with type of provider. However ethnicity was; children placed in an IFP were 2.8 times more likely to be of a BME[19], but this was likely to be related to the fact that local authority C had the highest rate of BME children as well as being the major user of IFPs.

Other features of placement were not very different. For example, there were no associations between provider and whether or not children had contact with their mother or father, or whether or not that contact was supervised and the frequency of contact.

IFPS are sometimes concerned that local authorities may be reluctant to commit to an IFP placement as long-term/permanent (Schofield and Ward et al 2008). However having a placement confirmed was not significantly associated with agency type and there were no significant differences between local authorities and IFPs in the time taken from a child being placed in their long-term/permanent placement to that placement being confirmed (this was also the case when local authority C was not included in the analysis). Children placed in the independent sector typically had experienced more placements in total (*mdn*=3) than those placed within their authority (*mdn*=2)[20] and also waited longer from becoming looked after to being placed in their current placement (*mdn*=2.6) than children living with an authority carer (*mdn*=1.4)[21]. This would indicate that agencies tend to be used after LA placements have been tried, although policy towards use of an IFP in individual cases varied very much between LAs.

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[19] $\chi^2=7.190$, *df*=1, *p*<0.01
[20] *U*=2971.5, *p*<0.01, *r*=-.21
[21] *U*=3111.5, *p*<0.05, *r*=-.16

4.10 Support for placements

When matching is agreed in adoption, the Adoption and Children Act 2002 requires a local authority to provide a support plan. Although it is taken for granted that children in foster care and the foster families who care for them will receive the resources they need, there is no regulation or guidance that suggests that at the point of the permanence plan or match any specific commitment to a package of support will be made. This seems to be a missed opportunity to ensure that support is taken into account when plans and matches are made.

However, it was possible to see that both through the matching processes (where these were more formalised) - and the LAC reviews were assessing (in most cases) support needs of children and carers. Certain areas of need were better supported than others- for example the children's files suggested - and the carers' interviews supported this – that education was providing support for special educational needs monitored by the PEP (Personal Education Plan) system as well as through the LAC review.

Support for children's emotional and behavioural difficulties and mental health needs generally was rather more variable. At best, specialist CAMHS LAC services were providing very regular support to foster children and their carers. These were often impressive packages of support that had lasted some years and did not seem to be only for placements in difficulties. In other cases, profoundly damaged children were in difficulties with very little support being available (see also below – chapter on foster carers' perspectives).

4.11 Quality of file records

In collecting planning pathways data for the study, the availability and quality of information on both electronic and paper files was very variable - and this in itself is a major issue for practice. Information on the care plan (in particular the nature and date of the plan and the status of the current placement as permanent or temporary) was not on front pages or immediately obvious. Further information in relation to the child's family history and birth parents was often lacking on files or not easily accessed, particularly information on fathers. Key information could often only be established from court papers, which were usually several years out of date. Also concerning was an almost complete lack of information on the child's file concerning the foster family. Although social workers could access some data from foster carer files, there should always be at least a summary document providing information about the foster family's history, circumstances and match with the child on the child's file.

Such information gaps in relation to the plan and to family history and current family environment would make it very difficult for social workers, managers and independent reviewing officers new to a case to grasp even basic information when issues such as contact are discussed.

4.12 Pathways to permanence: summary

- The majority of the 230 children in the sample were on care orders (198, 86.1%) with just 28 (12.2%) accommodated under Children Act 1989 s20.
- The majority of children (78.3%) were in a planned long-term / permanent foster placement two years after the plan had been made, with only a small number (7%) in a temporary placement and waiting for placement.
- Kinship care did not account for many of the sample placements (7.5%), but it seems likely that these cases are considered and managed separately to unrelated long-term/permanent carers.
- Just over two thirds of the children (68%) across the sample were matched for permanence in their existing placement. One third (32%) were matched and placed in a new foster family as a result of a permanence plan.
- For both matching routes there was some evidence on file in the local authorities of planning for permanence and matching that took into account the needs of the children and the parenting capacity and commitment to permanence of the foster carers. However, the quality of the matching documentation varied within and between LAs and also depended on whether it was LA practice to take cases to a panel (foster, adoption, permanence) where more detailed matching reports might be required.
- Average ages at key care and planning stages did not vary significantly across local authorities. Children in this sample were on average aged 4 years when first referred to social services, 8 years at care order, 9 years at best interests, 9 years at current placement, and 10 years at confirmation of the placement, where this was part of the LA procedure. These averages, however, need to be seen in the context of the wide range of ages at each stage – with permanence procedures in place that were being used for pre-school children through to teenagers
- Time taken between care events varied between local authorities, with more lengthy confirmation procedures inevitably taking longer to reach the final stage. The question for local authorities determining what are the most effective procedures will be whether or not the benefits of taking cases to further panels may be outweighed by the delays that can occur (see later chapters and the conclusion for further discussion).
- Two thirds of children had reached the final care event of confirmation, with different local authority systems appearing to have an effect. Also length of placement seemed, perhaps inevitably, to have an effect; children who had been in their placement longer were more likely to have had it confirmed. Other factors such as characteristics of the child, needs and difficulties did not appear to have a significant effect as single factors, indicating it is likely to be the interaction of child characteristics, quality of placement and match, and local authority practice which is affecting whether or not a placement is confirmed.
- A quarter of children in the sample as a whole had previously had a plan for adoption, although this might have been part of a parallel plan for permanence through adoption or foster care. Age at entry into care appeared to be the only predictor of whether or not they had previously had adoption as a plan, but age also seemed likely to explain why adoption was harder to achieve e.g. average age at entry to care was seven years old. Those children for whom adoption as a plan had not been successfully achieved took longer to have a best interests decision

for long-term/permanent foster care and longer to be placed in their current placement.

- Just over a fifth of children (22%) had experienced a breakdown of a long-term or permanent placement since the care planning period. The child's characteristics, needs or background did not appear to be significant in predicting breakdown, suggesting that it is likely to be a combination of the placement quality, the match and the local authority that makes a difference. The qualitative data, discussed below, can help tease out these complex issues.

- Use of IFP placements varied significantly between LAs but the pursuit of a permanence plan for children in an IFP seemed to follow similar patterns to those in LA placements.

- Quality and accessibility of information on file regarding children, their care plan and their birth and foster families was very variable and needs to be a focus of developing practice for all children looked after in permanent placements.

5. Contact

As far as it was possible to tell from the files, the presumption of reasonable contact (Children Act 1989, s34) operated in all the local authorities, in that contact was a focus of discussion and planning at key stages. What might be thought 'reasonable' contact in the sample cases often varied within the context of different beliefs about what permanence might mean for the balance between the child's relationships with foster and birth families. However, there were many other factors that contributed to differences in plans for contact with mothers, fathers, siblings and significant others, including whether this contact was supervised or not. These could be family factors, such as a history of certain types of abuse, or procedural, such as whether there had ever been an adoption plan for the child. Although some factors affecting frequency and supervision, such as age, operated across the authorities, there were also some differences that seemed to vary as a result of different local authority practices.

5.1 Contact frequency

5.1.1 Contact with mothers and fathers

The frequency of contact between children and their mothers ranged from none to every week, with a mean of 8 times a year (m=7.8) and a median of 4 times a year (mdn=4). The frequency of contact between child and father ranged from no contact to every week. However children were having on average less frequent contact with fathers, with a mean of 4 times a year (m=3.7) and median of no contact (mdn=0). There was a significant positive relationship between frequency of contact with mother and father ($r=.15$, $p<0.15$), indicating that the more contact a child had with their mother the more contact they would have with their father, although the effect was small.

There were some variations between authorities on the number of children who had no contact with mother[22] or father (not significant), shown on Table 5.2 below.

Table 5.1 Frequency of children who had no contact with mother and father by authority

No contact:	A	B	C	D	E	F	Total
With mother^	24.1% (13)	29.4% (5)	27.3% (12)	27.5% (11)	52.4% (22)	18.2% (2)	**31.2% (65)**
With father~	62.7% (32)	35% (7)	60.5% (23)	61.8% (21)	71.8% (28)	54.5% (6)	**60.6% (117)**

^n=208, ~n=193

Just less than a third of children (31.2%, 65) across the authorities had no contact with their mother, but for local authority E over half of children (52.4%, 22) had no recorded contact with mothers (this will be explored in more detail below). Almost two thirds of children (60.6%, 117) had no contact with their fathers, but in the local authority B only 35% (7) of children had no contact with their fathers. It is perhaps not surprising that children were 3 times more likely to have contact with their mother

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[22] $\chi^2=11.51$, $df=5$, $p<0.05$

than with their father[23] as according to the files many children had lost contact with or perhaps never met their biological father prior to coming into care.

It is important to bear in mind in Table 5.2 that some children had no contact with one or other parent, while a smaller number had no contact with either parent. But for both fathers and mothers, absence of contact appears from the files to be more likely to be for other reasons than by court order, such as parents or children withdrawing from contact. Due to skewed distribution of the data (even when transformed), the significant variables (such as age of child, legal status) could not be investigated together in a regression model to predict frequency of contact with mother or father. Variables were therefore looked at individually and significant findings are discussed below with medians given, but should be interpreted with caution. First, we discuss frequency of contact with mother.

The frequency of contact with mother was associated with *legal status*; children under a care order had a median frequency of 4 times a year, compared to children under S20 who had a median of once a month[24].

There was a significant positive relationship between *current age* and frequency of contact ($r=.2$, $p<0.01$), so the older the child the greater frequency of contact.   There was also a significant positive relationship with frequency of contact and *age at entry into care* ($r=.3$, $p<0.01$), indicating that the older a child was when they entered care the more likely they were to have more contact.

Although adoption plans were also linked to age at entry to care, a child who had had a *plan for adoption* had a median score of 2 times a year for seeing their mother, compared to children who had not, having a median of 6 times a year[25]. Thus contact reduction in preparation for adoption was associated with less contact when the plan changed to foster care.

There was a significant negative relationship between frequency of contact with mother and emotional/behavioural difficulty score ($r=-.23$, $p<0.01$), indicating that children who saw their mother more scored lower on emotional/behavioural difficulties, although this may again be linked to the fact that more settled children would perhaps have more contact with a supportive parent rather than contact in itself being protective.

Children who had evidence of *physical abuse* in their files had a median score of contact with their mother 4 times a year compared to children who had no evidence of physical abuse on their files having a median score of 6[26].

There were no differences between long-term and permanent placements, even within dual authorities, which is perhaps surprising considering that differences between the two were said to be in part based on level of contact. There was a significant association[27], however, between contact frequency with their mother and whether a

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[23] $\chi^2=8.915$, *df*=1, *p*<0.01
[24] *U*=1697.5, *p*<0.05, *r*=-.14
[25] *U*=2803.5, *p*<0.01, *r*=-.26
[26] *U*=3800.5, *p*<0.05, *r*=-.16
[27] *U*=3875.5, *p*<0.01, *r*=-.22

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placement had been confirmed as long-term/permanent (*mdn=3*) or had not been confirmed (*mdn=6*) suggesting that contact may affect or be affected by a decision to reach this final stage.

Because contact with fathers was so commonly absent, it was not possible to check for the same range of variables. However, placement type was not linked to frequency of contact with mother, but was significantly associated with frequency of contact with father[28]. Children living in temporary or residential placements (*mdn=6*) tended to have more contact with fathers than children living with carers on a long-term/permanent bases (*mdn=0*).

5.1.2 Contact with siblings

Given the diversity of sibling groups for children in the sample, contact and contact frequency with siblings provided a very complex picture. The majority of children who had siblings who did not live with them had contact with at least some of their siblings (65.5%, 144) but inevitably this varied in frequency and type of contact. However at least a third of children with siblings not living with them had no contact at all with those siblings or the contact was not recorded on their file (34.5%, 76). There were no differences between authorities in this respect. This picture may not be surprising given the overall demands that contact with often separated parents, with other relatives were making on the child and the placement. However, ways of keeping in touch, perhaps through cards at religious festivals etc., might be possible ways of keeping doors open to wider networks that could include adopted siblings.

5.1.3 Contact with significant others

Forty percent of the sample (39.6%, 90) had contact with at least one other person who was not a sibling or parent. These included other family members such as step-parents, grandparents, and aunts and uncles, but also past foster carers and adoptive parents as well as family friends. The frequency of this contact ranged from once a year to every week. On average it was more frequent than contact with mothers or fathers, at almost ten times a year (*m=9.8*) with a median of 6 times a year (*mdn=6*). There were no differences between authorities. This frequency may reflect the often less formal arrangements for significant others, which will be discussed below in relation to supervised and unsupervised contact.

There was a significant positive relationship between contact with mothers and with significant others ($r=.32$, $p<0.01$) and also between fathers and significant others ($r=.27$, $p<0.05$). This may be because whether it was frequent or infrequent, contact with relatives was often arranged alongside parent contact.

There was a significant positive relationship between the child's age and frequency of contact with significant others ($r=.27$, $p<0.05$), indicating that the older a child was the more frequent contact they had with significant others.

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[28] *U=1439, p<0.05, r=-.17*

5.2 Supervised contact

5.2.1 Supervised contact with mother

The majority of contact (80.7%, 117) between children and their mothers was supervised. Most of the children (58.6%, 85) had their face to face contact with their mother supervised by a professional, compared to just over a fifth having contact supervised by their foster carer (22.1%, 32). Just under a fifth had unsupervised contact (19.3%, 28).

Table 5.2 Supervision of contact with mother by authority

	A (n=40)	B (n=12)	C (n=32)	D (n=28)	E (n=24)	F (n=9)	Total n=145
Unsuper-vised	22.5% (9)	25% (3)	0	17.9% (5)	41.7% (10)	11.1% (1)	**19.3% (28)**
By carer	17.5% (7)	(0)	43.8% (14)	17.9% (5)	25% (6)	(0)	**22.1% (32)**
By profe-ssional	60% (24)	75% (9)	56.2% (18)	64.2% (18)	33.3% (8)	88.9% (8)	**58.6% (85)**

There was not enough statistical power, due to low frequencies across categories, to test for significance between authorities, but there were some interesting variations and additional factors to take into account. No children from local authority C were having unsupervised contact with their mother, but there was a higher rate of contact supervised by carer than the other authorities (43.8%, 14). C was also the authority where the majority of carers were from IFPs, but there were no differences between children placed in IFPs and LAs for the three categories of supervision. Local authority E had a higher rate of unsupervised contact compared to the other authorities (41.7%, 10), but had a higher rate of children who were having no contact with their mother, as shown on Table 5.1. This may be indicative of local authority E promoting contact only where risk was low enough to allow for it to be unsupervised. Alternatively, it may be that cases where contact was complex or needed supervision were less likely to be recommended for permanency in this dual authority.

Children who were having unsupervised contact with their mothers were having more frequent contact (*mdn*=22) than children having contact supervised by a carer or professional (*mdn*=6)[29]. This seemed often to be because unsupervised arrangements were able to be based on more informal arrangements between carers and parents rather than relying on many agencies coming together. Of those who had unsupervised contact, nine children had overnight stays with their mother (32.1%).

A logistic regression was conducted, with all the variables that had been significant individually, to investigate which were the best predictors of a child in the sample having unsupervised contact. The results are shown in Table 5.3. Between 30% and 48% of the variance in unsupervised contact is explained by the variables in the model. When all the factors were considered together, age had a significant effect (Exp B 1.47, 95% CI 1.06-2.03). Children were one and half times more likely to have unsupervised contact with every year increase in age. This was a better predictor than age at entry, indicating that when planning contact the length of time away from the parent did not affect the level of contact supervision as much as current age.

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[29] *U*=498.5, *p*<0.01, *r*=-.39

Placement type also had a significant effect (Exp B 0.17, 95% CI 0.04-0.76), indicating that children were 83% less likely to have unsupervised contact if they were in a long-term or permanent unrelated placement compared to other types of placement (temporary, residential, kinship).

Table 5.3 Summary of logistic analysis for variables predicting children who had unsupervised contact with their mother

Variable	B (SE)	Exp *b*	Confidence interval Lower	Upper	Sig
Constant	5.46 (1.93)	0.005			
Age (years)	0.38 (0.17)	1.47	1.06	2.03	*
Age at entry into care (years)	0.12 (0.15)	1.12	0.84	1.51	NS
Ethnicity (White British=0, BME=1)	-1.3 (1.12)	0.27	0.03	2.39	NS
Legal status (CO=0, S20=1)	0.99 (0.74)	2.58	0.61	10.92	NS
Placement type (other=0, LT/P=1)	-1.76 (0.76)	0.17	0.04	0.76	*
Physical abuse (no evidence=0, evidence=1)	-0.91 (0.57)	0.4	0.13	1.22	NS

R^2=.30 (Cox and Snell), .48 (Nagelkerke). Model χ^2 = 48.608, n=135, $p<0.001$
$p<0.05$*, $p<0.01$**, $p<0.001$***

5.2.2 Supervised contact with father

The majority (62.5%) of contact between children and their fathers was also supervised, although more was unsupervised (38.6%, 32) than with mothers. This may have reflected the fact that father contact was less common and where it occurred might more often be with fathers who had not been main caregivers at the time of the LA concerns. For most children who had contact with their father, it was supervised by a professional (45.8%, 38) and in just a few cases by carers (15.7%, 13).

Table 5.4 Supervision of contact with father by authority

	A n=19	B n=13	C n=17	D n=12	E n=17	F n=5	Total n=83
Unsuper-vised	36.8% (7)	38.5% (5)	11.8% (2)	33.3% (4)	76.5% (13)	20% (1)	**38.6% (32)**
By carer	5.3% (1)	23% (3)	23.5% (4)	16.7% (2)	5.9% (1)	40% (2)	**15.7% (13)**
By profe-ssional	57.9% (11)	38.5% (5)	64.7% (11)	50% (6)	17.6% (3)	40% (2)	**45.8% (38)**

Frequencies were too small to look at authority inferentially, but there were variations following a similar patter to mothers, as shown in Table 5.4, with a high rate of unsupervised contact in local authority E (76.5%, 13) and a low rate in local authority C (11.8%, 2). As expected, children who were having unsupervised contact with their father were having contact more frequently (*mdn=*12) compared to children who were having supervised contact (*mdn=*4)[30]. Of those children who had unsupervised contact with their father, nine children were allowed overnight stays (28.1%).

A logistic regression was conducted, with all the variables that had been significant individually, to investigate which were the best predictors of a child in the sample having unsupervised contact with their father. The results are shown in Table 5.5. Between 33% and 44% of the variance is explained by the variables in the model.

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[30] *U=378.5, p<0.01, r=-.34*

When all the factors were considered together, evidence of physical abuse had a significant effect (Exp B 0.2, 95% CI 0.06-0.67). Children who had evidence of physical abuse in their files were 80% less likely to have unsupervised contact. Age was also a significant predictor (Exp B 1.91, 95% CI 1.15-3.17), children were almost twice as likely to have unsupervised contact with their father for every year increase in age.

Table 5.5 Summary of logistic analysis for variables predicting children who had unsupervised contact with their father

Variable	B (SE)	Exp *b*	Confidence interval Lower	Upper	Sig
Constant	-4.63 (1.7)	16.95			
Age (years)	0.65 (0.26)	1.91	1.15	3.17	*
Age at entry into care (years)	-0.31 (0.23)	0.77	0.47	1.16	NS
Ethnicity (White British=0, BME=1)	-2.97 (1.54)	0.05	0.01	1.1	NS
Physical abuse (no evidence=0, evidence=1)	-1.6 (0.61)	0.2	0.06	0.67	**
Domestic violence (no evidence=0, evidence=1)	-0.72 (0.1)	0.49	0.15	1.57	NS

R^2=.33 (Cox and Snell), .44 (Nagelkerke). Model χ^2 = 31.061, n=79, $p<0.001$
$p<0.05$*, $p<0.01$**, $p<0.001$***

5.2.3 Supervision of contact with significant others

Most children who had contact with other relatives, family friends or former carers had visits which were unsupervised (59.3%, 48), whereas a quarter had contact supervised by a professional (25.9%, 21) and a smaller number had contact supervised by a carer (14.8%, 12). Where contact was supervised, this was most often because it was happening at the same time as a parent.

Table 5.6 Supervised contact with significant others by authority

	A n=21	B n=7	C n=11	D n=18	E n=22	F n=2	Total n=81
Unsupervised	38.1% (8)	42.9% (3)	54.5% (6)	66.7% (12)	77.3% (17)	100% (2)	**59.3% (48)**
By carer	23.8% (5)	42.9% (3)	0	11.1% (2)	9.1% (2)	0	**14.8% (12)**
By professional	38.1% (8)	14.2% (1)	45.5% (5)	22.2% (4)	13.6% (3)	0	**25.9% (21)**

There were some variations between the authorities (Table 5.6), again with a trend shown for local authority E to have more unsupervised contact. As expected, children who were having unsupervised contact with a significant other were having contact more frequently (*mdn*=12) than children who were having supervised contact (*mdn*=5)[31].

Of those who had unsupervised contact, 19 children had overnight stays with their relative or family friend (40%). A child's history of physical abuse was the only variable which was significantly associated with contact supervision[32], making it 3 times more likely that contact with significant others would be supervised. Age or

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[31] U=300.5, $p<0.01$, r=-.42
[32] χ^2=6.169, df=1, $p<0.05$

placement type were not significant factors, suggesting that it was the direct risk to the child that was most important factor in deciding whether this contact should be supervised or unsupervised.

5.3 Contact: summary

- The majority of children were having contact with their mothers, although a third did not. Half the children were having contact with their fathers and 40% had contact with at least one other important relative or friend.
- A third of children with siblings that lived in a different location from them were not seeing these siblings. This included older adult siblings, but also younger adopted siblings. It would be valuable to children to keep doors open to these networks through cards etc., even when face to face contact is not possible.
- Children who were having more severe emotional/behavioural difficulties were less likely to be having contact with their mothers, though this does not suggest a straightforward causal relationship.
- Children who had contact with their fathers did not seem to differ in their characteristics from those who did not, although the availability of the father is a factor, the authority's approach to contact and work with fathers is likely to be a key factor.
- Children had contact with mothers on average twice as much as fathers (eight times a year compared to four times).
- Unsupervised contact with mothers was predicted by children being older or not being in a long term / permanent placement. Age or placement type was not as important in predicting supervision of contact with fathers, but a history of physical abuse seemed to be the main predictor of supervised contact with a father or with other significant relatives or friends.
- Some children were having multiple face to face contacts with multiple family members and significant others. Contact may seem to be relatively infrequent with each person, but the contact schedule for the year might still present challenges to the child's life in the foster family and the life of all members of the foster family, with week-end and half-term holiday activities at risk. The total schedule needs to be looked at over a year to see whether the balance is appropriate and fits the care plan.

6. Children's views and experiences

6.1 The interview sample

Twenty children were interviewed face to face in their foster homes between August 2009 and January 2010. The children were from the original sample of 230 children and were being cared for by foster carers who had taken part in a telephone interview, therefore generating paired data for carers and children. The children were accessed through the foster carer following checks with the social worker, who were provided with letters to pass on to birth parents. These were all placements that were deemed to be stable i.e. not currently thought to be at risk of disruption. But within that criterion, the children were from a range of local authorities, had had varied experiences (e.g. in terms of age at entry to care, numbers of previous placements) and had diverse views of permanence.

Twenty-four children were approached in total, giving a response rate of 83%. Two pairs of siblings living in the same placements were included in the sample.
- Gender: 16 girls and 4 boys (3 out of the 4 children who did not wish to take part were boys).
- Age at interview: 9-17
- Age at first entry to care - 15 were under 11; 5 were 11 or over
- Age at start of current placement: 11 were under 11; 9 were 11 or over
- Length of time in current placement: Most (13) had been with current family 3-4 years. (Range 1- 9 years)
- Numbers of previous placements: 11 had 1-2 placements; 6 had 3-4 placements; 2 had 5 placements ; 1 had 14 placements
- Parents' difficulties: 11 drug/alcohol misuse; 6 mental health problems; 6 violent relationships; 3 learning difficulties
- Local authority planning system: 11 were placed in a single system authority; 9 placed in permanent foster care in a dual system authority

The interviews incorporated an ice breaker task and activities using simple 'stampers' with happy and sad faces on, and a visual time line to make the interviews more appealing to children and young people. The interview schedule covered areas including sense of permanence, foster and birth family membership, social workers, reviews and contact. The interviews were recorded and transcribed. Summaries of the interviews were produced analysing the child's perceptions and experiences e.g. moving into a new family, planning, meetings and contact, and feelings about family membership and living in their foster family. Further analysis for themes was conducted using NVivo, a computer software package.

6.2 Children's understanding of permanence in foster care

All the children seemed to be aware that they were in a placement which was considered to be a long-term or permanent placement i.e. they described as a fact that they could not return to their parents, and nearly all children defined their placement as being a family they could / would live with until they were eighteen. They seemed

to accept this as the 'official' position, mainly because the information came from social workers, and it was therefore not to be challenged.

This expectation was especially true of children who were in placements defined as permanent in a dual system. Although in those systems the expectation for these placements is that they last into adulthood, children reported receiving the message through their procedures that the placement was fixed till 18. However, in all local authorities, children's ideas about where they would live post-18 and whether they would still be part of the family in important ways were related to but not defined only by official expectations up to 18. As the children described, this combination of official policy about length of stay was set alongside more informal messages from most carers about children being welcome to stay after they reached eighteen. As this young girl put it:

> *I wouldn't be allowed to leave when I was sixteen. I would have to be eighteen, because I am in permanent foster care. So when I am eighteen I am allowed to leave if I want to, but* [foster carer] *has always said, 'Oh, you know, you are welcome to stay until you are twenty four or whenever you want to leave'.* (Girl, age 9)

As this suggests, at nine years of age it was possible to receive messages from carers about family membership into adulthood. It is important to notice that there is a flexibility here, suggesting welcome and commitment by the carers but some choice for the child.

But there were exceptions in terms of children's clarity about the longer-term expectations of the placement. For a few children permanence was not so clearly defined; they could not remember it being discussed by either their carer or social worker when they first moved in and they described coming to a gradual conclusion themselves. These children did not recall having had the same reassurances from their carers about the foster home being an option post 18. One girl still did not have a firm expectation for the length of the placement and stated that it was never discussed and felt simply that she might return home when 'sixteen or seventeen'. When interviewed, the carer of this child was uncertain of her own long-term commitment, and it seemed possible that the child may have picked up on her carer's uncertain feelings and communications.

Two children, who were in early middle childhood when initially placed, remember not understanding what 'long-term' meant and were not able to conceptualise time periods, such as 'until 18'. One boy whose mother had severe mental health problems remembered not fully understanding when he came into care, age 8, that his mother was not just temporarily ill, but could not parent him in the future. This was a difficult thing to accept when, as he described it, he worked it out himself:

> *I wasn't, still wasn't really sure what they* [SWs] *were explaining. When they said she* [mother] *was ill, I thought it was like a little cold or something like that… When I was a bit older I sort of thought about what they meant and I realised it was until I was eighteen years old and not eight years, or months, like eighteen months… I thought surely they can't keep you away from your family that long, but it turns out they can.* (Boy, age 11)

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Although this account may suggest a problem with the way in which this boy was told about the significance of his mother's health and the meaning of permanence, it does also confirm some of the issues raised by social workers in the focus groups around how to present the idea of plans and future time to younger children. Children from backgrounds of abuse and neglect often have additional difficulties with the concept of time, and the discussion of permanence does require the children to manage the hypothetical. This boy's account also suggests that the 'plan' or rather the nature of and basis of his placement needed to be revisited in individual work with the child (rather than in a review) at each developmental stage as he (now an 11 year old) became more able to think about the past, to contemplate the future and to plan for it. Although this boy was settled in stable placement, was articulate and doing well at school, his account of his situation was that 'they' were keeping him from his family. The 'they' might refer to social workers, carers or both – but work with all the significant adults in his network, including his mother, needed to be considered from early in this placement.

6.3 Staying on and moving on for permanence: perceptions of choice

The majority of children (68%) in the study were in short-term placements where the plan had changed to a plan for permanence in that family. Although placements had no doubt evolved gradually to this point, it was important to know whether from the child's perspective an active decision had been made regarding the benefits of the longer term commitment and whether they were involved in that decision. Children who had been placed on a short-term basis and could remember being asked by their social worker if they would like to stay in their current placement when the plan changed status, felt that they had some control over where they lived. It seemed important to them to have this experience and/or perception that they were not powerless but had made this choice and this commitment to the new family themselves.

Children who moved to a planned new placement could recall not only the decision making process but also the preparation that was undertaken. Some children who became subject to a permanence plan that led to a move of placement used language often associated with adoption (e.g. 'forever family') to describe how the new placement was explained to them and remembered doing adoption preparation exercises which they found helpful.

Most children recalled having had some information about their new foster family before they moved in, even if the placement had initially been a short-term arrangement. This information was usually an information sheet explaining the family accompanied by a photograph. Even children who were distressed about moving felt that it reduced their anxiety; '[SW] *showed me a picture of like the mother and I got a bit more like calm'*.

Verbal descriptions and reassurances about the new family from previous carers and social workers also helped children to be more comfortable with the move. Although information was very important, children thought it would be most helpful if they actually met their new carers before the move, as some but not all did:

> *I think they* [SWs] *should give more advice on the foster carers and the placements that they are going to instead of just moving them in.* [It would make] *a big difference I think, because then you know what kind of environment you are going to be in and you wouldn't be so scared because you have been there before.* (Girl, age14)

Children who moved into their long-term/permanent placement in a planned fashion often went through a series of introductory meetings with their new carers first. All of these children found this further reduced their anxiety and for some it helped them to feel more in control and positive about the move. Choice was a prominent theme for these children and some who had gone through an introduction period felt that this enabled them to make an informed choice about whether or not they wanted to live with the family. Most of the children felt that they had a say in their new family to some degree, although this choice was sometimes limited between existing short-term carers or a move to new carers:

> *Yes we had two choices, either live with our foster carers or* [new carers] *but* [brother] *and me did chose these ones because it was like, I don't know, because when we first came* [for introduction]*, this may sound like really stupid, but* [new carers] *gave us like a can of coke and at our foster carers we weren't allowed nothing like that at all.* (Girl, age 13)

Comparing carers was another common experience and, as this example above shows, something seemingly quite small can often be symbolic to a child; this girl had felt second best to her short-term carer's own children.

A minority of children did not feel involved in choosing their permanent family and instead thought that it was perhaps their fault that they had had to move because of behavioural problems, or, if they had remained in a previously short-term placement, that it was the carer's decision for them to stay. All but one of these children remained unsure of their place in the foster family (discussed further below in family membership).

It seems 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 feel uncertain of their place in the new family, perceive that they did not have a choice, *or* whether not perceiving that they had a choice contributes to children feeling preoccupied and anxious. Participation and perception of participation in decision making is not straight forward among children, any more than it is for adults.

6.4 Children's experience of procedural markers of permanence

All the local authorities in the study had a planning stage/forum which 'confirmed' the placement as long-term or permanent, although this forum ranged from the statutory LAC review through to the use of a fostering or adoption panel for this stage. Most of the children interviewed were in a confirmed placement, with confirmation happening, rather like an adoption order, after the child had been seen to have settled in the placement.

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, not all of these authorities expected carers and children to attend. Only four of the 20 children, could remember this stage or this event. The different types of panel featuring in these procedures did not appear to affect children's awareness, as the four children who knew about the panel were from different authorities using three different types of panel (fostering panel, children's panel and adoption and permanence panel).

One of these four children who knew about the panel did not attend, but still found the process very reassuring in confirming that she would not move again.

> It [panel] *took the weight off me, not thinking like I am going to move on to anybody else.*

The three children who attended panel had very different experiences. One child, who had desired a permanent family, felt that the process mirrored the adoption procedures her sisters had gone through and reinforced in her mind her carers' commitment to her:

> It [panel] *made me feel like I was adopted by my parents* [foster carers], *because we were in there, we were talking about it and then I think my parents signed something so it was almost like they have adopted me. So whenever I tell people I am long-term linked, but my mind instantly goes, because they know you are adopted! So when my sisters go 'Ha, ha, you are not adopted!', I go, 'I am kind of adopted'.* (Girl, age 15)

This girl was aged 13 at the time of this panel, often the age limit in some local authorities for permanence procedures, but the process had obviously been important for her. The quotation is also a reminder of how many children in foster care have siblings in placements that may seem to have a different or more desirable status - such as adoption or at home with parents.

In contrast, one boy who had experienced attending a panel found it unsettling and difficult. This boy said that he had not wanted to live with his carers at the time of the panel because they lived in a different town to the one where he had spent his childhood. His memory was that rather than gaining from the panel, the panel seemed to be confirming his losses. He also felt disempowered by the panel, causing him to respond angrily:

> There was a meeting, I remember it perfectly well, with [social work manager] ... I hate him, and then he went 'Blah, blah, blah', and I basically said, 'Up yours' and ran off! ... He said I had nowhere else to go. (Boy age 15)

Although this boy grew to accept his placement and was now thriving in it, this experience at panel was vividly remembered. He had not been able to understand or manage the situation and felt it had affected his relationships with social workers.

These two examples of panel attendance from the child interview sample represent extremes, but they do show that careful thought needs to be put into the decision about how this final stage is managed and the extent to which for each child it is seen as a gain of foster family membership and/or a loss of the birth family. 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. Perhaps where children have unresolved feelings about their birth family, it is especially likely that the permanence procedures will spark off strong feelings, which does not mean the plan should not go ahead but raises important questions about the timing and nature of planning events.

The message here must be that whatever the local authority procedure for final approval of the match and the placement, there needs to be some flexible 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 children must be addressed on a case by case basis in relation to both functions.

6.5 Foster carers' messages of permanence

Although social workers gave children the information that the placement was long-term/permanent, children valued it when carers created an environment which showed the children that they were *wanted* on this basis. Some carers used symbols, such as pets, to communicate to the child that they saw them as part of the family long-term, as this boy (aged 11) described:

> *I had a duck born the day I came, the first day I came a duck was born and it was my duck.*
> Interviewer: Did you get name it?
> *Thomasina* [to match his name]

According to the children, carers' communication of the message of permanence to them did not stop once they had moved into a new placement or the placement changed status and the placement was confirmed; it was an ongoing process occurring throughout the children's stay. Many of the children talked about their carers commenting that they could stay for as long as long as they wanted, which helped to make them feel wanted. One theme for some children was that they felt secure enough to share a joke with their carer about wanting to stay longer than most children living with their birth parents would stay or returning later when adults. This appeared to be a way of seeking reassurance, whilst at the same time confirming that long-term family membership was normalised.

As well as these everyday messages of permanence, two children commented on a special day when the whole foster family would go out and celebrate their inclusion in the family. For one child this was the anniversary of the panel, and for a teenager this was the anniversary of the date she moved into the family, when each year she was able to choose the restaurant for the family celebration. These occasions helped the two girls to feel special and appreciated by their foster families, and were similar to celebrations in adoptive families.

Not all children received such firm reassurances about their membership in the family and about what growing up in this family might mean, and some seemed to be left guessing their carers' feelings towards them and their place in the family. Such uncertainties were reflected in some of these children's carers' interviews, especially when the match had not worked out as hoped and carers were disappointed. Although children could not directly articulate what that experience of being a disappointment might mean, the lack of a wholehearted endorsement of their foster family membership suggested that they too were unsure of their place in the family. But, as the next chapter discusses, the range of feelings that the child might be bringing into this relationship with the carers might be making it difficult for even the most committed carer to establish a mutually rewarding relationship.

6.6 Family membership- a sense of belonging

Most children had some sense of being a member of their foster family, whether they felt more or less happy in placement. Although this may be in part because we sampled relatively settled placements, it is consistent with a study of 40 young adults who grew up in foster care (Schofield 2002, 2003), where adults may have had a range of perceived emotional closeness to foster carers in childhood, but nevertheless felt that this was a family to which they belonged in childhood and adulthood. This should not be entirely surprising, given the range of emotional closeness in relationships in biological families who nevertheless share a collective family identity.

But for children who did feel valued, accepted and loved, this experience firmly reinforced their sense of family membership. The combination of love and membership was communicated through everyday interactions, which not only included reassurances about being part of the family, but also provided the benefits of the secure base caregiving discussed below in the chapter on the foster carer interviews. Symbols of family membership and being valued were important to the children and they referred to family days out and shared holidays and celebrations as evidence. Children mentioned carers spending time with them and also spending more money than they received from social services on their Christmas or birthday presents, as an example of how much their carers thought of them. Carers who are seen by children as going the extra mile are perceived as more like 'real parents'.
Family membership was seen as going beyond the relationship with the foster carers, and included their relationships with the carers' extended family, very important in other studies of long-term foster care (Beek and Schofield, 2004a). Many of the children had also grown close to their foster siblings (including both foster children and carers' birth children) and referred to them as their brothers and sisters.

Membership in the foster family was only one part of the children's sense of family membership as they also belonged to birth families, who were to varying degrees important in their lives. Children's thoughts about their foster family often interacted with their feelings towards their birth family. For example, one of the most moving aspects of the children's interviews was the extent to which children continued to worry about their mothers, whose substance misuse and mental health problems in particular made it difficult at times for children to move on and feel able to fully enjoy the foster family.

How children perceived the roles of the foster family and birth family differed widely, and there were different kinds of meanings in and 'balance' between these family memberships. Analysis of the data suggested that four types of family membership could be identified. (Although numbers are given for each group, this is not intended to indicate that these proportions are likely to be reflected in larger samples).

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

6.6.1 Dual family membership (with the foster family and birth family)

There were two children in the sample who felt strongly connected to both their foster and birth family, with identities and a sense of belonging established in each. These children were happy for their carers to take on the parent role and felt loved by them. However the birth family also featured quite prominently in their lives and they often had informal, unsupervised contact arrangements. Birthdays and Christmas would be spent at either one or the other families and sometimes members of the two families would celebrate together. The children felt they could turn to members of their birth family, as well as the carers - but for different things:

> C: W*ith mum, I talk to her about things. But with* [carer] *when I talk to him about things he helps me with them, whereas mum she is not quite as good with things like that. But she is still there and she is still mum, so I talk to her about things and what I am doing.*
> I: Do you ever feel torn between the two families?
> *C: No, no, this is like my first and second family. My mum is my first family and this lot are my second family. I call* [carer] *my dad.* (Boy aged 17)

Both children in this group understood why they could not live at home and had accepted it. There were some differences however; the boy quoted above had resolved his feelings about his mother and was able to move on, whereas the girl was more preoccupied with her mother's welfare and had rather more mixed emotions. However, she was very close to an older brother and was involved in the lives of other extended birth family members.

Both these teenagers said that they were planning to live independently post- eighteen, but saw themselves returning for holidays and acknowledged that they would welcome, and expect, continued support from their carers after they moved into their own accommodation. It is perhaps unsurprising, given their wish to establish themselves as adults who could move between the two families, that both these children were teenagers when they entered care and had spent most of their childhood with the birth family, but encouraging that they were nevertheless able to value the stable life and acceptance / family membership in the foster family.

In the previous UEA study on planning for permanence in foster care (Schofield and Ward et al 2008) some practitioners suggested that teenagers coming into care did not

need a 'replacement family' because of their 'strong' relationships with their birth family. But what is clear from these teenagers is that they did need a foster family who could provide warmth, stability, a pro-social environment and elements of family membership. Furthermore, they were able to accept their carers and feel fully part of their foster family, whilst still having close relationships with birth family members, which their carers were able to support.

6.6.2 Exclusive family membership (with the foster family)

Seven children in the sample, across the age range, demonstrated exclusive foster family membership. These children identified completely with their foster family and discussed all the themes of family membership in relation to them. They wanting to remain living in their foster families post-eighteen and could see themselves involved with them for the rest of their lives. Most of these children had actively wanted a permanent 'normal' family where they would be cared for and loved as if they were the carer's birth child:

> *I wish that this was my real family, yes that is what is annoying about being in foster care; it is not really my birth family.* (Girl, age 17)

The sense of security in the foster family was contrasted with their experience of their birth family, and children described their disappointment in their interactions with their birth family, particularly their parents. They were able to appraise their parents' limitations and understood the reasons they were living in foster care, but this caused most of them to experience some level of anger and resentment towards their parents. Such emotions were compounded by feeling repeatedly let down by their parents since they had entered care. These children said that as a result they had decided themselves to have no or limited contact with their birth family.

These categories are not simple. 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 that the birth family was not able to offer any reliable support, but for some it might also be a defensive strategy, rejecting the birth family in order to manage feelings of anger and sadness about being rejected by them.

During the interview most children found talking about contact and their birth family very difficult and would close up. This was a painful area of discussion and seemed to indicate, perhaps inevitably varying degrees of unresolved feelings about their parents. The children in this group found it easier to manage their emotions by avoiding their birth family (both physically and mentally) and embracing their foster family. This 14 year old girl was asked whether she wanted contact with her parents:

> *Dad, no chance, I don't want to see him. No, I don't want nothing to do with him anyway. Mum I used to, but no more. She couldn't look after us and she made loads of promises and broke them all and when she says she is getting back on her feet it is all lies, I hate it… I know who my real mum is, but I don't like to say it because I am here, and I know long-term the person who is going to look after me is* [foster carer]*, that is my mum who is looking after me.*

This rejection of the birth family and preference for the foster family did seem somewhat protective as most children in this group were doing well, many had seen positive changes in their behaviour and they reported being happy with their situation;

I know it is the best place really, because if I had stayed with mum I don't think I would have got anywhere really.

Some of these children had felt pressured at times by both foster carers and social workers to have more contact with their parents, which had increased their anxiety. It is unclear whether these children's feelings towards their parents will become more resolved over time, but one seventeen year old in this group said that she no longer felt anger towards her mother and had been able to move on. Having reduced contact may enable children to push negative feelings into the background while they focus on their lives in the foster family. It is important, however, that children's feeling towards their birth family are acknowledged, supported and worked through, as these children needed to deal with this aspect of their identity at some stage.

It was possible to have exclusive foster family membership without strong negative feelings towards the birth family. One child, who had previously been in an unsuccessful adoptive family placement for three years, had a current foster placement that felt rather like an adoption. She had confidence in her current placement and did not have strong positive or negative feelings towards her birth family, who were more marginal to how she thought about herself, perhaps because of the period in adoption.

6.6.3 Mixed family membership (secure with the foster family but anxious / uncertain with the birth family)

The third group consisted of six children who each felt very much a member of their foster family and identified with them, but wanted a relationship with their birth family which was not always possible. Rather than clearly desiring a permanent foster family like children in the previous group, generally these children felt sadness at not being able to live with their parents, but had grown to accept their foster families. They all reported feeling very much at home in their foster families and enjoyed spending holidays and celebrations together as a unit. They were happy for their carers to take on the parent role and perceived their carers to be their secure base, going to them for help and support. They could all see themselves either staying with their foster families post-eighteen or returning to them for visits as part of the family in adulthood.

These children understood and accepted that their birth parents' care had not been adequate, but had troubled, mixed feelings towards them. For those children who had an uneasy relationship with their birth family, feelings were confused and they felt some anger at their parents, but would also make excuses for them and try to satisfy their parents' emotional needs at contact. One older teenager was able to feel some degree of empathy for her mother and her situation, and said she did not blame her, despite having very angry and tense arguments with her regularly.

A younger girl was happy for her carers to take on the parenting role, called them 'mum' and 'dad', and had previously asked them to adopt her. This child's desire for

legal security with her carers was probably linked to her need for emotional security, as her interactions with her mother were unpredictable and emotional.

> *My social worker does an appointment for us to see each other for two, three, four hours and then when it comes to the day sometimes my mum cancels it.*
> Interviewer: How does that make you feel when she does that?
> *Angry.*
> Interviewer: And who do you talk to about your feelings?
> *[Foster carers]*
> Interviewer: And what sort of things do you chat to her [mother] about when you see her?
> *How much I miss her and all sorts of stuff... I would like to see my mum more often.* (Girl, age 13)

Research on children in foster care often concludes that children want more contact and yet, as this example suggests, it is often not so much that they want more contact to be arranged but for more contact to happen as planned and to go well (Sinclair and Wilson 2009, Schofield and Stevenson 2009).

Most of the children in this group (and the sample as a whole) were able to manage relationships and enjoyed their interactions with their extended birth family and birth family friends rather better than with their parents. These other relationships provided a constructive link to their birth family identity which the children valued, but had less weight of expectation than contact with parents. Relationships with extended family and friends had been normalised for most and become part of their routine and, at times, part of their support network.

> *She may be a sessional worker but she is like a friend to the family. My dad knew her for thirty odd years, knew her when she was twenty basically. My dad grew up with her and they were really good friends so she is basically family to me and then she got that job a few years ago. When my mum died there was only one person I said I would have and that is my* [name]. (Boy, age 15)

6.6.4 Limited / uncertain membership (limited with the foster family/ preoccupied with the birth family)

Five children in the sample appeared to have a more limited sense of foster family membership. They were settled in their foster families, but there was a sense of 'biding time' until they could return back to their birth families. Although these children stated they were living in a 'normal family' and did seem to value holidays and celebrations with their foster carers, they did not talk about messages of family membership from the carers, or reassurances that they could stay long-term. Although they said they felt loved by their carers, they did not seem to have an open relationship and had some anxiety about their carers' feelings towards them. This resulted in two of the children being grateful towards their carers for 'letting' them stay: '*I am very lucky and I am glad that they let me live with them really'.*

Children in this group had accepted their birth parents' limitations to some degree, but they did not feel angry and resentful towards them and they did not blame them. Instead they might blame social workers for being separated from their families. The children worried about their parents' well-being and stated that they missed them a

great deal. They gave the impression that contact was a highlight in their lives and the periods in between were simply to be endured. Children commented on shared traits and talents they had with their birth family as reinforcing their identity. All of these children saw themselves returning to their mothers when they were old enough to leave the placement. One boy (age 11) was wishing his childhood away so he could get back to look after his mother, who had mental health and alcohol problems.

> *Now that is what I would like to do, grow up.*
> Interviewer: What, grow up more quickly?
> *It's boring being young...*
> Interviewer: What do you think you will do when you are eighteen?
> *I will look after my mum like my brother is...*

Then later in the interview:

> Interviewer: What other things do social workers do that you don't like?
> *Put me in care!*

All of these children who had not settled were fairly young (the oldest was 13) and had been in middle childhood when they had entered care. It maybe that as these children grow older they will be able to reflect and come to terms with their situation. There is some interaction with the carers' caregiving commitment, however. Three of these children were placed with carers of grandparent age and perceived their carers as very much taking that role. These carers were often involved in contact and members of the child's birth family, including parents, visited their house. The grandparent carer role can work well but these carers, although in the telephone interview stating that they thought very highly of the children, did not seem to be communicating a sense of belonging to the children. Two children were placed with carers of parent age, who, when interviewed, had mixed feelings about the children in their care, which may have been a response to the child's lack of commitment to them and the placement or may have contributed to the child's lack of commitment - or both. However it starts, lack of commitment to foster family membership on both sides is likely to leave children turning to the birth family to meet their emotional needs, however unrealistic or unlikely to be successful.

6.6.5 Calling carers 'Mum' and 'Dad'

Use of family names is not in itself a reliable marker for the quality of family membership and emotional support, but how they are used can become significant for children, carers and especially birth parents (Schofield 2003, Schofield and Ward, 2011). None of the children in the limited / uncertain family membership group called their foster carers mum and dad or referred to them in that way, although some did refer to foster siblings as brothers and sisters, and used family names for extended foster family members. In their mind, however, it seemed that carers were not in the parent role, but were simply caring for them until they could be back with their parents. They were very clear that the person they called 'mum' was their birth mother.

However, children in the other three family membership groups varied in the way they perceived their carers and in what they called them, so presence or absence of the use of the terms mum and dad is not in itself indicative of family membership. Some children called their carers 'mum' and 'dad' when face to face and also referred to

them this way with other people. Whereas other children would speak to their carers using their first names, but when talking with friends and other people would refer to them as 'mum' and 'dad'.   There was a feeling that it was easier to refer to carers as mum and dad because it avoided having to explain their situation to others:

> *Well when I first came I, like after a year, because for a year I was like calling my mum* [carer's names] *and I didn't like it, because when I was out people were like just looking at me, well I thought people were looking at me when I was saying* [carer's names] *because they might think they are my nanny and granddad and I didn't like calling them* [carer's names]. *Then, I asked them to ask social services if I could call them mum and dad and they said yes. Then I started calling* [carer's name] *mum and* [carer's name] *dad and now I have got used to saying mum and dad most of the time.* (Girl age 13)

However, using family names did seem for some children to be associated with more than simply making life easier, and was described as being connected to their feelings towards their foster carers.

Most of the children accepted their carers in the parent role and felt that their carers cared about them because they acted 'like' parents should. Yet, all but one of the children (who was in a placement akin to adoption), tried to discriminate between foster and biological parents as this quote illustrates:

> *I call them mum and dad and I think of them as mum and dad, but I don't see them as my actual mum and dad.* (Girl, age 15)

However even this quotation does not necessarily mean that an 'actual' mum and dad are any better than those who play the role for them on a daily basis. As with all communication about this question, children are often struggling to define and separate out what they know to be 'normal' in wider society from their own family experiences. Foster carers cannot 'become' biological or legal parents, so being mum and dad in name, in role and in her thoughts is probably as good as it gets. The 'actual' mum and dad are, after all, in most cases still there in foster children's thoughts and lives.

Nearly all children in the first three groups saw their carers as parent figures and, whether they used family names or not, would still talk about them in this way. This was often linked to comparisons between their early parenting and the carer's current role in their life.

> *When you think about what a mum is and what a dad is and I compare it to what my mum and dad were like - I know they loved me, but they didn't do their best by me which they should when you bring a child into life I suppose. And I just see* [carer] *as my mum, she is doing well for me.* (Girl, age 17)

It seems to be very important to children for carers to 'earn' the right to be thought of as parents by 'doing well' for the child.

6.7 Children's relationships with social workers

Children varied in their sense of the impact of the permanence plan on their relationship with social workers, but some commented that they saw their social worker less because they were in a long-term/permanent placement. Children differed in their feelings about social workers, but offered views that although apparently contradictory made sense. Children said, for example, that they wanted to have less social worker involvement, but also that they felt let down when their social worker did not come to see them. Of course children may want less social work involvement because it is unreliable, but it is more likely that some or even most children in long-term care will feel ambivalent about having a social worker, but nevertheless do appreciate a good one.

6.7.1 Perceptions of social workers' role

Children seemed to be broadly accepting or broadly rejecting of the role of social workers, with four different patterns emerged reflecting their different views and experiences.

Accepting: social workers are actively helpful

Children with this opinion were very accepting of social workers and felt that they could be a real help to them. Children had often had a positive relationship with one social worker at the start which formed the basis of interactions with professionals thereafter. They had often had to rely on social workers' continued support at some point and knew that they might need them again.

> *You can trust them* [SWs]*;caring, they understand you, and they are always taking like if you don't want something to happen and they take it in and try and change it or if you want somebody to change a time they change it and make it happen.* (Girl, aged 11)

Accepting: social workers are in the background, but there when needed

These children feel neutral about social workers and simply see them as an inevitable but potentially helpful part of their care situation. They would generally go to their carers first for any help or advice or for day to day issues, but if their carers could not solve the problem they would be happy to approach their social worker. There are certain types of support, especially around contact and leaving care, that these children were likely to seek from their social worker. These children appreciated seeing their social worker less frequently, but knowing they were available and how to reach them:

> *I think it is every few months* [that I see my social worker]. *It doesn't have to be like every day sort of thing, but maybe like every say two months is not that long. But she always knows that if I need her for an emergency, I have got her mobile number.* (Girl, age 17)

Rejecting: social workers are not needed

Children with this opinion did not feel any particular resentment or anger towards social workers, but just felt that their support was not needed. The children believed that all their needs could be met through the carer and would rather not have a social worker. For these children, seeing a social worker infrequently was best –anything more was intrusive. In this account the problem was contact from a leaving care team,

in this case provided by a voluntary organisation, who wanted to engage the teenage boy actively in way that felt too intrusive.

> *Most of the things that a social worker is for, I have got* [carer] *for. They… (vol. org.) send me letters all the time, it is always the same letter, no matter how many times I have told them I don't want a (vol. org.) worker, I don't need one… It is a waste of their time and my time and because it is annoying when you are eating dinner and suddenly the phone rings 'Hi this is (vol. org.)' 'Hello (vol. org.) goodbye!'* (Boy, aged 17)

A sense of intrusion in their 'normal' family life is always a risk when children in long-term foster carer are approached by leaving care workers and involved in discussions about practical steps, through a pathway plan, to independence. The timing and role of what may now be called a 'transitions worker' is an issue that comes up repeatedly from carers as well as young people and children's social workers. The leaving care role has a set procedure in most local authorities, with seemingly very little flexibility or negotiation around procedure and practice that fits young people's different circumstances – some long-term fostered young people find leaving care workers helpful, but by no means all (discussed further in focus group chapter below).

Rejecting: social workers are not to be trusted

Certain children believed that social workers could not be trusted and avoided having to interact with them. This is because, they said, they had been let down by social workers in the past, or blamed social workers for being in care. These children felt that their needs could be met solely through their carers or family:

> *I feel like I haven't been listened to. Like say you talked to social services, they like write it down and they say they are going to try it, but then they don't so* [carer] *actually tells me and she tries to figure it out. But social services they just say, oh yes we will find that out for you, but they don't.* (Girl, aged 14)

Children expressing both accepting and rejecting views of social workers appeared across all the family membership groups, indicating that attitudes to social workers was not necessarily linked to how children perceived their own place in the foster and birth family. This was a small sample, but it appeared that children formed their opinions based on certain experiences they had had with specific social workers, demonstrating the importance of making visits, reviews and other interactions a positive experience where possible. All the children had experienced both positive and negative aspects of working with social workers.

6.7.2 What children value in the social work relationship

Most children had experienced a number of social workers, and so they particularly appreciated it when there was continuity of social worker. Those children who had had just one or two social workers said that they had been able to build a strong relationship with them over time.

Children also liked it when their social workers were approachable and responded to their queries. They appreciated being able to talk to their social worker and it made them feel good when they received praise.

One overarching theme for children was their appreciation of being able to have a personal, rather than just professional, relationship with their social worker. Children really warmed to workers who had taken the time to get to know their interests and personality and remembered their birthday and other special days. A key theme, linked to this relationship, was how visits should be fun and centre around an activity, like playing a game or going out for a coffee, rather than just focusing on the statutory questions. This took the emphasis away from the child's care status and helped the child feel accepted by the social worker as a person in their own right:

> *I got on with* [social worker]. *He was brilliant, he was absolutely brilliant...Well we just used to chat on for days about football... He was really funny as well and when he was seeing you sometimes he would talk to us and ask how we are, he would make sure he got it out of us in different ways...* [Social worker] *used to take us out for a drink at McDonalds...and we would get a can of coke or a milkshake and we would sit and talk or he would take us down the town and I would pop into Game and take a look around.* (Boy, age 15)

6.7.3 What children find difficult in the social work relationship

Social workers are extremely pressured and the more personal relationships that children valued are very consuming both in time and emotion. It is also not easy for workers to know whether the child really wants to see them when their signals can be so uncertain - and children were often ambivalent. But these children did care and did notice when social workers did not keep to arrangements or follow through on a promise. Most of the children had examples of occasions when they had been let down by a social worker not getting back to them or forgetting about a request. Children had also felt hurt when social workers had left and not said good-bye to them. Even children who were not particularly accepting of the role of social workers, still felt that their worker should have said good-bye.

Children's likes and dislikes about social workers were often expressed in terms of small things – perhaps a physical attribute they did not like, such as a laugh or tone of voice. Some children found having a social worker took up time and stopped them from being able to go out and play or watch a TV programme they liked. This child found that as well as being time consuming, she had to manage multiple appointments with more than one worker:

> *When I have a week off school, like half- term week, all my days are booked up with social workers, like all my days are booked up... It is like not fair because I want to do things with my friends... Last time we had a week off my guardian came to see me, then my social worker came to see me, I was off with my contact worker and things like that. There is half a dozen workers.* (Girl, age 13)

Children also found it difficult when social workers seemed to be 'pushy', asked them lots of questions or imposed their own opinion on a situation; '*I don't like it when they are really interfering and try and tell you what they want*'. The balance for social workers in being available and responsive but not appearing to intrude will vary for each child and will change during a long placement and as the child moves into adolescence. Children may want more or less contact and closeness depending on

such factors as their developmental stage, their feelings about the birth family and the extent to which needs are being met in the foster family.

6.8 LAC Reviews

The experience of LAC reviews for children in care is often singled out as a particular challenge when it comes to normalising the long-term foster child's experience of family life. The independent reviewing officer, as well as social workers and other professionals need to take into account the special circumstances of the child who is placed in a long-term or permanent foster family.

Almost all the children we interviewed attended their LAC review, including those who were less accepting of the role of social workers. This may be a feature of the sample, as most were older children and might be expected to attend the review. Two reasons were given by children for attending. The first was that they wanted to know what decisions were being made and what professionals and carers thought about them. But they also saw the review as an opportunity to express their views and opinions, especially around issues such as contact or education. This girl describes her reasons for attending the review, which were fairly typical.

> *Because I want to hear what they have been saying about me and...I just like being there, so I can sometimes get things off my chest and talk to people about it. I don't really know why I like going, but I just do.* (Girl, age 12)

Children did not like the thought of discussions happening about them without being present. Some also liked the attention and being in the spotlight. Only a few children said they would choose not to have reviews if that was an option, but, as one social worker said in the focus group, children will have been encouraged by professionals to accept reviews as normal and to perceive them as important from first entering care.

Some children felt that the review showed that social workers were thinking of them and cared about them. Children who liked their reviews said it helped them to see how they were progressing and the praise they received for educational progress or good behaviour helped increase their self-esteem. A couple of children even felt that when they had not been progressing well, the review gave them an opportunity to see where they were going wrong and learn from their mistakes:

> *I would like reviews because then I can see what the progress is, what isn't and then they can know that we are happy and stuff like that and there isn't any problems.* (Girl, age 15)

Reviews were not without their problems, however, and most children talked about some negative aspects – with the issues identified being very varied. Children reported that they found reviews boring and that they impacted on their time; that having nice drinks and treats at a review would make this more bearable; that the review reinforced their care status; that reviews were too formal; and that they were confused about who everyone in the room was. Two children felt misrepresented in their reviews about an incident or behaviour and found general criticism towards them hard to deal with. There were comments that the paperwork they had to fill in beforehand about their placement was pointless because everyone knew they were

settled. A couple of children disliked having their birth family attend because this increased their anxiety.

When asked if there was anything she would like to change, this girl said:

> *A little less formal, a little less like, a little bit friendlier, a little bit nicer because it feels like they are talking formal words and they are talking one person to the next person. It just feels like they are shouting at each other and because I am sitting in the middle of all that I feel a bit tense and a bit scared and I feel like well if you are not going to talk properly I am going to go out and if you want to get really important information from me, if you want my view on something, you are not going to get it if you are not going to talk properly because there is a teenager in the room and if you are talking like you are. I know you are all adults, but if I can't understand a word you are talking about I am not going to gain anything from it.* (Girl, age 15)

One recurring concern was that some reviews took place at school. Children disliked this because they felt that it marked them out to be different and they had to make up excuses, such as a doctor's appointment, for being called out of class. From the child's point of view, there did not seem to be a positive reason for having a review at school. Two children found it awkward having their teacher attend as they felt that their family life did not concern teachers:

> *At school I feel like really uncomfortable about it, because at school it is like really weird, it is like why should school get involved in it? And then like my Head of Year she comes... I prefer it if they don't.* (Girl, age 13)

One boy found that having the review at school put him on edge because it was more formal than at home (he even commented on the uncomfortable chairs) and he was worried in case someone walked by or saw him. The few who liked reviews happening at school said it was because they did not have to attend certain lessons.

Using the school as a venue for the LAC review of a long-term foster child needs very careful thought. As in most cases there will also be PEP (personal education plan) meetings at school, there has to be a good reason for having the review at school or having it attended by school managers. For many children in long-term care, school can be an opportunity to be in a separate world, to be like other children, creating their own identity, roles and relationships. Every step must therefore be taken by the social workers and Independent Reviewing Officers to reduce rather than increase the impact of the care identity on normal school identities and experiences.

6.9 Decision making

The extent to which parental decision making about foster children is delegated to foster carers - or taken up by foster carers - is likely to impact in significant ways on children's lives and their feelings about being like or unlike other children.

Nearly all children had an example of at some point being prevented or delayed in doing an activity because their carers had to seek approval from social services or a parent. Most of the children did not feel that this affected their day to day lives too much, although they were aware that many long-term carers were still checking things out first with the social worker. However, despite national guidance, overnight stays

were still an issue which some carers did not feel comfortable about, or perhaps were permitted, to make decisions about. In addition to this, many children felt that other areas of their social lives had to be checked with social services. The quotation below is from a fifteen year old who had been with her carers since she was six, and demonstrates that even in the longest placements children still perceived that their lives were being controlled by the social work agency:

> *They have got a lot stricter since the Baby P thing. Fair enough, but like they write everything down. If I want to go, sometimes if I want to go for a sleepover at my mate's house or even just straight after school I want to go out with them she* [FC] *will tell me sometimes, depending on where I am going, she will be like, I have to ask social services. So certain parties I can't go to like, you know the things for under eighteens where there is no alcohol!* (Girl, age 15)

But there was also a sense from some children that their foster carers were using the need for permission from social services as an excuse for not allowing them certain freedoms and to avoid a confrontation. The need for teenagers to experience greater autonomy means that certain degrees of risk have to be managed. Foster carers need to be supported with this through carefully negotiated placement agreements, supervision and good communication between LAC and fostering social workers.

As well as different patterns of parental decision making affecting children's lives, children talked of what they saw as social services regulations which seemed to get in the way of normal family life, as this fourteen year old describes:

> *You feel like you are barriered because you are in care.*
> Interviewer: What do you mean by barriered?
> *Like say I wanted to look after* [foster sibling] *by myself, in like normal households you would be allowed to do that but in care you have to wait until you are a certain age to do it and we are going to bring it up in our review if I can but we haven't done it because we know that if we do it we will get into trouble.* (Girl, age 14)

Again this seemed to be about avoiding risk in ways that limited adolescents' sense of being treated appropriately for their age.

Although most children felt an element of being 'barriered', they did not feel that it prevented them from doing most things in their lives. But it was evident that 'social services' were in their minds even in the periods between visits or reviews, as they were in the minds of carers. This is an inevitable part of being a foster child or a foster carer and so needs to be handled with as much sensitivity as possible – in the ways described in the chapter below on carers who are able to help children with their care identity.

6.10 Contact

Children who had different attitudes towards their role and membership in foster and birth families (as discussed above) saw contact very differently. Children who had dual family membership, for example, saw their informal unsupervised birth family contact as, in the main, a relaxed and routine part of life in two families. In contrast,

children who had exclusive foster family membership said that they had chosen to have no or limited contact with their birth family – although, as with choice about placement, choice about contact would not be a simple matter. But these children's expression of anger towards birth families that had let them down previously suggested some degree of unresolved feelings that affected contact decisions.

Children who identified mainly with their foster family, but felt anxious preoccupation about their relationship with their birth family, found contact at times difficult and confusing. Finally, children who had anxious and limited family membership in both families tended to see contact as a highlight in their lives, even when it may in fact be far from perfect, since they were likely to pin their hopes on the birth family.

Regardless of family membership group, most children had some degree of anxious emotion around contact and found it difficult to talk about, at least in the research interview, and some seemed to block out their emotions. Children at times reported feeling nervous around their parents or siblings and did not really know what to talk to them about. For them, contact reinforced their differences and made them aware of growing apart from their family. Children also reported angry or very emotional interactions between themselves and their family at contact. But there were strong feelings of sadness for those children who felt rejected by their family when they did not arrive for contact or chose not to have it.

Contact with parents who were vulnerable themselves could make children anxious about their parents' well-being and cause them to fall back into a caretaker role with them. The quote below is an example of the complex relationships children have to manage with their parents in contact and also shows how children's emotions can swing up and down as a result:

> *The best contact was probably when my mum had detox and we had a good day and she wasn't on drugs. When she was on drugs she beats you. So I went and see her and then took her some new pyjamas and new slippers because she like looks so much healthier when she had put on weight and she wasn't withdrawing. Then I actually was able to tell her that I was proud of her and that was a good contact, because then she felt better about herself and I felt better because my mum hadn't taken drugs and that she had done detox. But then she had another relapse when she come out, so then I was a bit like, well I wasted my breath there!* (Girl, age 17)

Children talked of quite often having to manage their parents' emotions during contact. Some children felt their families put pressure on them at contact to show physical affection and they had to tell their parents how much they missed them and that they wanted to return home, even if they did not. Contact could be an opportunity to learn about their parents' thoughts about the past, although this was often still in the context of managing their parents emotions to some extent, or at least living with their parent's view of the situation, as this girl's account of what happened and what was talked about by her mother at contact demonstrates:

> *About dying her hair, just listen to her ranting on. She likes to talk a lot. She doesn't really see many people, so she just talks to me. I don't know, she just tells me, she talks about stuff and I am listening, she asks me questions about… I think she feels guilty and I think she does regret not being there for*

me. But I think in her head we have got some really good relationship! (Girl, aged 17)

Despite most children having some level of anxiety around contact, most were able to enjoy their interaction and see the value in it and contact with extended family or siblings was often easier for the children to manage. One key theme emerged, especially with the younger children, that contact should be as fun and varied as possible and activity orientated. Children complained of being bored in a contact centre or sitting around at a grandparent's house with little to do.

Umm I would like contact to be different because mainly it is always at my Nan's house and we just sit down and talk and chat and stuff. I would like it to be different like go out different places and things like that. (Girl, aged 12)

As well as being entertaining, having a focus took some of the pressure off the children and they came away from contact remembering it as an enjoyable day out rather than one which was emotionally strained. Activities such as a local tourist attraction or the swimming baths do cost money which social services will not always find and many parents do not have, and it may be complicated to organise if supervised. But certainly from the children's point of view it could make the experience more enjoyable and less emotionally demanding experience.

There were many types of contact arrangements represented across the sample with different frequencies, supervision arrangements, and locations discussed by the children. Carers' involvement in contact differed too, from no involvement at all to inviting siblings on holiday and having parents over at Christmas. Children generally seemed to find carers supportive of contact and felt that they promoted it.

6.10.1 Experiences of supervised contact

Nearly all children had experienced supervised contact at some point and there were mixed views about it. Quite a few children did not like it because it was uncomfortable and felt unnatural; *'really awkward, like it is just weird to have someone who you don't really know or you are not related to be there with you and your own mum'*. Supervised contacts in the community seemed to be a very strange experience for the children with contact supervisors keeping their distance and hiding their identification badges; *'some of them who just follow you around and just act as security guards'*.

Despite certain problems with supervision, other children were glad to have it for differing reasons. One eleven year old appreciated the supervisor being there, because he was worried that something might happen to his mum during contact and he would not know what to do; another example of some children's preoccupation with parents' wellbeing. One child commented wryly that the notes taken during contact would make good reading when she was older. Another child thought that contact being supervised meant that her mother was more likely to turn up and less likely to be on drugs. And two children appreciated contact being supervised because it helped them to feel safe:

Interviewer: How do you find contact being supervised?
I think it is better like that.
Interviewer: Why do you think it is better like that?

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Because if you are on your own your mum can say stuff to you that you don't like whereas if you are supervised, it is like one day we were at a contact and... she (mother) *said 'oh I really miss you' and I say 'yes I miss you too' and she said 'me and* (other relative) *are going to try and get you back' and I didn't like that. She said that and I know it can't happen, but I just didn't like it and I kept it in for days and days and weeks and then finally I just went to* (carer) *and said can I talk to you and I just started crying, then it changed (to supervised contact).* (Girl, age 11)

This quote again shows the difficulties children can face at contact if it is not well managed and the issues that carers sometimes have to face when caring for children in permanent foster placements.

6.10.2 Social workers' handling of contact

Contact was a sensitive issue for most of the children, but they also described how sometimes it had been handled insensitively by their social workers and their views had not been heard. Although research has often suggested that children want more contact, several children in this sample felt that social workers were making contact arrangements with certain relatives which children had indicated they did not want. This was especially true for children with exclusive foster family membership. As discussed above, some children had chosen not to have contact with birth family members, but these children were still doing well in all other areas.

It was of course equally important for children to be listened to when they have asked for more contact with particular family members. One common complaint was that children had asked for contact with a particular family member and it had not happened. They felt that social workers did not explain to them the reasons why or even whether they had tried to arrange it and children had grown to accept that it was not going to happen:

> *They say they are trying to arrange contact with my brother, but they are not and it makes me sad.* (Girl, age 12)

All aspects of contact in long-term placements - who with, frequency, venues and transport - must be discussed with the child and revisited over time. LAC reviews are rarely a good place for having this discussion – the child needs separate opportunities to talk contact issues through with both their foster carers and social workers.

Another issue for children was the way social workers communicated contact issues with other family members and to other professionals. Sometimes rather tactless language was said to have been used or the social worker would discuss the child's views or what happened at contact with an inappropriate relative. This girl felt that confidentiality was broken by her social worker:

> *I said to* [social worker] *that I don't want to see my mum yeah, so she went back off to my brother and said 'Oh* [child's name] *doesn't want to see mum oh blah de blah' I am like 'So what?', I said and* [brother] *rang me up and said 'Why don't you want to see mum?' 'Because I don't* [brother], *it is none of your business why I don't'. So she actually broke a confidence from here to here* [uses hands to demonstrate]. (Girl, age 15)

6.11 Children's advice to other foster children and to foster carers

At the end of each interview, children were asked what their advice would be to other foster children who were in long-term/permanent placements. Their responses fell into three broad themes.

One theme was about *attitudes and behaviour*. The children suggested that behaving well and being nice to carers was important. This view was perhaps linked to some insecurity about the possibility of placements potentially breaking down, which several had experienced, but it was also a rather complex matter connected to recognising that foster carers were not to blame for the children's situation:

> *I guess you always learn from your mistakes, so I would just say, don't like get in any arguments over nothing with your carers and at the end of the day you are going to have to live with them, unless they hate you so much they will kick you out. So you know it is not their fault that you are in foster care, they didn't go, 'Right, I want you in foster care, come and live with me now'.* (Girl, aged 15)

Another theme was *honesty and openness*. The children suggested that it was important for children to be honest about issues, for example about not liking a placement or a contact arrangement. They also commented that it was better to try and be open with carers and workers about problems and feelings:

> *Sort of respect everybody like they would want to be respected, just be honest and open with what they want and make sure that the social worker does their job properly and if not tell someone. Talk to somebody whenever they need to talk to someone and don't let it bottle up inside.* (Girl, aged 17)

The third theme was about *acceptance and trust in the placement*. They felt children should recognise that carers did care about children and love them and want the best for them and that they should think of the foster family as a normal family. They thought that to get along in a placement children should think positively and trust their carers.

> *Think about it as you are in a better place, you have still got the other end of the phone, and you are with people that will care for you and love you and everything is going to be alright.* (Girl, aged 12)

In their advice to carers, children showed sensitivity to the challenges of parenting children who are not your own – but also to the needs of foster children to be loved and accepted.

> *Foster carers should give children their love and care, do the best you can, be proud of them, love them for who they are, even though they are not yours, just love them for who they are. (Girl, age 14)*

6.12   Children's views and experiences: summary
- The children knew they were in placements where they were expected to remain until they were aged 18. This 'official' message came from their social worker, however carers would also give additional informal messages of permanence, often about remaining into adulthood, which helped the children

feel they were wanted. A few children, however, had not received or understood messages from carers or social workers about permanence and had felt confused and uncertain about their place in the foster home.

- Having information about new foster families before moving in was important for the children and for those who had introduction meetings this reduced anxiety and helped the children feel more in control.

- Perception of participation and choice was significant and most children felt they had 'chosen' their long-term families, either before they moved in or as a decision to stay once the plan had changed. However, there were some children who did not feel they had made the decision to stay with their carers, and remained unsure of their future.

- Only four children out of the 20 children interviewed could recall being aware of a panel process to confirm the placement. Three had attended a panel confirming their placement as long-term/permanent. Their experiences differed completely, with one child finding that panel reinforced her membership in the foster family and another child feeling that it emphasised that he had lost his birth family through moving to his new family. This illustrated the need to identify the likely meaning of the panel for each child before including children in this process.

- All placements were settled and children felt like a member of their foster family to some degree. However this sense of family membership interacted with their feelings towards their birth family. Four family membership groups emerged from the data; dual (foster and birth) family membership; exclusive foster family membership; mixed (secure foster family membership/uncertain birth family membership), and limited/uncertain membership (limited with the foster family/preoccupied with the birth family)

- Children seemed to be broadly accepting or rejecting of social workers, with those who were accepting perceived social workers as either being actively helpful and a key support or they saw them as being in the background and there when they needed them, whereas those who were rejecting either not trusting social workers because of being let down in the past or simply feeling that their carer met all their needs. The most frequently mentioned positive attribute of social workers was they should try and get to know the child on a personal level, be reliable and make their interactions fun and focused around an activity.

- Most of the children on balance liked attending their LAC review as it gave them an opportunity to express themselves and hear about their progress. However at times the children also found them boring and invasive and were sometimes confused about who attended. the language practitioners used – and they disliked reviews being held in school. .

- Most children had examples of incidents when they had not been able to do an activity because social services approval needed to be gained first, but on the whole this did not appear to affect their day to day life although the role of 'social services' was evidently in the children's minds.

- Most children valued and desired contact, but many children also had some level of anxiety around contact with their parents and interactions were often characterised by children having to manage their parent's emotions. Contact with extended family was seen as easier to manage, although some younger children wanted contact to be more activity based as they sometimes found it boring or difficult emotionally. Supervision was experienced differently with

some children finding it awkward and unnatural and others finding it protective. Contact was also a topic which some children felt could be handling insensitively by social workers and they wanted to be listened to.

- Children's advice to other children in long-term/permanent placements centred around themes of positive attitudes and behaviour, openness and honesty, and acceptance and trust in the placement.
- Children's advice to foster carers can be summed up as 'love and accept foster children as your own'.

7. Foster carers' views and experiences

7.1 The interview sample

Telephone interviews were completed for 40 foster carers, 3 men and 37 women. Carers were selected by the researchers on the basis of having reasonably settled placements, being evenly spread across the participating authorities and having a mix of children 'newly placed' for permanence and 'staying on' following a short-term placement. Thus a range of routes to permanence were represented. There were 8 single carers and 32 in different sex partnerships. Three interviewees were Black/African or African Caribbean, 37 were white/UK.

The interviews lasted about an hour and followed a semi-structured format with opportunities for reflection and expansion of areas of particular interest. Basic information about family structure, fostering history, motivation to foster and motivation and routes to permanence was gathered. Then two central themes were explored:
- The carer's experience of permanence planning and procedures for the sample child.
- The carer's experience of managing the requirements of the fostering role alongside the management of a 'normal family life'. This theme also addressed issues of parenting and bonding/commitment.

The interviews were digitally recorded and transcribed. Case summaries were completed for each one, highlighting issues which arose in the responses to each section of the interview. The key findings that have emerged are set out here, *with messages for practice attached to each section*

7.2 Routes to permanence

The range of 'routes to permanence' for the carers can be summarised as follows:
- **Experienced short-term carers -** may have had many years of varied fostering experience or a shorter period of growing accustomed to the tasks of fostering before taking a permanent placement. It may be a proactive choice to become permanent carers and take a child as a permanent placement or it may be that a particular child who has been placed on a short-term basis and becomes permanent. The offer of permanence may have been carer led or social worker led.
- **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 -** chosen to be approved for permanence, similar to adoption. They may or may not be experienced parents. New applicants are often advised during assessment to take short-term placements first to gain experience. Some carers thought this was a good idea and it had worked well. Others, who were clearly motivated to provide long-term placements only felt 'misunderstood' and pressurised. For them short-term placements had been difficult and this experience had clouded future relationships with social workers.

- **Family and friends carers** –asked or were approached to take on the care of the children of relatives, neighbours or friends. Sometimes children were well known to them, but sometimes they were contacted 'out of the blue' and children were not already known to them.

There were no indications that placements with carers from any of these groups were more or less successful and there were examples of highly skilled and committed caregiving within each of them.

Message for practice
- Successful permanent placements can be achieved through all of these routes. There is the potential to recruit successful permanent carers from within an existing pool of carers, from 'new recruits' and from amongst the child's friends and family.
- Insisting on short-term experience first does not seem to achieve a better outcome if it is at odds with the motivation and mindset of the family. But matching children and carers needs to take these different motivations and routes into account.

7.3 How essential was previous parenting experience?

In this and other studies (Beek and Schofield, 2004a), there are good examples of positive placements where carers have no previous parenting experience, as occurs more often in adoption. However, there were some key relevant experiences, one or more of which were mentioned by all previously childless carers:

- **Caregiving experience –** history of caring for spouses, young friends or relatives or elderly parents or grandparents. Experience of balancing own needs alongside those of another person within the household.
- **Fostering in family background –** relevant practical experience as well as a sense that fostering is a 'normal' and enjoyable family pattern.
- **First hand knowledge of a foster family –** having a foster family as friends, relatives or neighbours over a number of years that provided a clear sense of the realities of fostering and a chance to consider the implications.
- **Relevant knowledge/professional experience –** professional knowledge of child development, attachment, emotional and behavioural difficulties and so on.

Message for practice
- Couples and single carers without direct parenting experience do have the potential to provide good permanent placements, but this is normally linked with a) having had some previous relevant experiences along with b) the capacity to reflect on these experiences and think about what they have learned and how this might be transferred into fostering and c) a commitment to work closely with social work support once children are placed.
- Matching children with carers new to parenting as well as to fostering will need to take this into account, particularly where there are training and support needs.

7.4 Role identity - carers and / or parents?

One central tension for permanent foster carers is that they are parenting a child on a day to day basis whilst having no parental responsibility in law for that child. The interviews allowed the carers to explore the dilemmas, benefits and frustrations of the parent/carer position and to assess their own sense of role identity and how that impacted on the family.

Although there are inevitably some overlaps, it was possible to identify two broad groupings – those who identified themselves primarily as 'carers' and those who identified themselves primarily as 'parents'. Key to success was flexibility in moving between roles. So in summary, we found the following:

- Permanent foster placements can be successful where carers have different primary role identities
  - Primary identity as foster carers, but also embrace the role of parent
  - Primary identity as parents, but also embrace 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

7.4.1 Role identity primarily that of carer
- **Motivation for permanence** – often experienced short-term carers, making the choice to foster long-term – or wishing to care for a particular child
- **Routes to permanent placement** – likely to be have been a short-term carer first, but may have been approved from outset as long-term carer.
- **Typical support networks** - identify as professional carers and with the foster carer community. They may be involved in support groups and perhaps the provision of training.
- **Family identity** – a 'foster' family. Child's LAC status/carer responsibilities openly acknowledged.

7.4.2 Role identity primarily that of parent
- **Motivation for permanence -** a means of achieving a family or extending their existing family. May be altruistic motivation or explicit about meeting own needs to parent (or both). May be married or single
- **Routes to permanent placement** - often their first placement, although some had had one or two placements before finding the 'right' child.
- **Typical support networks -** tended to identify family and friends, rather than other carers. Tended not to know many other foster carers and did not generally take part in carer support groups or social events.
- **Family identity** – a 'normal' family. Child's LAC status/carer responsibilities likely to be minimised.

7.4.3 The capacity to move flexibly between role identities

Although there were some clear distinctions between the 'carer' and 'parent' role identities, the study suggested that the reality of offering permanence through foster care requires *a flexible combination of both identities.* It is family life within a context of external expectation and regulation, for carers and for children. Much of the interview material reflected this complexity. The needs of a particular child or situation at any given time might require a shift of role identity and the capacity to move flexibly between the two positions of 'parent' and 'carer'. *This capacity was key in placements which felt the most settled and secure.*

June and Patrick identify strongly with the 'carer' role. June is a high profile, highly experienced foster carer who strongly identifies with the fostering world:

> *I run a foster care support network - I was Chair up until last week and it is the AGM next week. And I am the Chair of the (County) District Foster Carers Association which meets monthly for informal support and I also operate the telephone service offering emergency support so I have done that for the last six years. So yeah we have got a dedicated band of carers to help each other out.*

Marie came for respite care as a 13 year old and asked to stay with them and she has 'blossomed' in their care over the last four years. When it comes to statutory reviews, however, June moves firmly into the role of 'mother'.

> *I think there are too many people. I am solely there to be her mother...you have probably got, I don't know, fifteen or sixteen different workers involved in one person. She doesn't need me being a professional and talking jargon just because everyone else does. I am just there to be Mum, that is what I am trying to do, first and foremost, I am her Mum.*

Wendy and Pete provide an example of this sort of flexibility in reverse. They are a childless couple who are clear that they are 'parents' to Rosie. They prefer to use family and friends as their main supports and encourage Rosie to do the same. They apply a 'common sense' approach to daily decision making, seldom referring to the social worker. However, Wendy recognises that there are 'additional' elements to parenting Rosie. These are particularly to do with meeting her complex emotional needs, as a child who had multiple previous placements including an adoption breakdown and residential placement before coming to them at age 10. For this, Wendy needs to move into a therapeutic 'foster carer' role for which external support, affirmation and education is essential:

> *I wouldn't be without the Social Workers... because they understand the difference between being a 'carer' and being a 'parent' which your family doesn't understand ...and if you have something that you need to talk about, it is very helpful to be able to meet with the other carers and I do quite a lot of training courses...*

7.4.4 Family membership provided by flexible parents and carers

Flexible foster carers from both the 'primarily parent' and the 'primarily carer' groups were able to offer a high level of foster family membership. This was normally associated with higher levels of sensitivity to the child's needs. When this was the case, carers in both groups were offering commitment beyond 18 and through life.

The child was admired and valued as a full family member – including membership of the wider foster family. Birth family membership was comfortably balanced on an individual and flexible level for each child and could involve anything from high levels of face to face contact to none at all.

The two following quotations illustrate clear messages of family membership being offered from both ends of the carer - parent continuum.

June – role identity primarily 'carer', but embracing the role of parent
> *Well in my mind it (permanence) is a word that means a lot, it's a word that means she is never going to leave us you know, it is not that she is going to leave when she is eighteen, nineteen, twenty whatever, if she goes to University twenty one or twenty five, she is never going to leave us and she is always going to be part of our family. I am sure when she is thirty six and has got her own children she will be bringing them to us, I will probably be looking after them, we are going to be you know, we are always going to be her mamma and papa.*

Here June is trying to capture the key elements of permanence and family membership, which are not only the length of time that the relationship will last i.e. through adult life, but also the quality of that relationship in terms of their future role as grandparents to be relied on as carers for their foster child's children.

Wendy – role identity primarily 'parent', but embracing the role of carer
> *I think it has probably been the last three or four months that I would say that we all feel that we are a family now and really know each other well and can laugh and joke and have fun together.*

This relaxed feeling of being a proper family that included their foster daughter had taken two years to achieve. But Wendy `talked of how over that time she had felt that Rosie (who had been in multiple families), needed signals that this family could offer her permanence and be like other families. This included Rosie preferring activities and support from within the foster family and the community rather than from the care system.
> *Rosie doesn't really want to get involved in a lot of the activities that social services provide in the summer holidays, because they are all just kids in care and if you don't want to be reminded that you are in care, the last thing you want to do is spend two or three days surrounded by all the children that are in the same boat with you, so I quite understand that. We made a conscious decision that we were not going to ask for respite, because she needed to become part of our family. So she gets most of her support from things like Girls Brigade.*

Messages for practice
- Successful permanent foster carers may see themselves primarily as 'parents' or primarily as 'carers'. The key issue is that they can also value and embrace the other role identity at times and move flexibly between roles according to the needs of the child.
- Assessment for permanence could usefully explore the dual roles of carer and parent and help applicants to consider their own primary role identities, the

associated strengths and difficulties and the flexibility that might be required of them at different times.

7.4.5 Exclusively parents

There were a small number of foster carers whose role identity was primarily as 'parent' but unlike the more flexible carers just discussed they could be described as 'exclusively parents'. They found it difficult to embrace the role of foster carer when necessary. They were often motivated to be a mother or father to the child and to create or extend a 'normal' family life. They hoped for reciprocal parent/child relationships and had a strong sense of the sort of family life that they wished to create. This was not dissimilar to other more flexible carers with primarily a parent identity, but for these carers the risk was that the realities of the foster care role (needy child and complex systems) were at odds with their hopes and expectations, leaving the carer disappointed and hurt. When systems and regulations are experienced only as irksome and as getting in the way of family life as they envisaged it, it is easy to feel frustrated, thwarted and embattled.

Gemma and Nick, for example, had enjoyed bringing up their own children and when they left home, they felt too young to stop parenting. Thy hoped that fostering would allow them to continue to offer a happy family life to a child. They were saddened and disappointed when they found that Shelley could give so little back to them and, apparently, gain so little from their family life.

In another case, Fay, who had not had previous parenting experience, knew and was fond of a foster child in need of a long-term family and saw fostering as her way of becoming a mother. Although very committed to her foster son, Josh (placed at 14, now 17), she tended to resist the carer role for herself, and perhaps more significantly was rather negative about his care status and need for social work support. All children in care need help to feel at home in their foster family and yet also to manage in a comfortable way their care identity. Children may bring difficult experiences in the care system into the placement, as Josh had done, but still need help to reflect on those experiences without being overwhelmed by negative feelings. Negative feelings in the carer about their own role as a carer may be communicated to the child, who can get the rather unhelpful message that being in care and having social workers is somehow a bad thing and to be resented. The carer and child may then form an alliance in resisting the role of social workers. The child may feel reassured about the carer's undoubted love and commitment, as in this case, but both carer and in care identities need to be managed as constructively as possible.

Messages for practice

In these cases, support might be geared towards helping the carers to redress the balance, respecting the strengths of a parenting role whilst encouraging and enabling more flexibility between the parent and carer positions. The supporting social worker might:

- Ensure that the positive and necessary elements of the 'parenting' role for this child are acknowledged and supported.
- Help the carers to explore their understanding of the foster carer role, the purposes behind the requirements and expectations of the role and how these can be harnessed to enhance the well-being of the child and the security and confidence of the carer.

- Focus on building a trusting relationship between the support worker and the carer – ensure that the support worker is offering a secure base – availability, sensitivity, acceptance, co-operation – to the carer. Make this explicit.
- Ensure that arrangements for reviews, contact, decision making, recording and so on are supportive and respectful of parenting as well as carer roles and are compatible with family norms.
- Ensure that the carer is fully aware of the agency's requirements and expectations – and what the agency would regard as within the discretion of the carers.

7.4.6 Exclusively carers

Similarly, there were a small group of foster carers whose role identity could be described as 'exclusively carers'. These carers, although acknowledging that the child would grow up in their family, found it more difficult to take on a fully parental role. In some cases, they were less than positive in their role as carers too, being rather dismissive of the value of social work support, for example. They were usually meeting physical and even emotional needs competently and their placements were usually settled, but they were not able to provide a sense of belonging to a family that would be so crucial for the child over time. It could appear that the child themselves was reluctant to commit to the family. It was usually the case, however, that it was the interaction between the carer who was finding it hard to offer parenting and the child who was resistant to being parented that created unsettled and insecure placements.

Bradley, for example, held deep longings to return home so that he could look after his mother who had severe alcohol problems. Kath said he would 'vote with his feet' as soon as he was old enough. At the same time, Kath and her husband were caring for two other troubled children and had a range of other pressures. They were experienced and competent carers, but the indication was that they were finding it difficult to provide the additional elements of a parenting relationship, including offering full membership in the foster family, while providing Bradley with the support he needed with his anxieties and with his focus on his relationship with his mother. One difficulty in these situations is that once foster family relationships become defined in a particular way they are often reinforced over time, as carers and children start to distance themselves from each other. Even where placements seem stable, it is important that active steps are taken where possible to help maximise the quality of this relationship and to enhance the child's ability to manage membership of more than one family.

Messages for practice
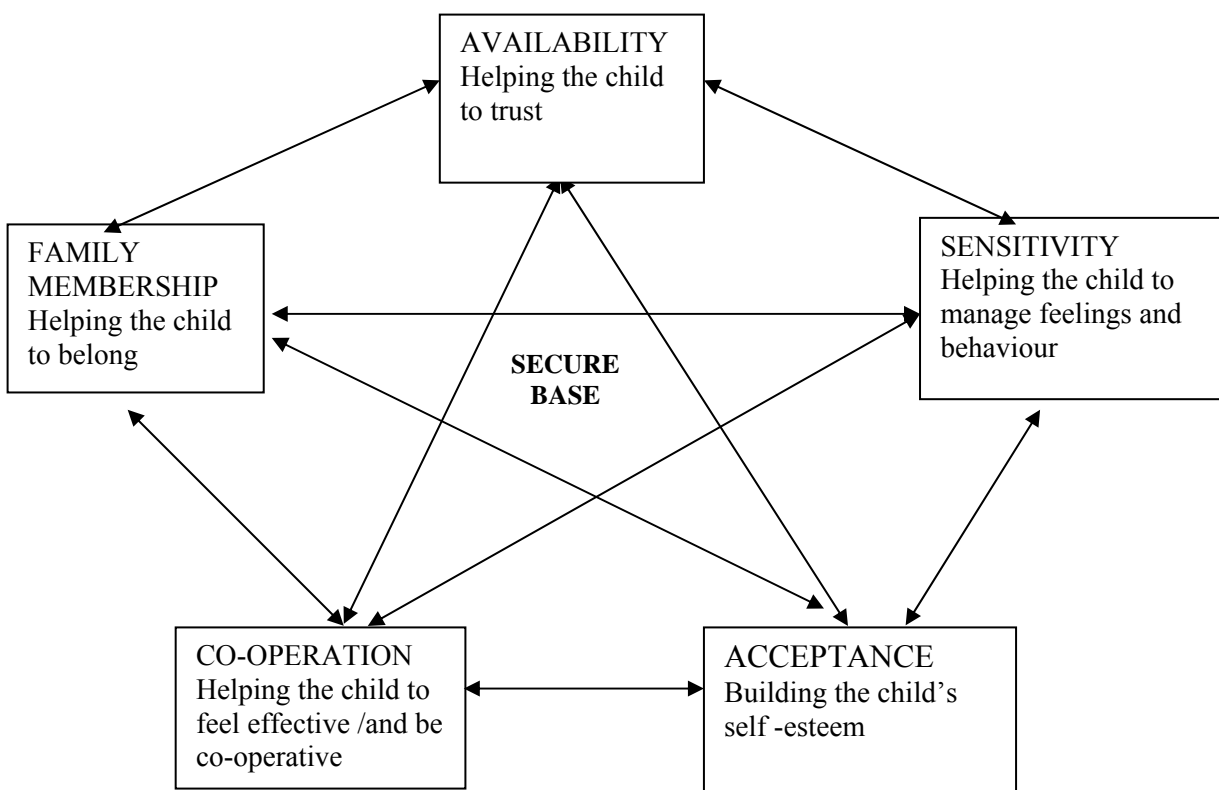The supporting social worker might:
- Help the carer to tune in to the mind of this child using the secure base parenting model (discussed further below) and to understand the child's anxiety and need to manage membership of both families.
- Offer support geared towards redressing the role balance, respecting strengths of carer role but at the same time, helping the carer to build confidence in parenting role, exploring barriers to this and encouraging a more flexible role identity.
- Help the carers to explore their understanding of the parenting role, how they were parented themselves, what they would hope to repeat and avoid repeating.

- Help the carers to make small shifts in their approach in order to build greater trust, to accept and enjoy the child more or to handle difficulties more positively.
- Discuss issues in terms of 'what would a good parent do?
- Ensure that the carer is fully aware of the agency's requirements and expectations – and what the agency would regard as within the discretion of the carers
- Make an explicit plan for helping the carer to assume a parental role, take decisions, manage issues in the way that they feel 'a good parent' would do what they feel is best for the child as a parent.
- Possibly identify other members in the wider foster family who could provide compensatory experiences/add to a sense of family belonging.
- Possibly provide compensatory relationships/experiences/activities for the child outside of the foster family to help to build resilience.

7.5 The capacity to provide a secure base

The interview transcripts were scrutinised for examples of positive parenting behaviour across the five dimensions of parenting /caregiving that interact to create a secure base for the child (Schofield and Beek 2006).

- 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

These dimensions come from attachment theory and research with infants (Ainsworth 1971), but have been shown to be helpful in explaining what builds security and resilience in older children (Beek and Schofield 2004a, Schofield and Beek 2006, 2008, 2009). Secure base caregiving reduces the child's anxiety and enables the child to explore, learn and fulfil their potential. This secure base model was recommended in *Care Matters* (DCSF 2007) and has now been incorporated in Skills to Foster (TFN) the basic training for all foster carers and in the new BAAF guide, *Making Good Assessments* (Beasley 2010).

Of the 40 carers interviewed, 29 were judged to be providing a high level of secure base caregiving for their child or children. From the interviews it appears that few carers were equally strong in all five dimensions, with most having two or three dimensions in which they appeared especially strong and two or three in which there were fewer or less distinct examples.

Foster carers who were offering a secure base are represented more or less equally in both the 'primarily parent' group and the 'primarily carer' group, but the capacity to move flexibly between the two roles was associated with being more likely to be providing secure base parenting. Their underlying sensitivity and attunement to the child's needs allows them to provide more responsive, attuned and active therapeutic parenting while at the same time helping the child to come to terms with their care status and manage complex relationships with birth relatives, professionals and the care system.

Messages for practice
- The secure base model can be used for matching and for supporting placements.
- It can be used with carers to identify a child's difficulties, in such areas as self-esteem and managing feelings, and to promote successful caregiving, that includes the building of basic trust alongside developing educational achievements. Developmental goals on different dimensions can therefore be part of a placement /caregiving plan for the child
- Where there are difficulties in a placement, the secure base model can be used to identify strengths and difficulties, again from the point of view of the child's development and the carer's parenting across the dimensions. This assessment should enable the workers to make positive suggestions about how to build on strengths and address difficulties though using different parenting approaches (see texts referenced above and also the website uea.ac.uk/providingasecurebase).

7.6 Bonding

Previously, there has been a great deal of attention paid to the quality of the child's potential to form a secure *attachment* to the carer, but much less attention has been paid to the carer's feeling for or *'bonding'* with the child in long-term foster care. Mary Dozier (2006) at the University of Delaware has explored a similar concept which she terms 'commitment' among foster carers of infants. Some parallels with the practice concept of 'claiming' in adoption may also need to be considered, although in foster care and in adoption such concepts cannot be seen as excluding the birth family.

Dozier points out that in born-to mother/infant relationships whether or not the relationship will endure is not questioned, but in foster care relationships it is highly significant. But commitment for Dozier is not only about an expectation of an enduring relationship in terms of time, it is about the motivation to care for this particular child. She defines commitment as:

> *the extent to which the caregiver is motivated to have an enduring relationship with a particular child. The highly committed caregiver shows evidence of caring for this particular child, above and beyond caring for children more generally.* (Dozier and Lindheim 2006: 340)

In our study, the term 'bonding' is being used to include commitment of this nature, including the sense of the particular child being 'special' to the carer, especially valued and treasured. In this study too it was important to consider the application of this concept to carers who may make a commitment to, 'bond' with, a child of any age, including a teenager new to their family.

The carers were asked to describe their child and also to describe the nature of their feelings and commitment towards their child. Amongst the carers who demonstrated a good capacity to provide a secure base, these questions provoked responses which also provided clear evidence of bonding. Children were described, for example, as 'wonderful' 'a boy and a half', 'the sort of girl that any Mum would be proud of at that age'. Often, there were accounts of a 'click' or a 'spark' between themselves and the child and many felt that they held a mutual connection or 'fit' that sealed their relationship with the child. Alongside these descriptions came a deep sense of commitment, loyalty and dedication to the child and when the corresponding children and young people were interviewed, they reflected a mutual sense of closeness and commitment.

For some carers, the bond had formed from the outset. In Deborah's case, there were strong protective feelings even before Kelly (placed at 10, now 14) moved in:

> *I just think it was because she had been treated so badly, I just felt this was a little voice that hadn't been heard, nobody had listened and really in a roundabout sort of way things were being blown out of all proportion and she had got the blame and somebody somewhere down the line, before this child completely went off the rails, needed to listen to her.*

Deborah describes the relationship building rapidly from this point and referred to the bond between them as if it were a tangible thing that could be seen from the outside:

> *If you saw me and Kelly together you would realise there is no chance, no chance of her going anywhere.*

Deborah states, with some pleasure and pride, that Kelly is also fiercely protective of the relationship:

> *She will say that if anyone tried to take her away from me, I need to put my fingers in my ears because she could use bad words and she is going to karate people.*

Deborah has also introduced some special words to understand how she feels about her and to help Kelly to trust that she will not be moved on:

As I got more attached to her, so I introduced her to the twelfth of never. I said 'I will love you 'til the twelfth of never' and she said 'what does that mean?' So she knows now that I will love her forever - until the twelfth of never. Yes I cannot now imagine a time before Kelly. I just cannot. Kelly cannot imagine a time when she wasn't here. She says her life didn't begin until she was nine…and we have an extremely strong bond, a really strong bond. I just hope she doesn't grow up looking like me at all!

For other carers the bond developed gradually as the child settled and trust grew. Margaret was a short-term carer who fostered as a 'job from home'. She was well established and confident in this role and described a sense of shock when, about six months into Harry's placement, she found herself in tears at the thought that he would have to move on – *'I knew then that the bond had formed'*. Margaret asked to keep Harry and there was relief and delight when she was told that this could happen.

Messages for practice
- Long-term or permanent fostering placements can provide children with a real sense of being special, treasured, admired and valued in their foster families. The requirements of the fostering role do not preclude the process of bonding as in biological parent/child relationships. .
- Bonding can occur with late placed and older children who have had multiple moves and troubled lives.
- Evidence of bonding might be sought when assessing the potential for a short-term placement to become a permanent commitment, though this maybe something that needs to develop.
- It will be important that carer bonding does not suggest excluding the child's membership of the birth family.

7.7 'Doing and displaying family' - family membership and kinship networks across foster and birth families
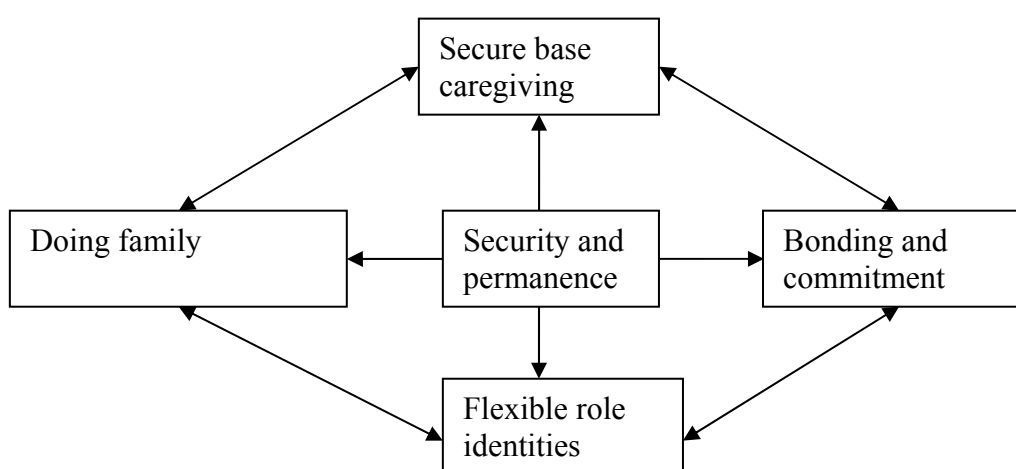
Although developmental psychology supplies much of our understanding of foster carer-child relationships, through concepts such as attachment and bonding, the concept of permanence is actually more closely related to ideas about family membership and belonging that come from sociological and anthropological 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 works 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 where it is not welcome, placements can rapidly get into difficulties.

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 needed.

In summary, we can see that all these dimensions of foster caregiving are important.

As with the secure base caregiving model, these four dimensions interact and carers will be stronger on some and need more support with others.

7.8 Permanence procedures

The foster carers interviewed were sampled from all participating LAs and therefore had experienced the full range of permanence procedures represented in the study. The interviews produced a range of indicators and ideas about what carers found helpful and unhelpful in terms of supporting them and their foster child. However, it is important to bear in mind that there was a great deal of individual variation around the same topics. Different carers reported different experiences and feelings about the same procedures – perhaps reflecting the need for an individualised approach to some elements of procedures whenever possible.

7.8.1 Information and preparation

All carers who had received chronologies and/or good background information about their child valued this greatly and many were continuing to refer back to it as they became more familiar with the child. When this information had not been provided, carers reported feeling uncertain about how to respond to the children at times,

especially when they wanted to talk about events from the past. Stephen, for example had received virtually no information about his two foster children, despite asking for this several times in different meetings. Stephen and his wife found the absence of information an ongoing source of difficulty:

> *It is not something they talk about a lot but they are unsure as to what happened to them, why they had to come into care if that makes sense. And we haven't explained anything in detail; partly because we don't know anything much and we don't want to misrepresent anything.*

This lack of knowledge and lack, therefore, of the ability to answer a child's simple questions or to help the child to make sense of their history as they are growing up is completely unacceptable. As this study found, the problem lies not only with the communication of information to carers but the availability on file of a helpful summary of events, issues in the child's history that any carer will need – but any new social worker or manager would also certainly need. This would not need to be a detailed chronology of every event and intervention in the birth family life or the child's care career, but would need to capture the elements that both carer and, over time, the child would need to know and make sense of.

7.8.2 Confirming the long-term commitment

Foster carers who are making a permanent commitment to a child are facing a significant milestone which can have lifelong repercussions. It seemed significant to the carers that there was a clearly defined point at which the long-term commitment was discussed with them, the full implications considered and the potential impact on all family members teased out. Many remembered and valued the conversations that had taken place and these may have been after introductions, after a 'probationary period' or when a short-term placement became long term, as in the following case, when the child herself was involved in the decision:

> *Although she came to me short-stay to see, obviously, if she is going to settle into the placement- then I was approached for permanency. We didn't go into it lightly, we had a lot of discussions about it beforehand and then it was actually Annette herself that asked for permanency. So that clinched it and then we knew we should make it permanent and we all sat down and talked and we were all in agreement.*

Although this seems very different from adoption i.e. there is a short-term trial of the placement, for older children as well as their carers this allows for less pressure in the early days and enables the child to feel that they have made an (informed) choice to stay in this family - something which from the children's interviews we know is important to them. But it may also be important to both carers and children that the carers also make an informed choice and know the child as a person when they too make the commitment. And even in adoption, although the placement is for permanence from the start, the gap between placement and order allowed for some development of a mutual commitment.

In a few cases, especially when placements were difficult, there had been no conversations of this nature and carers were left feeling unsure about what would happen next or with an 'assumption' about permanence which lacked conviction or

confidence. In this example, the permanence plan has been moderated to 'as long as needed' and is kept secret from the carer's own children.

> *And I am torn at times to commit but we kind of jog along and we don't discuss it in depth, but we have sort of committed that she will be here as long as needed. But my children, they don't readily accept, I haven't let them know that Aisha is here forever so to speak.*

Children varied enormously in the extent to which they wanted or could handle explicit messages of permanence within their foster family. For some, it was essential to their well-being to know that they would not have to move on, others perceived the promise of 'staying forever' as anxiety provoking or as underscoring their birth parents' rejection.

The foster carers reflected this variation in the extent to which they felt it necessary or important to be explicit to the child that they would be staying in the placement on a permanent basis. At one extreme, the message of permanence would be offered explicitly, repeatedly and in many different ways. At the other, the carers were conscious of having to tread gently and provide more subtle and low key reassurances. For example, Brenda knew that for the first year or more of his placement, James was grieving for his birth parents who had cared for him for the first six years of his life and she took things slowly:

> *I didn't want to push with James, knowing how he feels about his mum and his family. I didn't want to force us as a family on him, I wanted him to be able to come to us when he was ready and that took time.*

As this sensitive carer suggests, the importance for this child of being allowed in very subtle ways to 'choose' them was expressed in terms of 'coming to them when he was ready'- not being required to make a public commitment at a LAC review or share his 'wishes and feelings' with the IRO.

7.8.3 The Panel

Carers expressed a similarly wide range of views regarding the use of the Fostering Panel to recommend key decisions about permanence or confirm placements. For some, the panel brought clarity and reassurance, a sense that the status of the placement was 'sealed' and that they could get on with life without the anxiety that the child could be moved on. For others, however, the panel felt pointless and/or a 'red tape' exercise. They had made their commitment to the child (perhaps many months or even years before) and the panel had little impact on this, for either themselves or the child. Panels were felt to be particularly irrelevant in situations where months or years had passed since the child moved in and several carers stated that they had thought that a panel decision had been made a long time ago and were surprised to be told that this was not the case! A few reported that hearing about the panel decision had a negative impact for the child, seeming to underline feelings of rejection and difference.

It is now common practice for foster carers to attend Panels where key recommendations are to be made. However, the experience of doing so proved to be very mixed. Although a small number of carers had found it pleasant and relaxed, the majority described it as stressful, anxiety provoking and difficult. The large number

of people present, the difficulty of the questions asked and the questions being irrelevant or inappropriate for the stage in the placement were all cited as challenging. If a child was well settled and there had been a number of LAC reviews where it had been explicitly stated that a child was in this family long-term and as part of a permanence plan, this was an unnecessary intrusion.

When children had gone to the panel, there were, again, mixed views from carers. When attendance was a genuine opportunity for empowerment and participation, it felt positive (despite it having entailed a day off school). Some children had made verbal or written contributions and felt empowered and listened to as a result. For others, however, there seemed few benefits. Some loved to be 'centre stage' whatever the occasion, but did not seem to have registered the purpose of the meeting, others were worried beforehand and were overawed and nervous in the meeting. Many were unable to understand the purpose of the panel when, in their own minds, they were happily settled in their foster families.

There was also variation in the carers' feedback regarding the value of permanence certificates being presented to the children after panel. Some children held these in high regard, putting them on display and using them as tangible proof that they would not be moving on. One young person, whose sisters had been adopted, felt that her Panel certificate was an equivalent to an adoption order and she had shown it to her sisters on this basis. Other children, however, had put their certificates away and not referred to them again and a few, such as Neil (10), below, had destroyed them in anger.

Neil's angry feelings were understandable in the context of his rejection by his birth mother, but his distress was exacerbated by the humiliation of having his situation 'made public', as described by his foster mother:

> *After the process and for what we went through with Neil I would say I wouldn't want to go through it again because we had probably an awful eight months. He got the Certificate, he ripped it up, he said 'Why don't they just take out a billboard down at Asda and tell them that my f'ing mum don't f'ing want me? Why not tell the whole world?' He trashed the bedroom...all the pictures were ripped, glass everywhere, he tried to jump out the window, running off ...yeah we had an awful time afterwards*

Regarding procedures generally, several carers pointed out that it was what goes on in the family, the interactions and the feelings behind them, that matter to the child and create a sense of permanence and belonging. Procedures cannot create these things – they can only be there to support them. This position is summed up by the following foster father:

> *There may be, how can I put this, there may be an expectation of the process, that it should have some, I don't know therapeutic value, whereas actually I think the agreement to do it rather than the process of doing it is the important thing.   I mean I understand the nature of symbolism and certificates and so on, but I think what I would say is that if those feelings and commitments were not there the process would have even less significance and would possibly be harmful. There is the potential for it to be harmful because it could be a tick box exercise that presupposes that there is some commitment there which doesn't exist.*

There was in fact a range of other ways in which foster families marked key events in their commitment to each other as a family, at a stage and in ways that were right for them and the children. Many foster carers, for example, had established their own rituals around key anniversaries such as moving in or indeed the panel (for example a special meal or a cake) and these appeared more meaningful for them than the certificate.

7.8.4 Messages for practice

- It is important that there is a clearly defined point at which the long-term commitment is discussed in detail with the carer (as well as, of course, the child) and the carer has an opportunity to confirm or not that this is what they want to do (may be after introductions, after a 'probationary period', after a short-term placement has become long-term etc.). If there is uncertainty, there should be a clear plan for action and review – this may need further information, more support to carer or child etc. But the carer needs good information about the child's history to help them think about this decision and, over time, help the child appropriately.
- There should be a focused assessment of the whole family's strengths and capacities to meet the child's needs, both now and in the future. This could be based around the following:

  a) A full chronology and full background information with opportunities to reflect on the ways in which the child's previous experiences may impact now and in the future.

  b) The secure base parenting model used as part of permanence procedures for matching and planning. What are this child's long-term needs in terms of availability, sensitivity, acceptance, co-operation and family membership and how might the family meet them. What support might be needed?

  c) What is the carers' primary role identity ('parent' or 'carer'?) and what is their capacity to move flexibly between these roles? What support might be needed? How does this affect the match with the child and the child's likely needs and expectations?

- Commitment to permanence e.g. in terms of expectations of family membership into adult life may or may not need to be made explicit to child from the outset – this will depend on the history of the placement, the child's anxieties about birth/foster families, need for reassurance, need for time etc.
- If a decision is taken to a fostering or adoption panel, consideration needs to be given to whether carer and child attendance at panel may or may not be supportive to placement – again, this will depend on the history of the placement, carer and child's anxieties, need for reassurance etc.
- Similarly, the provision of a permanence certificate for the child may or may not be supportive to the placement and should be considered on a case by case basis.

7. 9 Practice in permanent placements

7.9.1 Does the status of the placement and the practice change when the placement is permanent?

The foster carers were asked in the interviews, to comment on whether there had been any changes in social work practice because the placement was permanent. There were a few examples of such changes, but when they had happened, the carers were appreciative and felt them to be helpful to themselves and to the child.

For the most part, however, little had changed after the permanence decision had been made and there was a general feeling that the effort which had gone in to changing or establishing the status of the placement as permanent had not resulted in any tangible benefits on a day to day basis. This position is summed up by the following foster carer:

> *If it was required to mean more, then maybe some sort of status could be attached to it. I am not talking about financial reward; I am simply talking about status. Maybe that would be a help. Because what I am saying is there doesn't seem to be any difference afterwards than the work done with us before, to anybody, and in that sense if the point of it was to have some significance then significance can be relatively cheaply attached to it, if you see what I mean.*

One of the areas that might have changed but generally did not was in relation to the delegation of parenting decision making to carers. Decision making re health, education, personal care, haircuts etc., leisure activities, outings and holidays was an area in which there were many frustrations for some carers, but fewer for others. Some took the view that they were foster carers first and foremost and that an intrinsic part of this role was to defer decision making to the birth parent or the corporate parent. Some did not want all the responsibility of decision making for someone else's child and felt that deferring to others offered them some protection should things 'go wrong' at any time. More commonly, however, there was frustration that parenting decisions could not be taken by themselves, the people who carried all of the day to day responsibility for the child and often knew the child better than anyone else.

There were also some examples of restrictions around decision making that had caused real distress. One foster child had an appointment for minor surgery and her foster mother was asked to take her to hospital at 7am without having eaten or drunk anything since the night before. On arrival, the consent form could not be found and foster mother and child had to wait together, (both still without food or drink), until 5pm when the problem was sorted out and the procedure could take place.

Recording was another difficult area and foster carer practice varied considerably. Some carers recorded daily in the same way as they had done for short-term placements. Others did a limited form of recording and some did none at all, occasionally with the agreement of their supervising social worker. But usually this was covert, with the carer simply hoping that the social worker would not 'catch up with them'.

When placements had been settled over a lengthy period and there are no current issues, it was hard not to see daily recording as a bureaucratic requirement with little real purpose and an unnecessary intrusion into family life, as this foster father describes:

> *Well I used to think it was a bad option and didn't do it very often but then I got kind of scolded and it became a bit of an issue so now I do it every day. I just write a few notes in there, it's a bit repetitious. I tend to say he woke up, had a shower, went to school with his brothers, came back with his brothers, did his homework studies, went to bed. That is what I basically write unless something out of the ordinary happens.*

Different family norms were frequently cited as areas of contention between the carer and their social work professionals. One carer mentioned that she had had to say 'no' to her foster child and her birth child when they both wanted to try a bungee jump at a local event. It was normal for this family to join in and enjoy adventurous activities. Both boys were bitterly disappointed and the foster child was embarrassed as he had surmised that it was his care status that was standing in the way for both children.

Pocket money was a similarly tricky area, with many carers reporting that the standard allowance for the looked after child was more than they would have felt suitable for a child born into the family. The foster child's allowance was non-negotiable and so, in the interests of fairness, they had to give their birth children more than they really felt necessary.

Health and safety measures could also feel superfluous when children had been placed for a long time and family norms were different to those prescribed in the Health and Safety checklist. Foster father, Leyton, for example, mentioned that, at the last carer review, he had been asked to fit locks to the kitchen drawers. His foster son, Miles, was 11 years old, permanently placed and there were no plans for more foster children. Miles had been part of the family for four years and it was normal for him to use the kitchen freely. Leyton found the request contrary to the family norms and had not been willing to comply.

7.9.2 LAC Reviews

The foster carer interviews raised a wealth of interesting questions about the purpose and management of statutory LAC reviews in permanent placements. Some carers found reviews to be a helpful opportunity to 'take stock', consider progress and additional needs and assign tasks. Others found them intrusive, insensitive and pointless. Some felt themselves to be 'in control' and able to express views on the venue, timing, presence of the child etc., whereas others were putting up with unsatisfactory arrangements which they felt powerless to change.

Most children attended their reviews either in full or partially. As with panel attendance, there were examples of children who gained a great deal from their attendance and contributed well.

> *For the first review he did the booklet and it was brilliant, he answered everything. But the second one I said would he like to go and he was delighted. He sat there through the whole review and he done fantastic, spoke out, everything.* (Foster carer)

There were some who 'loved' their reviews (but carers were wary if this meant that the child gained a rather unhealthy opportunity to be the centre of attention) and others who simply accepted them as part of life.

There were, however, frequent reports of children feeling embarrassed and cross about their personal lives being made public. An extreme example of this was a 17 year old young woman who was asked, in her review, if she was sexually active. Many children did not like having the review in school or having to take time off school as this drew unwanted attention from classmates. Some hated the feeling that they were being talked about in a group of adults and many were reported to feel that the reviews underlined their sense of difference.

> *He don't like the fact that he has to fill a form in because he is saying, 'Well you are saying you are a long-term mum and that is what they say you are, a long- term mum. You are our mum and then they come here and they will say 'Do your carers look after you well?'* (Foster carer)

Although most carers had tried to intervene to iron out the difficulties, not all had been successful and many reviews continued to be unsatisfactory occasions.

7.9.3 Support to the carer and child

The carers' views of their fostering social workers were almost universally positive. A small number were working towards adoption or Special Guardianship and were feeling that they simply did not need additional support, but the vast majority found their support service necessary and helpful. Especially valued were workers who were sensitive and available and with good communication skills, as described by this foster mother:

> *I have got an extremely good link worker. She is on the right wavelength and I just don't think a lot of people are on the right wavelength.*
> Interviewer: What does she do that works so well for you?
> *Well, she looks from my point of view and then she looks from the children's point of view. Whatever the problems are, she looks from all sides and she's just very sensible. She comes every month or so and if I want her, she comes and she phones me up. I spoke to her this morning, just asking 'How's things?' And if she's not there, I know she will get back to me; that's her.*

Carers' accounts of their children's responses to their social workers followed a similar pattern to responses to reviews, with relationships ranging from pleasant and productive to angry and hostile. For a few young people the social worker was a trusted friend – but in many cases, rapid turnover of staff had precluded this. Some young people found it awkward or intrusive to relate to a relative stranger and some experienced all social worker contact as unwelcome reminders of a past that they would rather not have to think about.

Many carers, however, reported with great enthusiasm on a variety of additional resources which their children had received, many of which had been extremely helpful. Outstanding amongst these was additional help with education. From the interview sample, all of the children who needed extra help with education were reported to be receiving it. Many had private tuition with literacy and numeracy

and/or additional help at school. Some had full time or part-time classroom support. There were very few complaints from carers about their child's educational provision and most children were said to be happy, catching up, making progress or doing very well at school.

Other helpful inputs were life story work, individual therapy or therapy with the carer present for some traumatized children, play therapy and regular visits and outings with a support worker. These additional resources seemed to be particularly welcome when they had been put in to meet needs specifically indentified by the carer, the child or in discussion with a social worker. Pippa, for instance, recognized that she was an older parent for Sacha and she was pleased when a young support worker was suggested.

> *Sacha has a brilliant support worker called Kate and she comes to see her once a month usually. Sacha can talk to her like she can me and say things to her that she wouldn't say to a social worker, to other people and she takes Sacha like bowling or ice skating, to the theatre. I will give Sacha her clothing allowance and she will go off with Kate and they will go to (shopping centre) and spend the day shopping for clothes and she has grown very, very close to her and I think you know if that was to stop she would definitely miss her and Kate has become part of the family as well.*

As with all resources, however, they had to be reliable and of good quality to be effective. There were disappointing reports of life story books being started and never finished, therapy that excluded the carer and then petered out, several 'mentors' who came once or twice and did not return and a support worker who insisted on doing activities that the child did not enjoy. Social workers do need to check that once resources are arranged there is some follow up- at a case level and then at an agency level if bought in resources are not up to standard.

7.9.4 Contact

A wide range of contact arrangements were described by the carers. Some children had none at all, either because they had requested this or because of parental rejection. Others had planned and supervised contact once, twice or several times a year, while at the other extreme, a few 'popped in' to see birth relatives two or three times a week, stayed at weekends and had frequent telephone contact. Any of these arrangements could work well if they were meeting the child or young person's needs and were not undermining to a comfortable sense of belonging in the foster family.

The most common level of contact for children in middle childhood discussed by carers was what could be described as moderate – 6-8 times a year. This made some kind of sense because it was once in each school holiday and maybe an extra contact in the long-summer holidays or at a birthday. In some cases this worked well, but in other cases contact needed to be more actively managed, including work with the child, the carers and the birth parents as the child developed and child's needs / birth family circumstances changed.

Similarly the few cases of very infrequent contact (1-2 times a year) seemed to need greater care. In at least one case the child became so distressed before and for weeks after the contact that ceasing the contact was being proposed - though it had taken a

while to reach this point. For another child, this low frequency with little information about the unwell parent in between seemed not to meet the child's needs and again a more actively managed situation was needed, that in this case both supported the parent and addressed the child's anxiety about the parent. Perhaps in such a case organising contact when the parent was well enough rather than by a schedule might have been preferable.

Where contact was very frequent, usually with teenagers, it was sometimes possible for this to work well, where the child had a secure base in the foster family and birth relatives who were not destructive of the placement. But in other cases the amount of contact might just have been too intrusive, or the foster carer might seem to collude with the parent or appear to stand back and leave the emotional care to parents who were often not able to provide it.

The cases where there was no contact may be been either because the aprent had abandoned or rejected the child or there had been evidence of sexual abuse. For another group, the children themselves had found their niche in the foster family and decided not to continue with contact. These children were thriving and all were with sensitive carers who were willing to accept the child's decision while keeping the doors open to contact at a later date.

The quality of contact has to be judged in the light of the child's development and needs in childhood and into adulthood and the care plan. But in practice it will depend on an interaction of factors in the child, the sensitivity of the foster family, the capacity of the birth family and the availability of social work support and resources (see also Beek and Schofield, 2004b).

7.9.5 Social work practice, role identity and secure base parenting
When considering social work practice in foster placements with a plan for permanence, the dual threads of flexible carer/parent role identity and secure base parenting are both significant.

Foster carers whose primary role identity is that of carer are generally accepting of the requirements of the fostering role. Many are experienced foster carers who have become used to adapting family life to 'foster family life'. For them, daily recording, the keeping of receipts, seeking social worker permissions and so on are part of normal life and although they may seem less relevant in the long term placement, the carers tend simply to get on with it.

For those whose primary identity is that of parent, however, the model of family life that they wish to offer to their child does not tend to include what they would see as these extraneous tasks. They are generally viewed as irksome at best and, at worst, as intrusive and ridiculous.

A mediating factor in all this, however, is the sensitivity of the caregiver, at the heart of secure base caregiving. Those who are skilled at tuning in their child will have better understandings of how the child is thinking and feeling about his or her care status and all that this involves. They will be more able to work co-operatively with the child and the professionals to achieve solutions to issues such as reviews and

social work visits that are comfortable and acceptable to all. They will work on helping their child to understand why they had to come into care, to resolve difficult feelings about it and to accept and respect this reality as part of themselves, entailing both positive and negative elements. They will ensure that the child's self esteem is optimized and that they have plenty to celebrate and feel good about. They will give positive message of full and inclusive foster family membership, while at the same time, acknowledging that there is also a birth family and a corporate family to be accommodated within their own family life.

It is these carers who we can see moving flexibly between the 'parent' and 'carer' roles, adapting their position to meet the needs of the 'whole' child for whom they feel both a parental commitment and a set of additional responsibilities connected with the child's care status. The two are not mutually exclusive in the mind of the carer and the capacity to convey this to the child promotes security and belonging in the foster family.

7.9.5 Messages for practice

- When a child's placement is recognized as long-term and the plan is for permanence, a full review of the placement agreement should be made. This should include adjustments as far as possible that promote parenting, foster family norms and the provision of 'normal family life' in the foster family. Areas for consideration include :
- Foster carers offering permanence value reliable, sensitive support, even when placements have been settled for a long time. Visits may not need to be frequent provided fostering support workers are available when needed and give proactive messages of availability.
- Children and young people in long-term foster care will continue to need a range of additional support and resources as they grow up and continue to process and resolve difficulties from the past. Additional support is valued and has good outcomes if it is tailored to meet specific needs that have been identified or agreed by the carer and the young person. Resources are wasted if they are not of good quality. There should be strict quality control on commissioned services, such as Life Story Work or therapy.
- Placement agreement, support plan and contact agreements should be reviewed annually, but where children are distressed or in difficulties (e.g. through contact) action may need to be more immediate.

8. Focus groups- practitioner perspectives on permanence and planning

8.1 Background and methods

This project was designed to capture and then analyse very diverse aspects of care planning and social work practice in six local authorities. These case study authorities were identified from previous research (Schofield and Ward et al 2008) as representing a range of the different systems across England and Wales i.e. including LAs with single pathways (long-term foster care OR permanent foster care) and dual pathways (long-term foster care and permanent foster care). As reported in previous chapters, in order to report on practice we tracked cases retrospectively using file data and also interviewed carers and children about their experiences. However, it was decided that prior to reaching our conclusions and formulating messages for practice we should hold a practitioner focus group in each local authority.

The following factors led to this decision:
- The care plans we were tracking had been made in 2006/7, the year for which we also had information about the agencies from our original survey. But given the speed of change in organisations, it was important to see if systems had already changed by 2009 and how this might be understood by practitioners.
- Perhaps inevitably, practice as represented in files was not always consistent across each agency or consistent with the agency policy as we had understood it. These differences in approach and practice needed to be discussed in the light of practitioner understandings of both permanence as a concept and permanence as a series of practice stages and decisions in their local authority.
- The statistical analysis had some limitations due to the nature of the samples and the data available on file. It was important to check out possible explanations for certain findings in the daily practice of social workers and managers.
- One of the issues identified in the previous study had been the differences within agencies between the views of children's social workers, fostering social workers, independent reviewing officers and fostering panel chairs - both about the concept of permanence and the practice. So the opportunity to bring representatives from each group within each agency together to discuss these issues before we reached some final conclusions was seen as potentially very valuable.

8.1.1 The focus group meetings
The six groups, one in each LA, were held October 2009-February 2010. Two members of the UEA research team were present at each group. Numbers in groups averaged 8-12. Groups lasted two hours each and were recorded, transcribed and analysed qualitatively.

All key sections of the child care social work, fostering and reviewing service were represented at all six group meetings, with some additional managers and practitioners specific to their systems. It was clear that as well as different personnel being involved in different agencies, the role of others varied. For example, it seemed that

in some areas Independent Reviewing Officers were more actively involved in making as well as reviewing plans.

Themes described below were very vividly presented and debated in all six groups. Such is the separate development of individual local practice cultures, that at times it was possible to think we were investigating different countries rather than different local authorities. On the other hand, it seemed clear that each local authority had a commitment to the concept of permanence and had been working on aspects of achieving permanence in foster care. However, there were significant differences in the extent to which this focus on permanence had led to and was incorporated in *formal* structures or procedures.

The analysis will be presented broadly in the themes as discussed in the focus groups. Groups began with a discussion of the meaning of permanence and the expectations of permanent and long-term foster care in their local authority, followed by the procedural and practice stages and pathways taken by children and carers e.g. from best interests, through matching, confirmation, contact, support for placements, decision making by carers and 'leaving care'. These issues have featured in different forms earlier in the analysis of the care planning profiles, and the foster carers and children's interviews. Here we draw on the discussions in the focus groups to consider the social work practitioners both shared and different understandings and practices.

8.2 Focus group themes

8.2.1 The meanings of permanence
There were undoubtedly and inevitably some similarities, but also some differences between agencies in how they defined and understood 'permanence'.

 The similarities in defining permanence were broadly around a shared sense of the significance of foster family belonging /feeling 'part of the family' and, for the most part, the importance of placements lasting though childhood. In most groups the length and meaning of the placement was strongly linked to post-18 family membership, with a home base and support if needed. However, to indicate the range, in one group the first reaction to the question about the meaning of permanence in their LA was very different:

> *Well I think we look at it as anything over two years, I mean short term is around two years isn't it?* (social worker)
>
> *I would go with that, say two, two and a half years. This is where, as an IRO, I mean we discuss placements as being long-term prior to the two years, but essentially I suppose we raise our game a little if things have broken down after the two years because it becomes more pertinent because you are dealing with a very established family unit and the effects on the child must be more serious in terms of the breakdown and the difficulty of finding another placement after that.* (IRO)

This approach suggests that the definition of 'permanence' could be largely retrospective in this LA i.e. once a placement has lasted for a period of time. This was

very different from the other groups, but was perhaps consistent with the fact that this LA relied mainly on professionals meetings and the LAC review to consider and agree the plan for long-term foster care, rather than taking cases to further panels. Although as indicated in earlier chapters, this did not necessarily mean that placements were less stable, it seemed to indicate a need for greater clarity about what the future plan for the child was intended to be. It should also be said that decisions remaining at professionals' meetings/LAC review level need not necessarily have less clarity about the role of a permanence plan, but attention would need to be paid to documentation for best interests and matching decisions.

But the terminology was not something that could easily be agreed – a plan to become 'part of the family' into adulthood could be 'long-term' or 'permanent'.

> *So there is a sense in your permanent or long term (or is that the issue permanent and long term placements?) that the child feels a sense of belonging in that family in a sense of being entitled, being part of the family in that way, but not exclusive of the birth family.*

The role of the birth family as referred to here was seen as a key feature of decisions about long-term and permanent placements in foster care, although none of the study authorities had fixed expectations of regulating the role of the birth family (e.g. setting limits to contact within permanent placements) that have been noted in agencies outside of this study.

Sometimes structural arrangements have the effect of clarifying language and maybe meanings. However, in both single and dual authorities the first reaction to the question, what does permanence in foster care mean in your authority, was typically:

> *I think one of the things we struggle with is trying to work out what the difference is between permanency and long- term.*

One dual authority practitioner supplied a definition of permanent foster care, but it was very similar to those practitioners who had a 'long-term as permanence' approach.

> *I see it as when a child has been specifically matched with those carers and the plan is that that child will remain with those carers permanently. The plan is not rehabilitation, that is the child's permanent home and the message is clearly given to the child in order to enable the child to put down roots, this is their permanent home, it will not be moving elsewhere.*

Perhaps as significant in the comparison between dual and single authorities is how 'long-term' placements are described in dual authorities. This was not easy to determine from the Care Planning Profiles (almost all sample placements from these authorities were permanent) and it did not become much clearer in the focus groups. Given some degree of specificity about permanence for children and for carers in these dual authorities, long-term seemed to be all other placements with no plan to return home - and may or may not also offer continuity into adulthood. What would be important, given that all children in care are expected to have a permanence plan, is that whether or not planned from the outset for permanence, a long-term placement must still be seen as one in which support and membership into adult life might still be possible and must be promoted. If the choice of long-term rather than permanent foster care is related to the nature of the child's ties to the birth family, but it becomes

clear over time that the birth family is in reality not able to offer the child support into adult life, then the foster family is likely to be the child's best resource. It is important that long-term foster care is not seen as in some way lesser or an inferior placement to permanent foster care, where systems use both terms and pathways.

One rather different approach mentioned in one focus group was to focus on a more flexible goal of 'family relationships' that would or certainly could be longer lasting than 'placements' and may even be 'life long'.

> *One of our managers talked about looking to create 'life long family relationships' for children in our care system, so that the foster carer, whether it be task-centred, long-term, permanent whatever, the relationship is still something that we are looking to establish for the children, wherever they end up living. So you know their birth family are included. There might be a level of contact which is relatively frequent, say once a month or maybe more than that, we would still be looking at the foster carers to develop a relationship with that child, even if the plans with the birth family develop and the child can return home, there remain links to the foster carers so the child doesn't have another set of losses.*

8.2.2 What do we say to children about a permanence plan?

One of the questions that emerged as important and taxing in early focus groups, and which we then raised in all groups, was what social workers say to children when they are describing the idea of a permanence plan. Suggestions included saying to children that it had been decided that their parents could not look after them and so they would stay in foster care, a stay that might variously be described as until 16, 18 or leaving care. It was not clear if practitioners ever put to children initially what was put to carers (see below) in terms of family membership post-18. It was perhaps realistic to be tentative at the outset, but it is important to recognise the differences in how foster care is presented to children compared to adoption.

What became clear from all the focus groups was that this aspect of how the process begins for children was one of the most contentious areas of practice and has implications for all aspects of care planning and procedure. Whatever goals courts and social workers might have for the placement in the longer term, the issue here was about what is said to children at the beginning about those long-term goals, what they might mean to children and what kind of family lives were children being asked to commit to. What does the permanence message mean to children at different ages and stages and with different birth and foster family experiences and expectations?

The importance of this practice issue should not be surprising and children's likely different reactions to certain procedures were evident in our previous study – but we had perhaps underestimated this as an issue for practice. The dilemmas can be summed up quite simply at one level - is an agreed permanence plan a promise and a gift to the child or a burden and a threat? Also, how do you manage the risks in making a promise you may not be able to keep?

> *If you sell it* (permanence) *in the wrong way there is a real sense of damage as a consequence of that. I think I am a little bit wary because I have had my fingers burnt so many times and we have to be clear with the child because of the consequences of that...you don't want to use it lightly.*

Specific features of the procedures, such as panel attendance and certificates were discussed in the groups and also arose in the qualitative interviews with children and carers (discussed above). But predicting and managing the different reactions of children was clearly giving social workers and managers pause for thought about the benefits of certain procedures relative to the risks. As was clear from the children's and carers' interviews, there were children for whom permanence and, in some cases, ritual events such as panels, were felt to be reassuring about the commitment of current carers, a relief from uncertainty about possible future moves and undoubtedly a gift. But seemingly more vivid in the minds of social workers in some LAs were situations where explaining the permanence plan and taking children though the process of assessment, matching and panel felt like a significant risk when achieving placement stability was by no means certain.

The nature of this risk had several possible components, which could appear separately or in combination. Themes that emerged included children feeling unable or unready to commit to being part of this or another (yet to be identified or recruited) foster family due to a general lack of trust. But there was also the very real difficulty for a child of imagining a whole childhood with people who were not your family of origin and who you may only just be getting to know. If it is a planned placement yet to be identified, then it might feel even more like a shot in the dark. (This is of course not very different from the dilemmas of placing older children for adoption, where managing the questions of both a new legal family and the continuity of birth family membership has its own challenges.)

Very different, but sometimes linked in the child's mind, according to practitioners, was the idea that this plan meant a 'permanent' end to their actual or hoped for birth family membership. This might also be a problem when the child was being actively expected (by social workers, by IROs, by fostering panel chairs - maybe by judges) to 'choose' this option, to express 'wishes and feelings' in a way which too often might feel like choosing the foster family over the birth family at a point in time when they were still feeling unresolved about that loss. As this study has shown, the plan may be developed and put to children at any time from pre-school to middle adolescence. Each developmental stage will interact with the other aspects of a child's history and relationships.

Most social workers said or implied that although they may have had a permanence goal in their minds, they would take care how this was raised with children. This social worker talked about care being needed generally when talking about permanence to children and about a nine year old for whom a permanence plan in her existing placement was being proposed.

> *I am just thinking of a case that I had some time ago where we did make a permanent plan for a child, but actually when we talked to the child we used the word 'permanent' and the child nearly freaked out. It was like she absolutely couldn't cope with that at all. But when we said, 'Well you know we are not looking at you going home in the long-term, you know, this is where you are going to stay', she was much more able to sort of cope with that, rather than the words of 'never going home'. And absolutely now she is seventeen, she is still in the same placement eight years later.*

One social worker described how a 12 year old had been told they were 'never going home' and the placement broke down. In the next placement he was told, you are here till you finish your education' and was getting on well. This has echoes of how birth parents described why they accepted and supported the continuing placement of their adolescent children in long-term foster care; they often said that they would love to have their children home tomorrow but did not want to disrupt their education (Schofield and Ward 2011). Children and parents often need a story to tell that protects their sense of commitment to each other without disrupting a placement where children may be safe and thriving.

Because of the apparently well-founded anxiety about children's reactions to certain permanence procedures, there were situations when the social worker or team manager's judgement was that it would not be helpful for individual children to go though certain procedures at that point in time - but this was against the local authority policy which, having made a commitment to boosting the significance and importance of long-term or permanent foster care, was chasing cases to ensure that assessments and matching reports were done and taken to panel.

One practitioner summed up a number of these dilemmas by describing two cases of 13 year olds who had been through placement breakdowns before and were finally just settling in their new foster families. Everyone was taking great care not to put any stress on the placements and effectively had their fingers crossed. The view of those closest to these placements was that to start undertaking fresh assessments and asking for commitments by either the children or indeed the carers at this point was thought likely to achieve the opposite of what was intended i.e. it would put the placement in jeopardy. But the workers felt under some pressure to implement the procedure.

There seems from such accounts a place for the 'parents' in the situation - the carers, the social workers, the managers, the IRO (maybe also the birth parents or other relatives where they are supportive of the placement) – to get together and plan what would be helpful to the children in such cases. Taking account of the wishes and feelings of the children is important, but this may best be achieved by responding sensitively to the child's history and current behavioural and other signals rather than expecting the child to make open commitments in LAC reviews or in discussion with the IRO or, ultimately, through a very public panel process. This does NOT mean that these particular children do not need a permanence plan, but it does suggest that this is more likely to be achieved by psychologically sensitive and welfare rights based practice rather than by more challenging (for children) participation rights based practice that may be insensitive to the individual child.

8.2.3 What do we say to carers about a permanence plan?

Just as permanence procedures and practice had implications for what was presented to children, so the different emphasis within definitions of permanence often became very apparent in what was presented to and asked of carers and the type of commitment expected. It was possibly in this area that some differences between dual and single authorities emerged in the focus groups.

To be a permanent foster carer, according to one dual authority focus group, meant committing to the child becoming a full family member into adulthood. The language sounded very close to that of adoption, although low contact levels were not explicitly part of the placement model. Other aspects were clear though, so that, for example, 'respite care' was not expected in permanent placements.

Although there was not a great deal of difference between these statements and those made in single authorities about their expectation of permanence, the group talked of the special nature of these permanent placements because of the dual system. They also suggested that these expectations of permanent carers may have had some implications for recruitment, because of the nature of the commitment required. There also seemed to be some expectation that carers would be more like parents, but no clear signals that placements would or could be treated very differently in terms of reviewing or delegation of decision making.

One of the issues raised in the groups and relevant to what was said about permanence to carers was the role of special guardianship. There were variations between LAs in the packages on offer to carers who became special guardians, but also in the extent to which one agenda of permanent foster care procedures was to edge carers towards special guardianship – or even to assume it was the expected outcome of a permanence commitment.

8.2.4 What do we say to birth parents about permanence?

It seemed that, as in the previous study (Schofield and Ward et al 2008), it was unclear what role birth parents had in the various procedures designed to make decisions about and achieve permanence in foster care for their sons and daughters. It may be that where procedures stopped at the level of the LAC review it was more likely that parents would still be part of a decision making forum. As mentioned above, the nature of permanence in foster care, in contrast to most adoptions, was expected to leave some role for the birth family in the child's life. But apart from issues regarding contact, the need for parents to understand the changing nature of the placement and the use of the concept of permanence with parents was not clearly a focus of discussion. If as recommended in the previous chapter on carers, placement agreements were to be reviewed at the point of the permanence decision, then parents would be involved in the discussion about the allocation of roles and parenting responsibilities. Although this may see a reduction in parents' roles it may clarify in an important way the plan. (This is an area of practice discussed in our ESRC funded study of parents of children in long-term foster care – see Schofield et al 2010, Schofield and Ward 2011)

8.2.5 Matching and planning

The matching practice in different authorities was geared to a number of child, carer, placement and procedural factors, most of which have been discussed in earlier chapters. Key and diverse /interacting factors mentioned by workers included:
- Age of child
- Whether the match was in an existing short term or identified/ specially recruited new placement

- Whether the carer had previously been approved as a long-term carer
- Whether (in dual authorities) the child was deemed to need a long-term or permanent placement
- Whether the case was in court and the court were asking for information about a specific match before approving the care plan.

The answers to these questions combined with each LAs practice to determine whether a match was considered at a LAC review, a Children's Panel (one LA), a fostering panel or an adoption and permanence panel. This then determined the kind of paperwork and assessment of child and carers that was required.

Social workers discussed the implications of these factors and procedures in terms of efficiency and effectiveness and in terms of whether their LAs offered enough independence in the scrutiny of matching decisions. For some workers, the need for a more rigorous or independent process than the LAC review was thought valuable - and some workers from one LA that had previously used an Adoption and Permanence Panel regretted the loss of that more demanding process.

> *I always struggle that we don't have a parallel matching and a panel to consider the plan when we are talking about long-term or permanent foster care because I think the review makes a recommendation. It kind of recommends a plan, it doesn't do the job of reviewing the work that has been done and scrutinising before a plan is proposed to a court. Essentially what happens now is that you have a review which endorses the plan, you write it up for the courts and a manager signs it off and that is how it becomes a Local Authority plan for the courts. There isn't anywhere that sits down and grills a social worker to establish that the plan for the child has been clearly thought through...I think we have missed this third party kind of independence.*

Although the notion of an independent scrutiny of the plan can seem appealing, the procedure described involves a LAC review with presumably an Independent Reviewing Officer. It should also be the case that professionals meetings and discussions within children's services should be asking for evidence on which to base best interests and matching decisions. In one authority, the role of Children's Panels which scrutinised all care pathways seemed to offer an efficient system for offering external scrutiny of matching without building in too much delay.

Other practitioners from various local authorities felt that the amount of work involved for the confirmation of the match at the fostering or adoption panel was not clearly helpful and may come at the wrong time in the process e.g. long after the child is placed and when there is no real chance of a move. This concern reflected the general concerns among young people and carers that panels may be rather late in the process and not always helpful.

There was some agreement that the absence of a requirement for a support package for permanence in foster care (unlike in adoption) at the time of a match made the assessment and scrutiny process again less useful than it might be. The shortage of mental health support to placements (children and carers) was a common theme.

For some local authorities a dominant feature of the discussion of matching was the question of whether matching was always possible when there was such a shortage of

long-term and permanent carers. This affected all decisions, including whether a child should remain with a current carer and whether if increasing choice meant going to the independent sector this would be allowed by the LA. The concept of achieving the good enough match was accepted, but most workers wanted to see more choice of placement.

8.3 Practitioner focus groups: summary

The focus group data is very rich, and raised some important questions that included:

- the different meanings of permanence to social workers in different agencies
- the meanings of permanence when presented to children and carers
- the risk of making a promise of permanence that may not be kept
- the effectiveness and timeliness of permanence planning procedures,
- the need for procedures to be rigorous and yet flexible in individual cases
- the availability of resources for placement support across the multi-disciplinary range of agencies.

The data also forces us to think further about the psychological impact of the processes involved – issues explored in the previous two chapters in relation to children and carers, but also seen here in relation to the experience of social workers.

9. Commissioning permanent fostering placements from external providers

This aspect of the project is discussed in more detail in two articles (Sellick 2010, 2011)

9.1 Methods for the commissioning study

The commissioning study component of the Care Planning for Permanence in Foster Care study, funded by the Nuffield Foundation, 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.

9.2 Findings

9.2.1 The six local authorities:

- Use the IFP sector but the proportion of their children in care who are placed varies widely
- Identify categories of children and young people for commissioned placements in line with those specified in the National Framework Contract for Independent Fostering Agency Placements (2008) for long term or permanent placements. For example one LA which belonged to a commissioning region specified these as:
    o Children and young people with disabilities
    o Placements for sibling groups enabling them to stay together
    o Young people with very challenging and complex needs presenting high levels of risk
    o Placements which prepare children and young people for permanent foster care or adoption
    o Placements focused on work with the birth family and rehabilitation
    o Unaccompanied asylum seeking children and young people

- Have organisational arrangements within departments for commissioning IFP placements but these also vary on a scale from the informal to the formal
- Are part of regional or sub regional commissioning networks of LAs but continue to function individually according to their past practice. Most are influenced by particular circumstances unique to them such as their history, geography and politics
- Employ children's services commissioners but allocate them different seniority and status within the organisation.

- Appoint commissioners with social work backgrounds (elsewhere LAs are employing non SW commissioners with private sector business backgrounds)
- Commissioners have good practice as a key objective alongside seeking value for money; express different views on the practice of permanent foster care; and have developed their own views of the mixed economy of foster care which are generally positive, especially in respect of outcomes for children and support to foster carers
- Have as preferred providers between two and six of the IFPs subsequently interviewed but also commission more widely from non-preferred IFPs in their area
- Have reduced their use of IFPs but express a wish to further reduce the number of preferred providers. However one commissioner remarked: 'fewer is not always better because you don't have the range and the mix and the flexibility to meet the needs of children.'
- Use IFP placements as a last resort. . One commissioner said: 'We do not approach the independent market unless we are clear that the option is better than what we have in house. It tends to be that we have explored everything that we have within our resources first.' A commissioner from another LA concurred when she said 'the first question I to ask is do I need to buy this, can I make it, do I have it already?'
- Use the voluntary, not for profit IFPs as preferred providers (as well as the majority private, for profit IFPs)
- Use small and medium size IFPs as preferred providers (as well as the 'Big 6') but in practice the latter dominate the market providing up to 75% of placements because of their tendering teams' expertise and their volume and range of available placements
- Agree broadly on age in respect of placement type. As one commissioner put it: 'Under eight, adoption; eight to 13, permanence in foster care; 13 plus, long term foster care.'

9.2.2 The six independent fostering providers:
- Reported providing long term and permanent placements up to and occasionally in excess of 50% of their overall provision
- Defined permanence in both psychological and organizational terms in much the same ways as the LA commissioners. . One for example commented that permanent foster carers are the children's 'psychological parents who can see them through independence and beyond and where the child has a sense of belonging.'
- Valued commissioners with a social work rather than a business background
- Were critical of three approaches:
  o   LA social workers using what they considered to be coercive tactics with IFP foster carers related to special guardianship reduced fees, service transfer back to LAs or removal of children;
  o   regional commissioners who closed down channels of communication between providers and other local authority staff;
  o poor planning processes involving delays in confirming placements as permanent or in making inappropriate referrals in emergencies.

- Believed that LAs are primarily driven by financial considerations which may undermine positive child outcomes. One IFP manager said 'We've won the quality battle but it's the financial factor all the time. The question always is "can you do a discount?"' He went on to add that using cost savings as a primary consideration could create risk: 'If you buy cheap all the time there will be consequences of disruptions and increased costs at a later stage.'
- Found little consistency amongst LAs (including those in regional commissioning groups) in their expectations of IFPs although also reported positive working relationships between sectors based on trust
- Described the current market monopoly where the 'Big 6' IFPs provide 75% of all independent sector placements
- Disagreed about the impact of private equity. Social work managers in IFPs acquired by PE companies praised the authority this gave them and some contrasted this with their previous local authorities where they experienced regular interventions by senior managers questioning their decisions. However the CEO of the charity IFP spoke elsewhere of the risks of private equity in respect of foster care. He said:

  > 'Private equity has one primary motive and that is to maximise the return on investment. With pressures on fees from commissioners and more competitive contracting processes with local authorities they can only do this by reducing costs and increasing capacity. This means more workloads for staff and aggressive acquisitions of smaller providers, neither of which result in good outcomes for children in care'

- Discussed the future direction of commissioning based on their current experience. Most saw outsourcing placements as a likely rather than a possible development. One IFP manager said, 'Quite a number of LAs which commission our placements are in a real state of flux and change. They may be in special measures or they may be experiencing real retention and recruitment problems in their social work teams.' Another IFP manager thought that the move towards LAs outsourcing all or most of their fostering responsibilities to the large IFPs is becoming increasingly likely. She said: 'It will take one LA to be brave and then there will be a domino effect especially as budgets are being squeezed so tight.'

9.3 Discussion

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. 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 % 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 an acceleration towards greater outsourcing of fostering, including permanent, placements to these IFPs.

10. Conclusions: Planning and supporting permanence in foster care

This study has examined at a number of different levels and from a number of different perspectives current practice designed to achieve permanence in foster care. It has demonstrated that in the absence of national guidelines on systems for care planning for permanence in foster care, the very varied local authorities in the study were all committed to achieving permanence in foster care, and directed their efforts towards this goal in a wide range of circumstances and using varied practice and procedures. What has also emerged from the qualitative data in the study is that the psychology of becoming and living as a permanent foster family – for children and for carers - is a complex process that requires sensitive and flexible procedures and practice.

10.1 Conceptualising permanence: meanings and systems

A previous study (Schofield and Ward et al, 2008) had established the existence of a range of care planning systems for permanence in foster care through a national survey, but the current study was able to investigate the nature of those systems in more detail and in 230 cases across six local authorities, using quantitative and qualitative methods.

From this investigation it was possible to establish through case file searches, interviews with children and foster carers and focus groups with social workers that the concept of permanence was an important element in care planning and in supporting foster children and foster carers. However, the concept of permanence was not straightforward, neither at the level of language nor meanings. One of the aims of the study was to see whether a more detailed look at local authorities and cases would enable us to tease out the differences that were suggested in the previous study between 'long-term' and 'permanent' and between those authorities who had a single route called 'long-term' or 'permanent' and those which had a dual system using both long-term and permanent foster care i.e. the two terms referred to different kinds of placement and planning pathways.

As Chapter 3 and 4 demonstrated, there were no clear differences emerging across agencies between characteristics and outcomes for children who were placed for 'long-term' as a permanence option or for 'permanent' foster care in different local authorities. In fact at various stages in the data collection and analysis we needed to combine these as a joint category, since long-term was referred to as permanence and vice-versa. We still, however, have some concerns that long-term foster placements in dual authorities may be seen as second best. We would hope that all children who are not able to return safely to their birth families and remain in foster care will get the opportunity of settling into a foster family and, where the placement goes well, having this protected through adolescence.

What proved more significant than terminology were the different procedures and practices designed to promote permanence in foster care. The quality of information and assessment documentation on file and used for matching or the role of fostering

and other panels in confirming the placement as permanent were important in terms of how decisions were made but also in terms of how children and carers experienced decision making. As the report has shown, there remain tensions between on the one hand setting the goal of achieving rigorous assessments and matching/taking to panels and on the other hand avoiding delay in defining the placement as permanent (see also below). The role of support plans that are targeted to children and placements as part of this process is also highly significant, but very variable between and within local authorities.

10.2 Care planning: commitment to permanence at the start?

Certain key issues emerged from the study about the concept of care planning for permanence in foster care. In particular, how can decisions best be made about the future based on the past and the present – and what kind of *commitment* (by children and carers) to permanence would be expected at the point of the plan - whether this was a plan for the change of status of an existing short-term placement (more than two thirds of cases in this study) or for a child who was to be placed in a new family. This question of decision making, timing and commitment is not just a local practice issue, but affects how we conceptualise as well as manage permanence and permanence planning.

At the heart of permanence planning is a point in time when, following detailed assessments and often arising from care proceedings, a preferred permanence option is chosen for a child as part of the care plan. At this point the *social work agency* is making a commitment not just to identify the right plan and match for the particular child, but also to support the child and the placement over the years to come, regardless of changes in personnel, organisational arrangements or financial resources.

The *child* at the point of a decision for a permanent foster care plan could be any age from toddler to teenager. So there will be considerable variation in the extent to which a child of a particular age understands 'permanence' or is able to participate in that decision or in making sense of information about the implications of that decision. However, children's experience and perception of choice about the plan and the placement was clearly valued. The importance of choice for children is not always about choosing between placements, but about their sense that they have chosen – made a commitment- to be with this family.

Understanding what a commitment into the future might mean is nevertheless always difficult to discuss and this needs to be tailored to the child's circumstances - and in particular how they experience the separation from but ongoing relationship with the birth family. Older children had a clearer sense of the meaning of the foster family role, but younger children who struggled with the separation from birth parents needed extra help to manage the loss. For children, permanence as an idea and as marked procedurally may be experienced as a *gift* or a *threat*, and may seem different at different stages of their development or as relationships develop in the placement.

For *foster carers* too, there are commitments to be considered and made, both to the child and to the local authority. Their ability to make those commitments into the

future will depend on their experience and motivation as well as on the nature of the commitment that different agencies expect carers to make. Information about the child and the child's possible trajectory is important, as is a sense of how all members of the foster family view this commitment.

Although the nature of the commitment to permanence at the start of the planned placement emerged very powerfully and directly from the practitioner focus groups as an important issue, it was also evident in much that was said by carers. Dilemmas emerged for practitioners when presenting the idea of the commitment to permanence and associated expectations to carers. Although some local authorities had a clearer expectation than others that the permanence commitment must be considered to be beyond 18, one question for carers was - is the commitment of up to 18 and /or beyond a *goal*, a *hope*, an *offer*, a *promise* - or a *contract* i.e. carers are asked to agree to keep the child as part of their family regardless of future factors in the child or their family or the services and support they received.

Practitioners reported - and carers' interviews reflected – the fact that even the most committed carers found it difficult at the beginning to *guarantee* that the troubled children they were considering accepting for permanence from maybe 6 or 7 years old would remain fully part of their family into adulthood, regardless of how well the placement went, for the child or the foster family. Although adoptive parents are asked to make such an unconditional and non-time limited commitment of this kind to the child, where older children are concerned there are no guarantees, in foster care or adoption.

Given this complexity, there is a need for systems to be rigorous and make the best use of evidence based practice to promote successful permanent placements, while offering some flexibility, based on research but also on professional judgement. The permanency planning system must recognise the *range* of ways in which individual children or carers can or need to *express their commitment to permanence and to each other.*

10.3 Achieving permanence in foster care: systems and decision making processes

A key part of the study was the investigation of the application of different systems for making decisions about best interests, matching and confirming foster placements as permanent. But it is important to remember the way in which different local systems and practice for permanence planning in foster care interact with nationally regulated systems for care planning and the LAC review system. The role of the Independent Reviewing Officer will be important in taking on board these findings.

A summary of the key points from the study regarding the potential risks and challenges of each decision making forum is provided in Appendix 1. But there seem to be two key priorities for planning:

- Every child's *family history* and *match* with their foster carers should be subject to professional scrutiny and appropriately *documented on file,* and a

support plan agreed at the point of the permanence plan, as in adoption. The support plan, including the plan for contact, needs to be reviewed over time.

- The care planning system for permanence in foster care needs to be *rigorous,* but also *timely* and *sensitive* to individual children and (foster and birth) families' needs and wishes.

There is no doubt that the care planning system is important, but, as this study has shown, it is only part of what will make permanence in foster care a success for children**.** That success will rely on a whole range of factors in the child, the carers, the professional systems and the community, all of which the planning system has to take into account. The planning and placement process must start with thorough assessments of the child and the carers. It then moves on to careful matching and preparation of the child and the foster family – a process that should include careful work with the birth family. The placement itself will go through a number of phases over time as children develop and both foster families and birth families move forward in different ways. The period of transition into adulthood then presents both challenges and opportunities. Social workers need to be working alongside these children and both foster and birth families, but other professionals, in education and health, need also to accept and support the special nature of these foster families.

The children and foster carers in this study have demonstrated how, without biological or legal connection, it has nevertheless been possible for them to come together as families with powerful ties and a sense of mutual commitment. Most foster children also have a complex task of continuing to manage their loyalty and feelings towards their birth families – and managing their dual family membership will be a life-long task. But for children who have been transformed by the therapeutic care and love they have received, the foster family will have given them the opportunity to develop strengths that will help them to become more stable and successful adults – the goal of permanence.

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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 for match is varied Limited seniority / not independent? Are permanent placements treated differently?
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	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 Need evidence 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 or confirmation of 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 matching? Some carers find panel intrusive / irrelevant if placement is already settled May require too much commitment /appear to cut some children off from the 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. 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 is 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 the birth family